



**Solicitation Information  
October 10, 2019**

**RFP# 7599810**

**TITLE: Facilitate Implementation of Person-Centered Options Counseling**

**Submission Deadline: November 7, 2019 at 11:00 AM ET Eastern Time (ET)**

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

Questions concerning this solicitation must be received by the Division of Purchases at [david.francis@purchasing.ri.gov](mailto:david.francis@purchasing.ri.gov) no later than **October 18, 2019 at 10:00 AM (ET)**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP# on all correspondence. Questions received, if any, will be posted on the 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**

David J. Francis

Interdepartmental Project Manager

**Note to Applicants:**

1. Applicants must register on-line at the State Purchasing Website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov)
2. Proposals received without a completed RIVIP Bidder Certification Cover Form attached may result in disqualification.

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

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## SECTION 1. INTRODUCTION

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Executive Office of Health and Human Services (“EOHHS”), is soliciting proposals from qualified firms to provide :a strategic roadmap and supports for implementing a Person-Centered Options Counseling (PCOC) network to assist consumers who are entering into or inquiring about the State’s system of publicly and privately financed long-term services and supports (LTSS) 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.purchasing.ri.gov](http://www.purchasing.ri.gov).

The initial contract period will begin approximately January 2020 and continue for up to eighteen (18) months as long as funds remain accessible. The contracts is non-renewable.

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 offerors who have submitted proposals.

### **Instructions and Notifications to Offerors**

1. Potential vendors are advised to review all sections of this RFP carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
2. Alternative approaches and/or methodologies to accomplish the desired or intended results of this 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 contractors/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-compliance-report.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

public works projects vendors and all subcontractors must submit a “Monthly Utilization Report” (<http://odeo.ri.gov/documents/monthly-employment-utilization-report-form.xlsx>) to the ODEO/State Equal Opportunity Office, which identifies the workforce actually utilized on the project.

For further information, contact Vilma Peguero at the Rhode Island Equal Employment Opportunity Office, at 222-3090 or via e-mail at [ODEO.EOO@doa.ri.gov](mailto: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](http://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](mailto:Dorinda.Keene@doa.ri.gov)

13. 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 Contractor qualifies as a business associate, it will be required to sign a HIPAA business associate agreement.

## SECTION 2. BACKGROUND

### 2.1 Introduction

The Rhode Island Executive Office of Health and Human Services (EOHHS) is the State agency responsible for the Rhode Island Medicaid program and overseeing publicly financed health and human services administered by the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH), the Department of Children, Youth and Families (DCYF), the Department of Health (DOH) and the Department of Human Services (DHS). In this capacity, the EOHHS is seeking one or more vendors to develop a roadmap and provide necessary supports for implementing a statewide network for Person-centered Options Counseling (PCOC) that leverages and strengthens the State's capacity to assist consumers in making reasoned choices about their long-term care options.

For the purposes of this project, PCOC is defined as an interactive decision-support process that helps people assess and understand their needs, goals and preferences. As is explained in greater detail below, PCOC is a pre-eligibility function that occurs prior to the application process for publicly and/or privately financed LTSS and will be available without regard to income or disability to prospective LTSS users and the family members and significant others who support them.

The purpose of this RFP is to obtain assistance in implementing the infrastructure for the PCOC network. As is discussed in section 3 below, the scope of work for this RFP includes associated tasks and project management and coordination.

The State is not seeking bids from vendors interested in providing PCOC services at this time. The plan is to leverage and strengthen existing resources to provide PCOC services.

### 2.2 Project Context: No Wrong Door

Implementation of the PCOC network is the cornerstone of the first of a multiphase interagency effort, initiated by Governor Gina Raimondo, to redesign the State's system of public and private long-term services and supports (LTSS) in accordance with the ["No Wrong Door"](#) (NWD) concept.

The "No Wrong Door" concept for LTSS was advanced by the Administration for Community Living (ACL), of the U.S. Department of Health and Human Services in conjunction with several initiatives designed to promote community-based LTSS alternatives.<sup>1</sup> NWD was developed in response to decades of ACL-sponsored research showing that consumers' choices tend to be driven by where they enter their state's complex maze of long-term services and supports rather than by their own unique needs and preferences.<sup>2</sup> The NWD concept encompasses a set of operating principles that are specifically designed to reorient the workings of an LTSS system of care to give these needs and preferences greater voice:

- The LTSS system should be person rather than provider or payer-centered and incorporate practices that give priority to each person's unique needs and preferences from the initial point of contact onward.

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<sup>1</sup> Administration for Community Living, Centers for Medicare & Medicaid Services, and Veterans Health Administration, *"Key Elements of a NWD System of Access to LTSS for All Populations and Payers,"* available at: <https://nwd.acl.gov/pdf/NWD-National-Elements.pdf>

<sup>2</sup>See: Administration on Aging, *"Implementing the Affordable Care Act: Making it Easier for Individuals to Navigate Their Health and Long-Term Care through Person-Centered Systems of Information, Counseling and Access,"* available at:

[www.aoa.gov/aoaroot/grants/funding/docs/2010/AOA\\_CMS\\_Affordable\\_Care\\_Act\\_June\\_2010.pdf](http://www.aoa.gov/aoaroot/grants/funding/docs/2010/AOA_CMS_Affordable_Care_Act_June_2010.pdf)

- LTSS business processes should be standardized, simplified and streamlined to the full extent feasible to ensure ready access to needed services no matter what the point of entry.
- Eligibility, enrollment and payment practices for public LTSS programs must be modernized and integrated in ways that make the system easier to navigate and understand
- LTSS IT systems should be retooled to build “connections and crosswalks where they should, but don’t yet exist” and to promote “program integrity and service quality while preserving [a person’s] dignity and privacy”;<sup>3</sup> and
- Every LTSS initiative related to access should “bolster [or] create opportunities to listen, counsel, and assist where now the practice is to inform and direct”.<sup>4</sup>

These NWD principles not only have intrinsic value, but they also reflect goals that have long-been the hallmark of LTSS reform initiatives in Rhode Island.<sup>5</sup> The factors that affected the state’s past efforts to fully realize LTSS reform goals are instructive, along with guidance on NWD implementation successes developed by the ACL.

An independent study of Rhode Island’s LTSS system issues in 2016 found that several of the State’s most recent, high profile reform initiatives were undermined by a combination of the following factors: insufficient allocation of resources; decentralized leadership and inconsistent interagency coordination; stakeholder resistance; ambiguous goals and inadequate strategic planning; archaic business practices and IT systems; and lack of political and administrative will.<sup>6</sup> ACL NWD implementation guidance emphasizes that it is nearly impossible to avoid some of these pitfalls (e.g., stakeholder resistance). However, the experiences of states that have successfully implemented NWD practices show that the impact of most can be mitigated by:

- Establishing a unified governance structure to build consensus for NWD strategies and oversee implementation;
- Identifying an investment stream before launching reform initiatives and allocating resources upfront to finance high consensus reforms with the greatest reach;
- Developing a strategic implementation plan that systematically phases in NWD reforms but in a way that is cognizant of both the interconnections and distinctions between LTSS pre-eligibility, eligibility and post-eligibility functions.

With both the results of the independent review and ACL guidance in mind:

- **LTSS Steering Committee** -At the Governor’s direction, the Secretary of EOHHS established an interagency governing body, known as the “LTSS Steering Committee”, to serve as the unified authority structure to guide the development and implementation of LTSS redesign initiatives including NWD reforms. The LTSS Steering Committee is composed of the leadership of the agencies under the umbrella of EOHHS that administer public and private LTSS in Rhode Island:

<sup>3</sup> Christina Neill Bowen and Wendy Fox-Grage, “*Promising Practices No Wrong Door: Person- and Family-Centered Practices in Long-Term Services and Supports*,” available at: [http://www.longtermscorecard.org/~media/Microsite/Files/2017/AARP\\_PromisingPrac\\_NoWrongDoor.pdf](http://www.longtermscorecard.org/~media/Microsite/Files/2017/AARP_PromisingPrac_NoWrongDoor.pdf) (p.2)

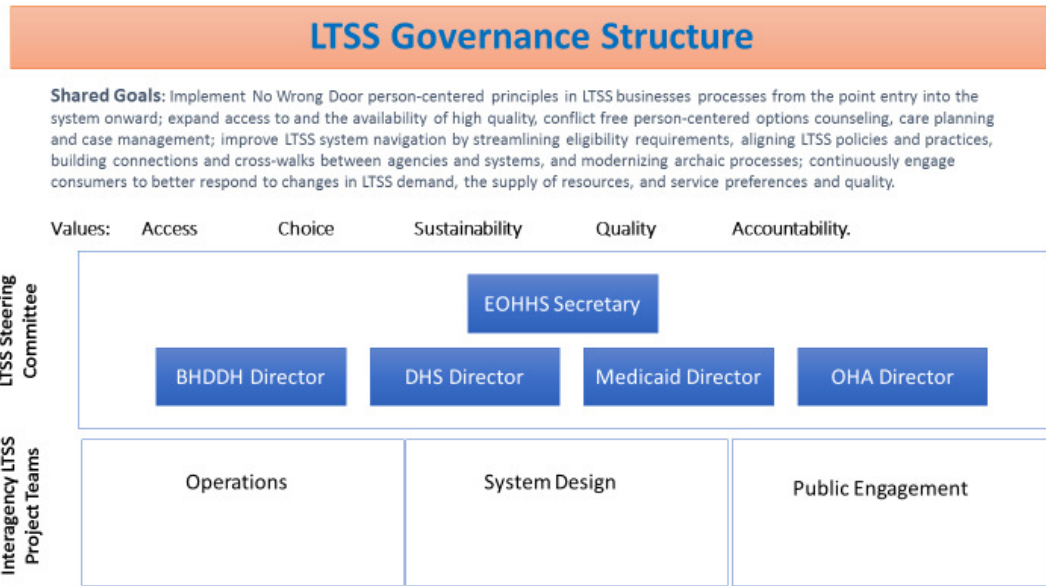
<sup>4</sup> and Carol V. O’Shaughnessy, “*Aging and Disability Resource Centers (ADRCs): Federal and State Efforts to Guide Consumers Through the Long-term Services and Supports Maze*,” available at: [http://www.nhpf.org/library/background-papers/BP81\\_ADRCs\\_11-19-10.pdf](http://www.nhpf.org/library/background-papers/BP81_ADRCs_11-19-10.pdf) (p.4)

<sup>5</sup> See the following State laws for example: R.I.G.L. §§40-8.9, 40-8.10, 42-7.2, 42-66-4 and, going all the way back to 1997, §40-20-1

<sup>6</sup> Lewin Group, *Long Term Services and Supports Evaluation of Rebalancing Strategies Findings from the Qualitative Inquiry*,” available at: <http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Reports/LTSSLewinQualitativeInquiry103116.pdf>



Department of Human Services (DHS), Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH), Office of Health Aging (OHA), and Medicaid.<sup>7</sup> As indicated in the following graphic, three interagency teams also have been established to develop proposals and options for the Committee’s review.



- **NWD Three Phase Strategic Plan** --The LTSS Steering Committee has approved a NWD strategic plan that provides a blue-print for implementing system reforms over three phases. Each phase targets one of the critical facets of the LTSS system – Phase I pre-eligibility, Phase II eligibility, and Phase III post-eligibility – and the distinct functions associated with each. However,



<sup>7</sup> As the redesign effort is on-going, the leadership of other State agencies that play a role in the LTSS system of care will be engaged in this governing body to address cross-cutting redesign issues, including the directors of the Department of Health (DOH), Department of Corrections (DOC), Department of Education, the Office of Veterans Affairs, among others



the implementation workstreams for each phase include tasks that focus on the connections between and across functions. The chart below summarizes the major features of the NWD strategic implementation plan.

- Investments** --Financing for Phase I pre-eligibility reforms has been secured through multiple sources. The primary source of funding is a federal award from the Centers of Medicare and Medicaid Services (CMS) to the State in association with the Medicaid Money Follows the Person (MFP) nursing home transition program. This funding was approved by CMS specifically for Phase I reforms and cannot be used for any other purpose. The LTSS Steering Committee elected to invest the largest share of available funds to implementation of PCOC. The need for PCOC has been recognized repeatedly in State law and federal policy guidance; implementation system-wide is widely supported by State policy makers, agency leaders, stakeholders and consumers. Moreover, PCOC is the pre-eligibility function that has the greatest impact on LTSS access and related eligibility functions.

In sum, although the ostensible purpose of this RFP is to obtain the expertise and assistance of a vendor to facilitate the implementation of PCOC, it is an element of a broader LTSS reform initiative that has more far-reaching goals. Implementation of PCOC is thus critical not only to achieving Phase I objectives, but also to re-orienting the LTSS system to reflect NWD person-centered principles and from the ground up. .

**SECTION 3: SCOPE OF WORK AND REQUIREMENTS**

**3.1 Overview**

The EOHHS is seeking bids from vendors with expertise and experience in managing complex projects and building the infrastructure to implement a PCOC network or similar consumer-facing health and human services program that includes multiple partners operating in different settings. The scope of work for this project has been informed by input from the LTSS Steering Committee, the goals of the NWD strategic plan, ACL guidance and best practices from other states. In addition, the results of analyses conducted by an interagency LTSS redesign team and an EOHHS issued RFI on PCOC have provided important insights, two of which are particularly relevant for this RFP Scope of Work.

First, both results of an LTSS mapping exercise and responses to the RFI indicated that there is considerable confusion across agencies and with the provider community about the distinctions between the pre-eligibility functions labeled as Information, Referral and Awareness (IR&A) and PCOC, but also to certain Phase II (eligibility) and Phase III (post-eligibility) NWD functions related to service planning and case management. . The chart below focuses specifically on the differences between PCOC and IR&A, as the latter is the pre-eligibility function that is most often mischaracterized as options counseling, though distinct from PCOC, and the chart below provides definitions which should yield greater clarity:

<b>Comparison of IR&amp;A and PCOC</b>	
<b>Information, Referral &amp; Awareness</b>	<b>Person-centered Options Counseling</b>
Links consumers who need assistance with appropriate agencies and service providers and/or supplies descriptive information about services.  Process involves establishing contact with the consumer, responding to specific inquiries about long and short-term needs, identifying resources to meet those needs, providing a referral to identified resources, and, where appropriate, following up to ensure that the consumer’s needs have been met.	An interactive decision support process that helps consumers seeking or planning LTSS understand their strengths, needs, preferences and unique circumstances and weigh the pros and cons of available alternatives.  Process entails a preliminary assessment of LTSS needs, discussion of the factors to consider when making LTSS decisions, assistance in identifying the range of long-term care service and payment options available, and help evaluating which provide the best fit. May involve significant

<p><b>In sum: IR&amp; A is the first line of inquiry about LTSS. Focus is short-term/immediate needs that can be handled by providing information via telephone or on-line. May result in a referral for PCOC.</b></p>	<p>others (e.g., including caregivers or family members). Preferably provided in-person, at a location convenient to the consumer, or face-to-face by electronic means.</p> <p><b>In sum: PCOC is a second level engagement that occurs after or in lieu of IR&amp;A and ideally before an LTSS application is submitted. Focus is to provide intensive decision-supports to assist consumers making LTSS choices consistent with their LTSS needs, preferences, and goals.</b></p>
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Second, successful PCOC programs in other states are supported with various types of information management technologies that: establish a portable electronic LTSS record identifying consumers and their needs; and incorporate or provide linkages to a robust LTSS service provider, descriptive data-base. Currently, the State has not adopted either the technology or the uniform business practices required to provide these essential PCOC supports.

### 3.2 Scope of Work: PCOC Roadmap

The SOW for the PCOC Roadmap Project contains three core components that encompass related tasks:

- Project Management
- Strategic Research and Design
- PCOC Implementation Planning

As noted earlier, the EOHHS has conducted extensive preliminary research on PCOC and has been guided in the development of this proposal by LTSS Steering Committee decisions based on this work, and an array of NWD resources, including the experiences of other states. Therefore, the tasks included in the SOW are often defined in detail to reflect decisions that have been made and/or to facilitate progress toward implementation.

#### 3.2.1. Project Management Component

##### A. Team Structure and Leadership:

1. **Work team and governance--** The vendor is expected to establish a project team consisting of appropriately qualified individuals or entities that understand the purposes of the RFP, NWD principles, and the role of EOHHS agency staff in directing and assisting in various project tasks under the general authority of the Steering Committee, and any designated State lead for NWD.
2. **Cooperation and collaboration –** The vendor must agree to work collaboratively with EOHHS LTSS redesign teams, assure coordination of SOW tasks with other Phase I reforms, respect agency protocols governing access to data, especially PHI, maintain a regular schedule of interactions with the PCOC IT team, cooperate with requests for reports and status updates, and facilitate regular communications with project participants.

##### B. Work Structure:

1. **Timeline for deliverables** – The vendor must establish a detailed timeline with milestones for completing SOW tasks that ensures full PCOC network implementation within 18 months from the date contract is awarded.
2. **Work plan** – The vendor’s task is preparing a work plan that describes the methods/processes for accomplishing each SOW task, mechanisms for assuring the timeliness and quality of deliverables, and the allocation/utilization of resources.
3. **Task Management and Coordination** – As the SOW contains multiple moving parts, this task requires detailing the strategies that will be deployed to manage and coordinate SOW components. May be provided in conjunction with work plan or as separate document.

### 3.2.2. Strategic Research and Network Design Component

#### A. Environmental Scan:

1. **Demand for PCOC Services - Define the Target Population and Identify Factors Shaping LTSS Choices.**
  - a. *Develop a profile of PCOC users.* The target population for PCOC is typically considered to be people who need or are at-risk for LTSS and/or their caregivers, family members, or other persons of significance in their lives. The vendor is tasked with developing a profile of PCOC potential users based on an analysis of national, state and agency data related to the socio-demographic, financial, and clinical characteristics of LTSS consumers and LTSS utilization trends. The expected deliverable is an empirically sound portrait of the “types” of people who access the LTSS system and services they tend to make that has sufficient analytical strength to serve as the basis of a predictive model of PCOC demand.
  - b. *Identify factors shaping demand.* The choices of people entering the LTSS system are shaped by an array factors that are not captured in standard models of LTSS demand that range from their own unique circumstances and to their interactions with various influencers affecting access to services in the health care environment. To gain an understanding of the impact of these other factors, the vendor is, first, responsible for mining the wealth of data the State LTSS agencies and various researchers have gathered related to the life circumstances of at-risk and current LTSS users – e.g., personal relationships (marital status, familial obligation,), living arrangements (e.g., alone v. with others and type and ownership of housing), and skills in system navigation (health literacy, education and awareness). Second, this task requires identifying the major LTSS influencers in the health environment and the formal and informal roles they play in shaping v. steering consumer LTSS decisions.
2. **Supply of PCOC providers – Evaluate Available Resources and Establish Baseline Measure of PCOC Capacity**
  - a. *Assess existing sources of LTSS options counseling.* In a recent EOHHS review, all the State agencies who administer LTSS reported that they had staff or contractual partners who provided options counseling. The associated task for the vendor is conducting a systematic review of these PCOC-like services that identifies which entities/professionals provide them, the members of the target populations utilizing them, what they entail, and how they are being financed and under what authority. For the second element of this task, the vendor must evaluate whether, and to what extent, the options counseling services that have been identified are being provided in

accordance with NWD person-centered principles– i.e., consumer led, conflict-free, and available without regard to level of need, payor or provider.

- b. *Establish service capacity baseline.* As indicated earlier, the LTSS Steering Committee is committed to leveraging current State resources, defined broadly, to the full extent feasible in building the PCOC network. In this task, the vendor is required to measure the capacity of the “human” resources included in this category – chiefly agency LTSS specialists and advisors and counselors at the “POINT”, RI’s Aging and Disability Resource Center (ADRC)<sup>8</sup>, and any contractual partners identified in the previous task to operate using NWD principles. Vendor must assess the current and latent service capacity of these resources and establish a baseline for estimating the supply of PCOC providers necessary to meet the demand profile. The baseline must have the analytical flexibility to serve as both a mechanism for measuring network capacity and a standard for evaluating the impact of subsequent strategic design decisions.

## **B. Structure and Operations:**

### **1. Design Elements: Define Structure, Operational Requirements and Develop Service Delivery Framework**

- a. *Determine the structure of PCOC best suited to meet demand.* The vendor’s principal task is to examine the core features of the PCOC processes that have been successfully implemented by other states and use this information to design a structural model for PCOC in Rhode Island that has the flexibility to adapt to changes in the scope of the supply of service providers and the nature of demand. For example, some states have an open-ended, full-service approach to PCOC, while other states have implemented a highly structured, focused model, and still other states have opted for a two-tiered PCOC process that provides access to a version of both. The deliverable expected is a PCOC model for RI that shows the value of each structural element whether new or replicating or adapting successful approaches used by other states.<sup>9</sup>
- b. *Develop operational standards and service delivery framework.* PCOC operational standards that complement the PCOC model selected for RI must be established to ensure business processes and practices are comparable systemwide. Accordingly, the vendor is expected to evaluate the utility of various PCOC operational strategies, establish/adapt corresponding standards determined to most effectively meet PCOC capacity/ demand requirements, and develop a schematic of the business processes and practices necessary for successful service delivery within this framework. Must include core operational design elements such as staffing ratios, counseling protocols, documentation and tracking requirements, referral pathways, etc.
- c. *Assess PCOC training needs and options.* There are multiple PCOC training modules and curricula that differ significantly in scope, depth, and format already available through other states, ACL partners, and several higher educational institutions. The vendor is responsible for evaluating these options and determining

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<sup>8</sup> The POINT is administered by the Rhode Island Office of Health Aging, which operates under the EOHHS umbrella. For additional information on the possible role of ADRCs in NWD see O’Shaughnessy at: [http://www.nhpf.org/library/background-papers/BP81\\_ADRCs\\_11-19-10.pdf](http://www.nhpf.org/library/background-papers/BP81_ADRCs_11-19-10.pdf)

<sup>9</sup> Eventually must establish a standard referral approach that ensures everyone who needs PCOC receives it in a timely fashion

which, if any, provides the scope of training required to ensure PCOC quality, consistency, and adherence to person-centered principles within the selected structural model. Task also entails establishing training standards, assessing the efficacy and cost-effectiveness of using existing versus developing new training opportunities, and beginning training for existing PCOC resources. The vendor is not responsible for providing the training, however.

- d. *Initiate stakeholder engagement.* The vendor's task is to assist EOHHS in conducting a series of public forums and small group meetings to share and gather input on core elements of the PCOC structural model selected for RI. Ancillary task is to develop a strategy for cataloguing and responding to feedback.
- e. *Develop certification standards.* Vendor is required to establish minimum structural, operational and training requirements for PCOC providers to use as the basis for certification standards. These certification standards must have applicability to any contractual entities selected by State LTSS agencies to participate in the PCOC network.
- f. *Establish PCOC referral pathways.* The vendor's task involves working with the LTSS agencies to create referral pathways for PCOC that ensure capacity is utilized as efficiently as possible. Includes identifying any PCOC sites that provide specialized or different levels of services and establishing referral pathways the direct members of the target population accordingly.

## **2. PCOC network requirements:**

- a. *Determine PCOC network required capacity.* The vendor is required to re-evaluate network capacity given key PCOC structural design decisions, assess whether available resources provide an adequate supply, and identify options for the State if adjustments are required. Specifically, the focus here is on whether there is sufficient capacity (e.g., number of PCOC specialists) if the structural design decision is to offer two levels of PCOC (one less intensive and time-consuming than the other) versus one level of intensive PCOC to all consumers, and so on.
- b. *Assess IT support needs.* As noted above, the LTSS redesign effort includes an operations team that focuses on IT systems and related business practices. Vendor is required to engage the LTSS operations team to assist in identifying any modifications required in the capacity or operations of existing linked IT systems and provide a plan for addressing them. In addition, vendor must coordinate these efforts with tasks involving implementation of an automated decision tool to support PCOC. As appropriate, the vendor will assist in identifying and evaluating the IT supports options for PCOC.
- c. *Formalize preliminary business processes.* Goal of this task is to embed standardized business processes that may not be fully automated systemwide at launch including, but not limited to, intake/screening, case tracking, and follow-up practices. Toward this end, vendor must develop a implementation strategy that uses a mix of familiar and new tools ranging from procedural memos and practice guidelines to electronic prompts and forms/reports that clarify or support operational requirements. Required for launch.

- g. *Maximize access to all PCOC payment streams.* Vendor's task is to review PCOC network activities and identify opportunities for obtaining federal matching or other third-party funds to augment or replace State general revenue. Task involves preparing guidance on the technical and business requirements that must be met to gain access to these funds to pay for PCOC, including related to billing, claiming, and third-party reimbursement.

### **3.3.3. PCOC Implementation Plan Components**

#### **1. PCOC Readiness – Ensure PCOC Standards are in Effect**

- a. *Establish implementation timeline and milestones.* Vendor is required to identify and prioritize implementation steps for PCOC network partners and establish associated timeline and applicable milestones including, but not limited to, deadlines for completing training, meeting operational requirements, including adapting/adopting necessary business processes, building the capacity for federal claiming, and operational testing. Timeline for any new PCOC partners must take into account process for obtaining certification.
- b. *Review readiness and select initial implementation sites.* In accordance with the established timeline, the vendor will be responsible for selecting PCOC sites that are prepared for implementation to participate in an initial pilot. Task includes testing capacity and reviewing business processes before launch. Based on the review of readiness, the vendor is also required to queue other PCOC sites to go on-line.
- c. *Evaluate pilot site performance.* Vendor's task is to establish performance review protocols. Task also includes conducting evaluations of pilot sites(s), identifying areas warranting improvement, and developing a mitigation plan.
- d. *Full systemwide implementation.* Core vendor task is preparing a schedule for the systemwide launch of the PCOC network that allows for full integration of the decision-support tool established under the auspices of an associated RFP into business processes.

#### **2. PCOC Awareness – Reach Out to the Target Population, Retrain Influencers, and Re-route Referral Pathways**

- a. *Prepare marketing strategy.* Vendor's task is to develop a plan for marketing PCOC that centers on educating members of the target population about PCOC requirements and services. The expectation is that the Vendor will coordinate this task with other LTSS marketing activities underway that are associated with implementation of NWD phase I tasks.
- b. *Develop provider education process.* Vendor is required to use information developed during the environmental scan identifying influencers to create an education/awareness module. Goal of the module is to re-orient thinking on the process for making LTSS choices by explaining the role of PCOC in the LTSS system and the attendant challenges and opportunities of systemwide implementation. Target audience includes, but is not limited to, hospital discharge planners, health plan case managers, and admission/assessment staff of LTSS providers.



- c. *Formalize PCOC referral pathways.* The goal of this task is to: (1) ensure members of the target population are aware of any specialized PCOC services and where to obtain them; and (2) provide the public with information that directs to the appropriate PCOC pathways and away from alternatives that do not meet applicable certification standards. The vendor is responsible for assisting the EOHHS in developing an easy to understand and navigate map for consumers.

## SECTION 4: PROPOSAL

### A. Technical Proposal

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

1. **Staff Qualifications** – Provide staff resumes/CV and describe qualifications and experience of key staff who will be involved in project, including their: (1) experience in project management and, in particular, in implementing complex interagency tasks or public policies; (2) expertise in LTSS and, in particular, implementation of NWD reforms in general and/or PCOC or other consumer facing practices; AND/OR (3) as SOW tasks require, high level data analytic skills need to estimate demand and capacity, OR experience in public affairs/communications necessary to engage stakeholders, the target population and providers, OR knowledge of operational design strategies implementation of PCOC necessitates.
2. **Capability, Capacity, and Qualifications of the Offeror** - Please provide a detailed description of the Vendor's experience in managing complex projects, system design, and implementation planning. Indicate whether that experience involved working in the public or private sections A list of relevant client references must be provided, that includes names, addresses, phone numbers, dates of service and type(s) of service(s) provided.
3. **Work Plan** – As specified in the SOW, please describe in detail the business practices and timetable for completing each task. The work plan should also take into account expected collaborations with LTSS agency design team staff as appropriate. Unless otherwise specified in the SOW, it is the expectation of EOHHS that deliverables will take the form of reports and/or presentations. To ensure accountability, the work plan should specify the format of the deliverable and the process for reviewing and finalizing drafts within the proposed timetable. In addition, the work plan should include any contingency strategies the EOHHS should consider in the event that other NWD Phase I activities pose implementation challenges, including any delays in the acquisition of a PCOC decision support tool.

**Approach/Methodology** – The tasks included in the SOW frequently include the approach/methodology the EOHHS expects the vendor to utilize. Specify any proposed changes in the methodology associated with these tasks and the rationale for them. In addition, provide a detailed explanation of the approach for completing any tasks in the SOW that do not include a methodology. At a minimum, the method/processes that will be used to complete tasks that require specialized skills (e.g., data analysis), interagency cooperation, and/or access to IT systems must be clearly specified. For example, the analytical techniques that will be used to complete SOW 3.2.2. tasks

(environmental scan) must be explained and in sufficient detail for the EOHHS to assess their validity and reliability.

## B. Cost Proposal

EOHHS is requesting that the vendor provide a **separate, signed and sealed cost proposal using Appendix C : Budget Form (see Section 7 for instructions on submitting the technical and cost proposals)**. The cost proposal must include a detailed budget for the SOW work products listed below:

1. Project Management – Plan of Work
2. Strategic Research and Design
  - Environmental Scan – estimates of supply and demand
  - PCOC Structure and Operations – development of structural model and operational framework and associated standards and business processes
  - Plan for engaging stakeholders
3. Implementation Plan
  - Process for assuring PCOC readiness
  - Directing PCOC pilot and full site launch
  - Plan for achieving PCOC awareness
  - Schedule for launching network

The budget should reflect as accurately as possible, specific costs associated with developing each deliverable and should include estimated costs broken down in detail by personnel, fringe, travel and other costs. **This should be accompanied by a budget narrative which explains in more detail how the vendor arrived at the estimated costs.**

Appendix C: Budget Form contains the budget spreadsheet which the vendor is required to fill out. The attached spreadsheet has a separate worksheet/tab for each type of expense across the deliverables listed below as well as a linked worksheet that tabulates all of the projects and provides the entire project budget. The final submission should include all five (5) budget forms and the budget narrative.

## C. ISBE Proposal

See Appendix A for information and the MBE, WBE, and/or Disability Business Enterprise Participation Plan form(s). Bidders are required to complete, sign and submit these forms 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.

## 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 60 (85.7%) out of a maximum of 70 points to advance to the cost evaluation phase. Any technical proposals scoring less than 60 points shall not have the accompanying cost or ISBE participation proposals opened and evaluated. The proposal will be dropped from further consideration.

Technical proposals scoring 60 points or higher will have the cost proposals evaluated and assigned up to a maximum of 30 points in cost category bringing the total potential evaluation score to 100 points. After total possible evaluation points are determined 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:

<b>Criteria</b>	<b>Possible Points</b>
Staff Qualifications	10 Points
Capability, Capacity, and Qualifications of the Offeror	10 Points
Work Plan	30 Points
Approach Proposed	20 Points
<b>Total Possible Technical Points</b>	<b>70 Points</b>
Cost proposal*	30 Points
<b>Total Possible Evaluation Points</b>	<b>100 Points</b>
ISBE Participation**	6 Bonus Points
<b>Total Possible Points</b>	<b>106 Points</b>

**\*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:

$$\begin{aligned} & (\text{Vendor's ISBE participation rate} \div \text{Highest ISBE participation rate} \\ & \quad \times \text{Maximum ISBE participation points}) \end{aligned}$$

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 or 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 [david.francis@purchasing.ri.gov](mailto:david.francis@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 # 7599810** 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 Bidder Certification Cover Form (included in the original copy only) downloaded from the Division of Purchases website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov). *Do not include any copies in the Technical or Cost proposals.*
- 2) One completed and signed Rhode Island W-9 (included in the original copy only) downloaded from the Division of Purchases website at [/documents/Forms/Misc Forms/13\\_RI Version of IRS W-9 Form.docx](#). *Do not include any copies in the Technical or Cost proposals.*
- 3) 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/supplier to be utilized on the solicitation. *Do not include any copies in the Technical or Cost proposals.*
- 4) 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 eight (8) 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
- 5) Cost Proposal - A separate, signed and sealed cost proposal using the forms attached 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.

C. Formatting of written documents and printed copies:

- 1) For clarity, the technical proposal and any supporting documents 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.
- 2) 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.
- 3) The cost proposal shall be typed using the formatting provided on the provided template.
- 4) 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# 7599810 Facilitate Implementation of Person-Centered Options Counseling**” 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 contain the specific contract terms, stipulations and affirmations to be utilized for the contract awarded for this RFP. The State's General Conditions of Purchases can be found at the following URL: <https://rules.sos.ri.gov/regulations/part/220-30-00-13>

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

### **e. 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.

### **f. MBE, WBE, AND/OR Disability Business Enterprise Participation Plan Form:**

Attached is the MBE, WBE, and/or Disability Business Enterprise Participation Plan form. Bidders 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 AND PROVIDENCE PLANTATIONS  
DEPARTMENT OF ADMINISTRATION  
ONE CAPITOL HILL  
PROVIDENCE, RHODE ISLAND 02908**

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

Bidder's Name:

Bidder'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:     MBE     WBE     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**

## Appendix B: Definitions

### RI EOHHS-No Wrong Door Phase I Functions

- **Information, referral/ awareness (IR/A):** The IR/A process involves using systematic processes system wide for establishing contact with the consumer, responding to specific inquiries about long and short-term needs, identifying resources to meet those needs, providing a referral to identified resources, and, where appropriate, following up to ensure that the consumer's needs have been met.
- **Intake & Screening:** A standardized process for gathering information about a consumer that can be used as a basis for referral and informs Person-Centered Options Counseling (PCOC).
- **Person-centered Options Counseling (PCOC):** PCOC is an interactive counseling and decision support process that helps consumers in need of LTSS and their families understand their strengths, needs, preferences and unique circumstances and weigh the pros and cons of available alternatives.
- **Application Assistance I:** Involves developing and providing standardized guidance to consumers about how to complete applications for public and private LTSS programs and services.
- **Marketing & Outreach:** Implementation of a comprehensive plan which not only assures information related to NWD functions is accurate and understandable, but which stresses in a single voice that NWD network partners are trusted and reliable participants in the system.

**Person-centered Options Counseling Strategic Roadmap and Implementation**

**RFP # 7599810**

**Appendix C BUDGET FORM: Total Budget**

<b>Vendor Name:</b>	
<b>Budget Period:</b>	18- Month

*Enter name on this sheet.*

*Do not enter totals on this form except for the Indirect rows. Enter all budget items on forms 2-8 and they will automatically populate this form.*

<b>Component Task Group</b>	<b>Personnel</b>	<b>Fringe</b>	<b>Travel</b>	<b>Equipment</b>	<b>Supplies</b>	<b>Subcontracts</b>	<b>Other</b>	<b>Total</b>
1. Project Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2. Strategic Research and Design	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3. Implementation Plan	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	\$ -	#REF!
<b>Direct TOTAL:</b>	<b>#REF!</b>	<b>#REF!</b>	<b>#REF!</b>	<b>#REF!</b>	<b>#REF!</b>	<b>#REF!</b>	<b>\$ -</b>	<b>#REF!</b>
Indirect Rate								
Indirect Total	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	\$ -	#REF!
<b>Total</b>	<b>#REF!</b>	<b>#REF!</b>	<b>#REF!</b>	<b>#REF!</b>	<b>#REF!</b>	<b>#REF!</b>	<b>\$ -</b>	<b>#REF!</b>

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Appendix C BUDGET FORM: Personnel

<b>Vendor Name:</b>	
<b>Budget Period:</b>	18-Month

*expenses across other budget sheets.*

Name	Title	Hourly Rate	Hours			Total			Total All Tasks
			TG 1	TG 2	TG 3	TG 1	TG 2	TG 3	
						\$ -	\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -	\$ -
<b>Total</b>						\$ -	\$ -	\$ -	\$ -

TG =Tasks Group



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Appendix C BUDGET FORM: Fringe

<b>Vendor Name:</b>	
<b>Budget Period:</b>	18-Month

<i>Insert rows as needed, but ensure all total lines still add up correctly.</i>					
Fringe Benefit	Calculation (ex. 2% x \$30,000 total personnel expenses)	Total			Total All Tasks
		TG 1	TG 2	TG 3	
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
<b>Total</b>		\$ -	\$ -	\$ -	\$ -

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Appendix C BUDGET FORM: Travel

<b>Vendor Name:</b>	
<b>Budget Period:</b>	18-Month

*Insert rows as needed, but ensure all total lines still add up correctly.*

Name	Unit Type (ex. miles)	Unit Rate	Units			Total			Total All Tasks
			TG 1	TG 2	TG 3	TG 1	TG 2	TG 3	
						\$ -	\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -	\$ -
<b>Total</b>						\$ -	\$ -	\$ -	\$ -

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**Appendix C BUDGET FORM: Equipment**

<b>Vendor Name:</b>	
<b>Budget Period:</b>	18-Month

**Equipment**

*Insert rows as needed, but ensure all total lines still add up correctly.*

Description	Unit Type	Unit Rate	Units			Total			Total All Tasks
			TG 1	TG 2	TG 3	TG 1	TG 2	TG 3	
						\$ -	\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -	\$ -
<b>Total</b>						\$ -	\$ -	\$ -	\$ -

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Appendix C BUDGET FORM: Supplies

<b>Vendor Name:</b>	
<b>Budget Period:</b>	18-Month

*Insert rows as needed, but ensure all total lines still add up correctly.*

Description	Unit Type	Unit Rate	Units			Total			Total All Tasks
			TG 1	TG 2	TG 3	TG 1	TG 2	TG 3	
						\$ -	\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -	\$ -
<b>Total</b>						\$ -	\$ -	\$ -	\$ -

Appendix C BUDGET FORM: Subcontracts

<b>Vendor Name:</b>	
<b>Budget Period:</b>	18-Month

<i>Insert rows as needed, but ensure all total lines still add up correctly.</i>					
Name of Subcontractor	Purpose of Subcontract	Total			Total All Tasks
		TG 1	TG 2	TG 3	
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
<b>Total</b>		\$ -	\$ -	\$ -	\$ -

