



**STATE OF CONNECTICUT
OFFICE OF THE HEALTHCARE ADVOCATE
STATE INNOVATION MODEL PROGRAM MANAGEMENT OFFICE**

**REQUEST FOR APPLICATIONS (RFA) FOR
PREVENTION SERVICE INITIATIVE
FOR HEALTHCARE ORGANIZATIONS**

Application Due Date:

March 2, 2018, 3pm

Anticipated Period of Performance

April 1, 2018 – September 30, 2019



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I. Executive Summary

Through this RFA, the State of Connecticut is soliciting healthcare organizations to participate in the Prevention Service Initiative. Healthcare organizations must be “Advanced Networks” or Federally Qualified Health Centers with attributed patients in the Bridgeport, New Haven, or Middletown regions. The Prevention Service Initiative will enable Advanced Networks and FQHCs, hereafter referred to as “healthcare organizations,” to enter into financial contractual arrangements with community based organization (CBO) providers of prevention services; to develop internal processes to identify and refer patients that can benefit from such services; and to assess the impact on quality and return on investment to support a sustained contractual arrangement with the CBO. The goals of the initiative are to:

1. Increase the number of individuals with unmet prevention needs who complete community-placed, evidence-based prevention services and maintain or improve wellness.
2. Improve healthcare organizations’ performance on quality measures related to asthma or diabetes and associated ED utilization or admissions/readmissions for an attributed population through use of community-placed, evidence-based prevention services.
3. Enhance business competency skills and organizational capabilities of CBOs so that they can enter into at least one contractual relationship with a healthcare provider that is participating in value-based payment.

Healthcare organizations selected to participate in the Prevention Service Initiative will receive 18 months of free technical assistance and peer learning support. During this period, they will also be eligible for direct funding of up to \$100,000 to support their implementation of up to two financial arrangements with community based organizations. The funding opportunity will be released once the healthcare organization is three months into the technical assistance process.

http://www.biznet.ct.gov/SCP_Search/BidDetail.aspx?CID=45353

Any questions related to this grant program should be directed to:

Faina Dookh, State Innovation Model PMO: Faina.Dookh@ct.gov

All applications should be submitted electronically on or before the due date listed below to

Faina.Dookh@ct.gov

Funding Opportunity Title	Prevention Service Initiative for Healthcare Organizations
Date Issued	January 26, 2018
Letter of Intent Due Date (optional)	February 16, 2018
Application Due Date	March 2, 2018, by 3pm
Anticipated Notice of Selection	March 16, 2018
Period of Participation	April 1, 2018 – September 30, 2019
Estimated Award Amount	Up to \$100,000 each available through a separate RFA after three months
Eligible Applicants	Healthcare organizations must be “Advanced Networks” or Federally Qualified Health Centers with attributed patients in the Bridgeport, New Haven, or Middletown regions.

III. Prevention Service Initiative Components

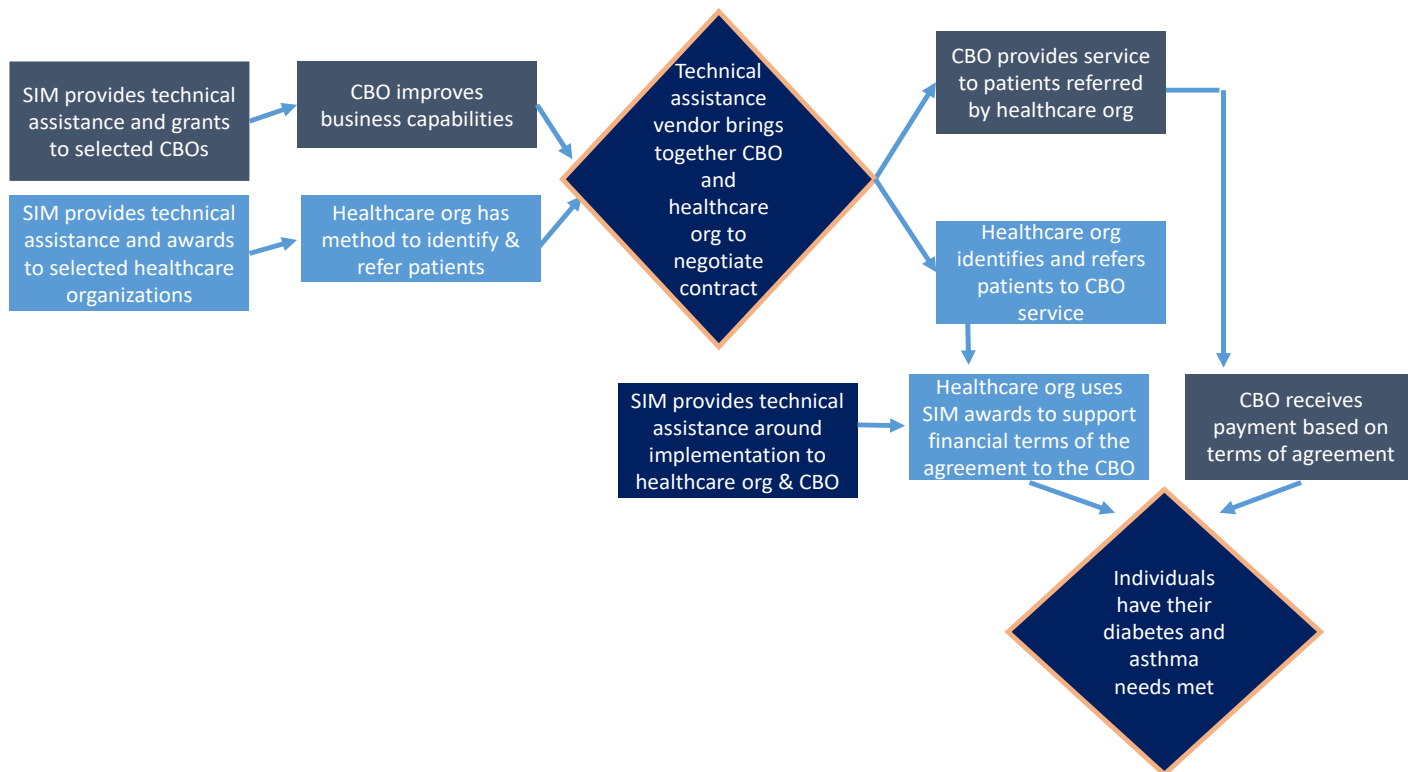
This initiative focuses on preparing healthcare organizations to enter into financial contracts with CBOs that provide effective prevention services. Healthcare organizations and CBOs will be solicited separately to participate in the Prevention Service Initiative. **This solicitation is for healthcare organizations.**

Multiple healthcare organizations in each of three Connecticut regions will receive free technical assistance to develop and execute these arrangements. Multiple CBOs in these same regions will also receive SIM-funded technical assistance focusing on developing business competencies and refining their model in order to succeed in these financial contractual arrangements. Healthcare organizations and the CBOs will be brought together to establish partnerships and begin the negotiation process. Once healthcare organizations and CBOs are further into the technical assistance process, they will be both be eligible to apply for direct funding to support executing the arrangement. The below flow chart illustrates the key activities of the initiative.

This approach has been tested in other parts of the country, where technical assistance that improved CBOs' competencies related to market success increased the number of formal partnerships and referral pathways between the healthcare and community sectors¹².

For more information, please visit the [Population Health Council webpage](#) and the [Steering Committee webpage](#). Also refer to these links: (1) [PSI description](#), (2) [PSI Response to Questions](#)

Exhibit 1: Prevention Service Initiative Flow Chart



¹<https://www.chcs.org/media/Working-Together-Toward-Better-Health-Outcomes.pdf>

²http://www.thescanfoundation.org/sites/default/files/linkage_lab_case_studies_final_august_2015.pdf

III.1 Benefits of Participating

The benefits to healthcare organizations who participate in the Prevention Service Initiative include:

- Improve patient care by connecting patients to proven, high quality community services;
- Better position your organization to succeed in value-based payment initiatives;
- Receive 18 months of free technical support and assistance from local and national experts on meaningful community linkages and effective contractual agreements;
- Be eligible to apply for direct financial assistance to launch agreements, and make practice improvements to remove barriers to effective community linkages;
- Learn with and from peers with similar goals and challenges;
- Differentiate your practices and your organization as a leader in Connecticut and in the nation;
- Establish a partnership model, structure, and approach that can be adapted to address future population needs.

III.2 Selected Services for Model Demonstration:

The model promotes prevention services delivered in community settings (CDC 6|18 initiative³). The initiative will focus on the following community-placed and evidence-informed interventions⁴:

- Asthma self-management and in-home environmental assessment and remediation.
- Diabetes Self-Management Programs.

These services were selected due to their proven positive impact on diabetes and asthma, the existence of local organizations with implementation expertise of these services in Connecticut, their potential for a return on investment to the healthcare organization, and their ability to improve quality of care measures present in shared savings program arrangements.

III.3 Technical Assistance

Healthcare organizations will receive free technical assistance for up to 18 months. Technical assistance will be provided by a vendor with experience in healthcare operations, community-clinical linkages, patient identification and referral approaches, alternative payment models, quality measures, evaluation, and community-based services. Technical assistance includes virtual and on-site visits, templates, and subject matter expert guidance. Technical assistance will focus on and include:

- Identifying opportunities to improve delivery of population health services, using structured assessment tools
- Supporting providers to identify unmet needs in their patient populations, and resources for addressing those needs
- Assessment and support for developing referral and communication systems with CBOs
- Support for improvements in data collection and quality monitoring systems, including monitoring CBO performance

³ <https://nam.edu/wp-content/uploads/2016/05/CDCs-618-Initiative-Accelerating-Evidence-into-Action.pdf>

⁴ Additional evidence-based CBO interventions may be considered

- Guidance for practice transformation and change management
- Facilitation of joint meetings with potential CBO partners

Organizations will also participate in peer-learning activities with other healthcare organizations to share best practices and learn from each other, and they will participate in joint learning activities with the participating CBOs.

III.4 Participation Requirements

Successful healthcare organization applicants will be expected to commit to all aspects of the Prevention Service Initiative, including:

1. Execute at least one financial contractual arrangement with a CBO that is participating in the Prevention Service Initiative;
2. Change workflows and operational processes to implement an effective referral and feedback loop strategy to effectively implement the arrangement with the CBO;
3. Commit dedicated personnel to work on this effort and to interact with the vendor on an agreed-upon schedule;
4. Actively participate in the technical assistance, including attending webinars, peer-learning activities, disseminating templates, and attending in-person events;
5. Select relevant quality measures and provide aggregate data regarding performance on these measures to the State after the agreements with the CBOs have been implemented;
6. Cooperate with the State on any future evaluation efforts.

III.5 Timeline

Below is a high-level Prevention Service Initiative timeline.

Table 1 High-level Project Timeline

Phases	Key Outputs	Timeline
<i>Technical Assistance</i>	Official program and technical assistance launch	4/01/18
	Site visits/organizational assessments for each AN/FQHC completed and results synthesized	4/22/18 - 5/25/18
	Technical Assistance Plan for each CBO and AN/FQHC complete	By 5/31/18
	Workforce capacity, business case/value proposition, and sites of service analysis documented for each CBO (CBOs only)	6/01/18-6/30/18
	Prevention Service Business Plans complete (CBOs only)	By 7/31/18
	AN/FQHCs have designed and implemented workflows for patient identification and referral	6/01/18 – 10/30/18
	AN/FQHCs have designed and implemented data analytics strategy to support quality and ROI evaluation	6/01/18 – 10/31/18
	CBO-AN/FQHC Contract agreement templates and examples disseminated	By 7/30/18

	CBO-AN/FQHC Framework for partnership discussions disseminated	By 7/30/18
	Technical assistance complete	By 9/30/2019
<i>Funding</i>	AN/FQHCs and CBOs will be eligible to apply for direct funding	July 2018
<i>Linkage activities</i>	Discussions and joint activities held between CBOs and AN/FQHCs	8/15/18-ongoing
	Contracts executed between CBOs and AN/FQHCs	By 11/01/18
<i>Peer-learning</i>	Peer-to-peer CBO and AN/FQHC events ongoing including: 1) One Day Learning Sessions (In person: ANs/FQHCs, CBOs and technical assistance vendor) (approx.. 4/18; 7/18; 3/19)	4/15/18-9/30/19
	2) Bi-weekly or monthly webinars	
<i>Implementation of linkages</i>	Implementation status reports	11/01/18-ongoing

III.6 Direct Funding Opportunity

Healthcare organizations who seek to enter into financial contractual arrangements with CBOs may need funding to execute the agreement. The initial technical assistance guidance will assist healthcare organizations in identifying the processes that need to change and the resources required in order to enter into such an agreement. In order to give healthcare organizations time to identify specific needs related to partnering with known CBOs, the funding opportunity will be released three months into the technical assistance process.

These SIM Prevention Service Initiative Awards are intended to provide direct funding to healthcare organizations to support their participation in the Prevention Service Initiative. It is anticipated that up to \$100,000 will be available for each healthcare organization. Awards will support healthcare organizations for the following three categories as part of the Prevention Service Initiative:

1. **Financial contract with CBO:** A portion of the award will subsidize the newly established financial contract between the healthcare organization and up to two CBOs that results from the healthcare organizations' participation in the Prevention Service Initiative.
 - a. The State will cover 80% of the cost of the first six months of each financial contract between the healthcare organization and a CBO that is participating in the Prevention Service Initiative for the first six months of the contract, up to a cap.
 - b. The State will cover 60% of the cost of the financial contract for the subsequent six months of the contract, up to a cap.
 - c. It is the expectation that the healthcare organization will cover 100% of the contract after 12 months, on the basis of the ROI analysis.
2. **Operational Investments:** A portion of the award will fund up-front investments needed to operationalize the contractual arrangement with the CBO. Access to these funds will be available contingent upon the execution of the first CBO contract or once the healthcare organization is in final negotiation phases with the CBO. Allowable costs may include:

- a. Redesigning internal clinical workflows and staff training to implement new workflows.
- b. Health information technology or data analytic investments to support patient identification, referrals, feedback loops, and performance analysis.
- c. Contractors or staff to facilitate and support meeting model aims including the following:
 - i. Learning and improvement activities;
 - ii. Providing non-clinical guidance, expertise, and support across practices and the organization; and
 - iii. Providing clinical guidance, expertise, and support within the organization and among affiliated practices.
- d. Temporary funding for additional employed or contracted staff.
- e. Sub-contracts to support new clinical processes (e.g., care coordination, patient navigation, community support referral tracking and follow-up).
- f. Costs associated with contract development, legal review, financial modeling and other.
- g. Costs associated with the tracking and analysis of quality measures and return on investment.

IV. Eligibility Information

Healthcare organizations eligible to apply for this solicitation are Advanced Networks and Federally Qualified Health Centers that are participating in accountable care arrangements (e.g., Shared Savings Programs) with Medicare, Medicare and/or commercial payers. Accountable care arrangement include PCMH+, the Medicare Shared Savings Program, and commercial payers' shared savings programs.

Advanced Networks are independent practice associations, large medical groups, clinically integrated networks, or integrated delivery system organizations that have entered into a shared savings program (SSP) arrangement with at least one payer.

Federally Qualified Health Centers are entities that meet the definition of an FQHC in section 1905(l)(2)(B) of the Social Security Act and meets all requirements of the HRSA Health Center Program, including both organizations receiving grants under Section 330 of the Public Health Service Act and also FQHC Look-Alikes, which are organizations that meet all of the requirements of an FQHC but do not receive funding from the HRSA Health Center Program.

Demonstration Areas:

The Prevention Service Initiative is being implemented in three areas with high accountable care penetration, using PCMH+ penetration as a proxy. The target communities are:

- Bridgeport
- New Haven
- Middletown

Although these communities are the "epi-centers," we are not excluding surrounding areas, and will consider proposals from healthcare organizations that want to also target patients living in surrounding towns. The consideration of whether those surrounding towns are feasible to include in the initiative will depend on which CBOs are selected to participate in the initiative, and what their catchment areas are.

Healthcare organizations must have **at least 500 attributed lives** in one of these communities and surrounding areas to be considered for this solicitation. Attributed lives refers to patients attributed to the healthcare organization under a Medicare, Medicaid, and/or commercial shared savings or premium sharing arrangement. .

Priority Applicants:

Applicants who are also participating in the first wave of the Medicaid PCMH+ and the Community & Clinical Integration Programs will be given priority in this solicitation. Please note that participation in the Prevention Service Initiative is a new requirement of the PCMH+ program.

V. Application Contents and Requirements

V.1 Application

The application should be written primarily as a narrative. The applicant should organize their response based on the sections detailed below.

1. COVER PAGE (1 page)

Provide the following information on the cover page:

RESPONDING ORGANIZATION (Legal name and address of organization as filed with the Secretary of State):

Legal Name: _____

Street Address: _____

Town/City/State/Zip: _____

FEIN: _____

DIRECTOR/CEO (individual with authority to bind the Applicant to sign the participation agreement with the PMO)

Name: _____ Title: _____

Telephone: _____ Email: _____

PRINCIPAL CONTACT (to receive follow emails related to the RFA and requests for clarification)

Name: _____ Title: _____

Telephone: _____ Email: _____

2. APPLICANT CHARACTERISTICS (up to 2 pages)

Provide the following table describing the Applicant's characteristics. This does not count towards the scoring process.

1	Name of the organization	
2	Number of practices	
3	The value based care arrangement that the organization participates in	<i>Includes PCMH+ (indicate if the organization will continue participating in wave 2), Medicare Shared Savings Program, and the accountable care arrangements of commercial insurers</i>
4	Total number of patients served, and the total number of attributed lives in value based care arrangements	<i>Includes Medicare, Medicaid, and commercial</i>

5	The towns/regions that the organization wishes to implement the Prevention Service Initiative	<i>Bridgeport, Middletown, or New Haven.</i> <i>If you would like to also implement in surrounding towns, please specify which towns.</i>
6	Approximate number of attributed lives in the above town/region where you wish to implement	<i>Includes Medicare, Medicaid, and commercial lives.</i> <i>If including surrounding towns, please provide attributed lives in the primary town (Bridgeport, Middletown, or New Haven) and then the numbers for any surrounding towns you wish to be included.</i>
7	Do you currently have any formal relationships with any local CBOs? Do you have informal relationships? Please describe the nature of these relationships.	

3. APPLICATION NARRATIVE (up to 5 pages, single-spaced)

The Application Narrative should be written in narrative form, with 1-inch margins, paginated in a single sequence. The Application Narrative should address the components a-d, below. Please use the following headings to organize the narrative:

a) Why We Want to Participate in the Prevention Service Initiative

Describe why the Applicant is applying and how this initiative fits into to the organization’s overall strategy.

b) Why our Organization will be Successful in the Prevention Service Initiative

Describe why the Applicant will be successful. What sort of effort, resources, and staff will be allotted for this initiative? Can you show evidence of executive level commitment to meet the goals of this initiative, including working to execute at least one contract with a CBO?

c) How our Organization will Meet the Goals of the Prevention Service Initiative

Describe how the Applicant will drive towards the goals of the initiative. What tactics will you use and how will the work be managed? Who do you anticipate will be the target population and how many people do you anticipate will be impacted? What are the potential work flow changes or assets you will leverage as part of this process? What are the challenges that you anticipate having to overcome? What sorts of technical assistance do you need?

d) Project Plan

Provide the names of all staff who will be assigned to this initiative, their role within the organization, and their role on this initiative. Provide the name of the key contact who will be the single point of contact for this initiative and who will be available to interact with the State and the vendor during the initiative.

V.2 Application Submission Instructions

The Applicant must submit the application electronically to Faina Dookh at faina.dookh@ct.gov. The document can be submitted either as a Word document or a PDF. The application must be submitted by the deadline established in the Executive Summary. Only applications found to be responsive will be reviewed and considered.

V.3 Letter of Intent to Apply

Applicants are recommended but are **not required** to submit non-binding Letters of Intent to Apply (LOI).

Submit your Letter of Intent to faina.dookh@ct.gov no later than the established deadline date and time as listed in the Executive Summary.

V.4 Respondents' Questions

The PMO encourages applicants to submit questions seeking clarification of the RFA requirements. The PMO will respond to all questions in one or more official addenda that will be posted to the Department of Administrative Services (DAS) website, listed in the Executive Summary.

Respondents should submit questions to the PMO as they arise. Questions must be submitted to the PMO by e-mail to faina.dookh@ct.gov. The PMO will make every effort to respond to questions within 5 business days of receipt. Respondents are advised to raise questions early in the process so that responses will be received well in advance of the proposal due date.

V.5 Evaluation and Selection Criteria

It is the intent of the PMO to conduct a comprehensive, fair and impartial evaluation of the Applications received in response to this competitive procurement. Only those submissions found to be responsive to the RFA requirements will be evaluated and scored. A responsive submission must comply with all instructions listed in this RFA.

The evaluation of applications will be based entirely on the application narrative and its sub components in the following way:

- 1. (30%) Strong justification for why the organization wants to participate**
- 2. (30%) Clear rationale for why the organization will be successful in the initiative**
- 3. (30%) Strong explanation of how the organization will meet the goals of the initiative**
- 4. (10%) Complete project plan that demonstrates commitment**

V.6 Contract Execution

The contract developed as a result of this RFA is subject to State contracting procedures for executing a contract, which includes approval by the Connecticut Office of the Attorney General. Contracts become executed upon the signature of the Office of the Attorney General and no financial commitments can be made until and unless the contracts have been approved by the Office of the Attorney General. The Office of the Attorney General reviews the contract only after the Program Director and the Contractor have agreed to the provisions. If acquisition action ensues, the contents of this RFA and the Response of the successful Applicant will form the basis of contractual obligations in the final contract. The resulting contract will be a Transformation Service Agreement (TSA).

V.7 Official Contact

The SIM PMO has designated the individual below as the Official Contact for purposes of this RFA.

Name: Faina Dookh
Address: P.O. Box 1543
Hartford, CT 06144
E-Mail: faina.dookh@ct.gov

V.8 Debriefing

The PMO will notify all Applicants of any award issued as a result of this RFA. Unsuccessful Applicants may, within thirty (30) days of the signing of the resultant contract(s), request a debriefing of the application process and its submission by contacting the Official Contact in writing at the address previously given. A debriefing may include a request for a copy of the evaluation tool, and a copy of the Applicant's scores including any notes pertaining to the Applicant's submission. Debriefing information that has been properly requested shall be released within five (5) business days of the PMO's receipt of the request.

Applicants may request a debriefing meeting to discuss the application process by contacting the Official Contact in writing at the address previously given. Debriefing meetings that have been properly requested shall be scheduled within fifteen (15) days of the PMO's receipt of a request.

A Debriefing will not include any comparisons of unsuccessful proposals with other proposals.

V.9 Appeals Process

The Applicant may appeal any aspect of the competitive application; however, such appeal must be in writing and must set forth facts or evidence in sufficient and convincing detail for the PMO to determine whether – during any aspect of the competitive process – there was a failure to comply with the State's statutes, regulations, or standards concerning competitive procurement or the provisions of the Procurement Document. Appeals must be submitted by the Applicant to Demian Fontanella (demian.fontanella@ct.gov).

Applicants may submit an Appeal to the PMO any time after the submission due date, but not later than thirty (30) days after the PMO notifies Applicants about the outcome of a competitive procurement. The e-mail sent date or the postmark date on the notification envelope will be considered “day one” of the thirty (30) days.

Following the review process of the documentation submitted, but not later than thirty (30) days after receipt of any such Appeal, a written decision will be issued and delivered to the Applicant who filed the Appeal and any other interested party. The decision will summarize the PMO’s process for the procurement in question; and indicate the Agency Head's finding(s) as to the merits of the Applicant's Appeal.

Any additional information regarding the Debriefing and/or the Appeal processes may be requested from the Official Contact for this RFA.

VI. General Provisions

VI.1 Contest of Solicitation or Award

Pursuant to Section 4e-36 of the Connecticut General Statutes, “Any Applicant or Respondent on a state contract may contest the solicitation or award of a contract to a subcommittee of the State Contracting Standards Board...” Refer to the State Contracting Standards Board website at www.ct.gov/scsb.

VI.2 Disposition of Responses- Rights Reserved

Upon determination that its best interests would be served, the PMO shall have the right to the following:

1. **Cancellation:** Cancel this procurement at any time prior to contract award.
2. **Amend procurement:** Amend this procurement at any time prior to contract award.
3. **Refuse to accept:** Refuse to accept, or return accepted Responses that do not comply with procurement requirements.
4. **Prior contract default:** Reject the submission of any Applicant in default of any prior contract or for misrepresentation of material presented.
5. **Received after due date:** Reject any Response that is received after the deadline.
6. **Written clarification:** Require Applicants, at their own expense, to submit written clarification of their Response in a manner or format that the PMO may require.
7. **No changes:** Allow no additions or changes to the original Response after the due date specified herein, except as may be authorized by the PMO.
8. **Property of the State:** Own all Responses submitted in response to this procurement upon receipt by the PMO.
9. **Separate service negotiation:** Negotiate separately any service in any manner necessary to serve the best interest of the State.

10. **All or any portion:** Contract for all or any portion of the scope of work or tasks contained within this RFA.
11. **Most advantageous Response:** Consider cost and all factors in determining the most advantageous Response for the PMO when awarding the right to negotiate a contract.
12. **Technical defects:** Waive technical defects, irregularities and omissions, if in its judgment the best interests of the PMO will be served.
13. **Privileged and confidential communication:** Share the contents of any Response with any of its designees for purposes of evaluating the Response to make an award. The contents of all meetings, including the first, second and any subsequent meetings and all communications in the course of negotiating and arriving at the terms of the Contract shall be privileged and confidential.
14. **Best and Final Offers:** Seek Best and Final Offers (BFO) on price from Applicants upon review of the scored criteria. In addition, the PMO reserves the right to set parameters on any BFOs it receives.
15. **Unacceptable Responses:** Reopen the bidding process if the PMO determines that all Responses are unacceptable.

Qualification Preparation Expenses: The PMO assumes no liability for payment of expenses incurred by Applicants in preparing and submitting Applications in response to this procurement.

VI.3 Response Date and Time

To be considered for selection a Response must be received by the PMO by the date and time stated in the Executive Summary of this RFA. Applicants should not interpret or otherwise construe receipt of a Response after the closing date and time as acceptance of the Response, since the actual receipt of the document is a clerical function. The PMO suggests the Applicant e-mail the proposal with receipt confirmation. Applicants must address all RFA communications to the PMO.

VI.4 Assurances and Acceptances

1. **Independent Price Determination:** By submission of a Response and through assurances given in its Transmittal Letter, the Applicant certifies that in connection with this procurement the following requirements have been met.
 - a. **Costs:** The costs proposed have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such process with any other organization or with any competitor;

- b. **Disclosure:** Unless otherwise required by law, the costs quoted have not been knowingly disclosed by the Applicant on a prior basis directly or indirectly to any other organization or to any competitor;
 - c. **Competition:** No attempt has been made or will be made by the Applicant to induce any other person or firm to submit or not to submit a Response for the purpose of restricting competition;
 - d. **Prior Knowledge:** The Applicant had no prior knowledge of the RFA contents prior to actual receipt of the RFA and had no part in the RFA development; and
 - e. **Offer of Gratuities:** The Applicant certifies that no elected or appointed official or employee of the State of Connecticut has or will benefit financially or materially from this procurement. Any contract arising from this procurement may be terminated by the State if it is determined that gratuities of any kind were either offered to or received by any of the aforementioned officials or employees from the contractor, the contractor's agent or the contractor's employee(s).
2. **Valid and Binding Offer:** Each Response represents a valid and binding offer to the PMO to provide services in accordance with the terms and provisions described in this RFA and any amendments or attachments hereto.
 3. **Press Releases:** The Applicant agrees to obtain prior written consent and approval from the PMO for press releases that relate in any manner to this RFA or any resulting contract.
 4. **Restrictions on Communications with PMO Staff:** The Applicant agrees that from the date of release of this RFA until the PMO makes an award that it shall not communicate with PMO staff on matters relating to this RFA except as provided herein through the PMO. Any other communication concerning this RFA with any of the PMO's staff may, at the discretion of the PMO, result in the disqualification of that Applicant's submission.
 5. **Acceptance of the PMO's Rights Reserved:** The Applicant accepts the rights reserved by the PMO.
 6. **Experience:** The Applicant has sufficient project design and management experience to perform the tasks identified in this RFA. The Applicant also acknowledges and allows the PMO to examine the Applicant's claim with regard to experience by allowing the PMO to review the related contracts or to interview contracting entities for the related contracts.

VI.5 Statutory and Regulatory Compliance

By submitting a proposal in response to this RFA, the proposer implicitly agrees to comply with all applicable State and federal laws and regulations, including, but not limited to, the following:

1. Freedom of Information, C.G.S. § 1-210(b). This Contract is subject to C.G.S. § 1-1210(b). The Freedom of Information Act (FOIA) requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-1210(b). The proposer shall indicate if it believes that certain documents or a portion(s) of documents, as required by this RFP is confidential, proprietary or trade secret by clearly marking such in its response to this RFP. The State will make an independent determination as to the validity under FOIA of the proposer's marking of documents or portions of documents it believes should be exempt from disclosure. While a proposer may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The proposer has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.
2. Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive. CT statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to insure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.
3. Consulting Agreements, C.G.S. § 4a-81. Proposals for State contracts with a value of \$50,000 or more in a calendar or fiscal year, excluding leases and licensing agreements of any value, shall include a consulting agreement affidavit attesting to whether any consulting agreement has been entered into in connection with the proposal. As used herein "consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (a) Providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (b) Contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information or (c) Any other similar activity related to such contract. Consulting agreement does not include any agreements entered into with a consultant who is registered under the provisions of C.G.S. Chapter 10 as of the date such affidavit is submitted in accordance with the provisions of C.G.S. § 4a-81. The Consulting Agreement Affidavit (OPM Ethics Form 5) is available on OPM's website at http://www.ct.gov/opm/fin/ethics_forms

IMPORTANT NOTE: A proposer must complete and submit OPM Ethics Form 5 to the Department with the proposal.

4. Gift and Campaign Contributions, C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8 and No. 7C, Para. 10; C.G.S. § 9-612(g)(2). If a proposer is awarded an opportunity to negotiate a contract with an anticipated value of \$50,000 or more in a calendar or fiscal year, the proposer must fully disclose any gifts or lawful contributions made to campaigns of candidates for

statewide public office or the General Assembly. Municipalities and CT State agencies are exempt from this requirement. The gift and campaign contributions certification (OPM Ethics Form 1) is available on OPM’s website at http://www.ct.gov/opm/fin/ethics_forms

IMPORTANT NOTE: The successful proposer must complete and submit OPM Ethics Form 1 to the Department prior to contract execution.

5. Nondiscrimination Certification, C.G.S. §§ 4a-60(a)(1) and 4a-60a(a)(1). If a proposer is awarded an opportunity to negotiate a contract, the proposer must provide the Department with written representation or documentation that certifies the proposer complies with the State's nondiscrimination agreements and warranties. A nondiscrimination certification is required for all State contracts—regardless of type, term, cost, or value. Municipalities and CT State agencies are exempt from this requirement. The nondiscrimination certification forms are available on OPM’s website at http://www.ct.gov/opm/fin/nondiscrim_forms

IMPORTANT NOTE: The successful proposer must complete and submit the appropriate nondiscrimination certification form to the awarding Department prior to contract execution.

VII. Definitions and Acronyms

DEFINITIONS

Advanced Network: An independent practice association, large medical group, clinically integrated network, or integrated delivery system organization that has entered into a shared savings program (SSP) arrangement with at least one payer.

Community Based Organization: A public or private organization that provides services at a local level to improve the wellbeing of individuals in the community. This includes local health departments. This does not include organizations whose primary function is to provide healthcare services.

Federally Qualified Health Center: An entity that meets the definition of an FQHC in section 1905(l)(2)(B) of the Social Security Act and meets all requirements of the HRSA Health Center Program, including both organizations receiving grants under Section 330 of the Public Health Service Act and also FQHC Look-Alikes, which are organizations that meet all of the requirements of an FQHC but do not receive funding from the HRSA Health Center Program.

Respondent/Applicant: An organization that has submitted a proposal to the SIM PMO in response to this RFA.

ACRONYMS

CBO	Community Based Organization
CMMI	Center for Medicare & Medicaid Innovations
DPH	Department of Public Health (CT)
ED	Emergency Department

FQHC Federally Qualified Health Center
OPM Office of Policy and Management
PMO Program Management Office (SIM)
PSI Prevention Service Initiative
RFA Request for Applications
SIM State Innovation Model

Attachment A: Procurement and Contractual Agreements Signatory Acceptance

Statement of Acceptance

The terms and conditions contained in this Request for Applications constitute a basis for this procurement. These terms and conditions, as well as others so labeled elsewhere in this document are mandatory for the resultant contract. The Office of the Healthcare Advocate is solely responsible for rendering decisions in matters of interpretation on all terms and conditions.

Acceptance Statement

On behalf of _____

I, _____ agree to accept the Mandatory Terms and

Conditions and all other terms and conditions as set forth in the PSI for Healthcare Organizations RFA.

Signature

Title

Date