

# Request for Proposal #18PSX0213

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## Systems Integrator for Connecticut Medicaid Enterprise Technology System (CT METS)

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**Department of Administrative Services  
Procurement Division**



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# Request for Proposals (RFP)

## Connecticut Medicaid Enterprise Technology System (CT METS)

### Guide to Electronic Proposal Submissions

#### 1. Introduction To BizNet

It is now a requirement of Department of Administrative Services (DAS)/Procurement Division that all Companies create a Business Network (BizNet) Account and add their company profiles to the State of Connecticut BizNet system. Companies are responsible for maintaining and updating company information in their BizNet Accounts as updates occur. Companies that have been certified through the Supplier Diversity or the Pre-Qualification Program have already created a BizNet account.

The BizNet login is: <https://www.biznet.ct.gov/AccountMaint/Login.aspx>

New Companies: Create an account by clicking the BizNet login link above and then the button on the right labeled "Create New Account". Login and select Doing Business with the State and Company Information. Please be sure to complete information in all tabs (Company Information, Accounts, Address, etc...).

Existing Companies Needing to Update Their Information: Login to BizNet and select Doing Business with the State and Company Information.

**Anyone having difficulty connecting to their account or downloading or uploading forms should call DAS/Procurement Division at 860-713-5095.**

#### 2. Business Friendly Legislation

As a result of Public Act 11-229, DAS/Procurement Division's goal is to make doing business with the State of Connecticut more business friendly. To eliminate redundancy, forms that were repetitively filled out with each request for proposal are being automated in BizNet.

DAS/Procurement Division began the transition to on-line bidding by automating the submission of Affidavits and Non-Discrimination forms on October 1, 2011. Companies must submit forms electronically to their BizNet account if they haven't already done so. These forms must be updated on an annual basis, no later than 30 days after the effective date of any material change. Rather than completing them with each proposal submittal, companies that have already filed these forms have the ability to view, verify and update their information prior to submitting a proposal response.

#### **Instructions for Uploading Affidavits and Non-Discrimination Forms:**

**Click on the following link for instructions on how to upload Affidavits and Non-Discrimination forms:**

**<http://das.ct.gov/images/1090/Upload%20Instructions.pdf>**

(a) AFFIDAVITS

**THE FOLLOWING FORMS MUST BE SIGNED, DATED, NOTARIZED, UPLOADED OR UPDATED ON BIZNET. TO OBTAIN A COPY OF THESE FORMS, YOU MUST LOGIN INTO BIZNET AND FOLLOW THE INSTRUCTIONS LISTED ABOVE.**

- (1) OPM Ethics Form 1 – Gift & Campaign Contribution Certification
- (2) OPM Ethics Form 5 – Consulting Agreement Affidavit
- (3) OPM Ethics Form 6 – Affirmation of Receipt of State Ethics Laws Summary
- (4) OPM Ethics Form 7 – Iran Certification

For information regarding these forms, please access the Office of Policy & Management’s website by clicking on the following link: <http://www.ct.gov/opm/cwp/view.asp?a=2982&q=386038>

(b) NON-DISCRIMINATION –

**CHOOSE ONE (1) FORM THAT APPLIES TO YOUR BUSINESS. COMPLETE AND UPLOAD OR UPDATE ON BIZNET ANNUALLY. TO OBTAIN A COPY OF THESE FORMS, YOU MUST LOGIN INTO BIZNET AND FOLLOW THE INSTRUCTIONS LISTED ABOVE.**

- (1) Form A – Representation by Individual (Regardless of Value)
- (2) Form B – Representation by Entity (Valued at \$50,000 or less)
- (3) Form C – Affidavit by Entity(RECOMMENDED) (Valued at \$50,000 or more)
- (4) Form D – New Resolution by Entity
- (5) Form E – Prior Resolution by Entity

For information regarding these forms and on which form your company should complete, please access the Office of Policy & Management’s website by clicking following link:

[http://www.ct.gov/opm/cwp/view.asp?a=2982&q=390928&opmNav\\_GID=1806](http://www.ct.gov/opm/cwp/view.asp?a=2982&q=390928&opmNav_GID=1806)

**3. Online Proposal Responses**

Any proposal posted by DAS/Procurement Division must be submitted electronically. The common forms listed below have also been automated in the BizNet system. In addition, specific forms are now fillable, as noted below. To complete forms; download them from your BizNet account, complete your submittal response, and then upload these completed documents (as well as any other required submittal documents) through BizNet prior to date and time upon which the Proposal is due pursuant to the RFP. Late submissions will not be accepted. All proposals response submitted must be e-signed. Proposals that are not e-signed are not received by DAS/Procurement and cannot be viewed or considered. If any required documents have not been uploaded, the system will not allow you to e-sign. After successful e-signature, Proposers will get a confirmation that their proposal has been successfully submitted. If you do not receive this electronic confirmation, please contact DAS/Procurement at 860-713-5095. Proposals are not publicly opened and are not available for viewing until after the Contract has been awarded.

- Contractor Information/Electronic Signature Page – Web Based Fillable Form
- Employment Information Form (DAS-45) – Web Based Fillable Form
- Statement of Qualifications (DAS-14) – PDF Fillable Form
- Connecticut Economic Impact Form (DAS-46) – Web Based Fillable Form
- Contract Exhibit B – Price Schedule (RFP-16)
- RFP Addendum (RFP-18) – if applicable

Additional forms such as those listed below must be reviewed carefully and accepted by the proposer prior to proposal submittal:

- Request for Proposal IT Contract (RFP-50IT)
- Exhibit 1 – Notice to Executive Branch State Contractors and Prospective State Contractors of Campaign Contribution and Solicitations Limitations

#### 4. Insurance Accord Certificates

Contractors are responsible for maintaining their BizNet accounts with new and/or updated insurance information.

The following documentation will need to be uploaded to each company's BizNet account and evidencing that the State is an additional insured:

- (a) Certificate of Insurance (Accord Form)
- (b) The insurance policy declaration page
- (c) The additional insured endorsement to the policy

Training documentation relating to the completion of the above-reference forms is available through the DAS Website under "DAS Business Friendly Initiatives" at the following website: [http://portal.ct.gov/DAS/Search-Results?SearchKeyword=insurance instructions](http://portal.ct.gov/DAS/Search-Results?SearchKeyword=insurance%20instructions)

***Proposers are cautioned that there may be additional documents, attachments or requirements depending on the complexity of the RFP. Please read ALL RFP documents carefully and provide all required information. Failure to do so may result in rejection of your proposal.***

## Scope of Services

The State of Connecticut Department of Administrative Services, (DAS) is seeking Proposals for a Systems Integrator (SI) for the Connecticut Department of Social Services CT METS Program.

### **RFP Intent and Future Direction**

DSS seeks an SI partner to help prepare for and lead the Design, Development, and Implementation (DDI) of a new Modular Medicaid Enterprise (MME) for Connecticut.

DSS seeks an SI partner to provide services with the following high-level characteristics of the modular Medicaid Management Information Systems (MMIS) approach:

- Integrity and interoperability of the modular Medicaid IT architecture
- Integrity and interoperability of the modular Medicaid IT infrastructure
- Cohesiveness for the selected modules and components that will be incorporated into the Medicaid Enterprise
- Excellent performance of the resultant business

Proposers should have the experience and resources necessary to support a diverse, multi-vendor, multi-year, and highly complex modular Medicaid program. Proposers are expected to have extensive prior experience in project management, as well as business and technology aspects of a similar large and complex program. Desired qualifications include successful experience with Medicaid systems similar to the modularized system to be implemented for CT DSS, MMIS and claims processing, large scale health care systems in the public sector, other HHS programs, or closely related work.

Proposers must be able to work as a collaborative partner with the U.S. Department of Health and Human Services' Centers for Medicare and Medicaid Services (CMS), DAS, DSS, and multiple Contractors in support of DSS' efforts to replace its current MMIS and achieve certification per the Medicaid Enterprise Certification Lifecycle (MECL), Medicaid Enterprise Certification Toolkit (MECT) Checklist, and other guiding CMS documentation.

The CT METS program is based on a two-phased approach as described below:

- Phase 1 will complete groundwork analysis with foundational contractors including the SI, the Organizational Change Management (OCM) Contractor, and the CMS required Independent Verification & Validation (IV&V) Contractor. The Phase 1 activities for the SI will target the foundational work necessary to achieve implementation of Connecticut's new MME and to conduct the proper operational impact risk identification and mitigation plans for the current Medicaid operations during the transition. In addition, definitive determination of module compositions and the implementation roadmap will be finalized as part of the further analysis and requirements work led by the SI.
- Phase 2 will begin the procurements of the selected modular solutions. In concurrence with CMS recommendations, and the requirements of this procurement, SI contractor will be precluded from bidding on functional modules (please see Attachment B for a table of restrictions on all CT METS contractors). However, the SI contractor may provide Phase 2 system integration functions and build-out of the technical infrastructure for the computing environment, including the integration platform and DDI of the selected modules. State will make a determination utilizing an "Option to Buy" package of Phase 2 SI services and components needed to move forward into the DDI phase of the program, which the selected SI contractor will furnish. The package may include procurement and implementation of the following examples:
  - Critical infrastructure components
  - Computing environment, integration platform, and services for the modular integration
  - Systems and information architecture (including Security Architecture)
  - Systems governance
  - System Development Life Cycle (SDLC) controls

The SI components and services will provide the critical foundation for the core modules to be implemented and operate as a cohesive MMIS for the Medicaid Enterprise.

The preliminary modules that will be part of the Phase 1 SI analysis are:

1. Enterprise Data Warehouse/Decision Support Module
2. Care Management Module
3. Provider Management Module
4. Claims Management Module
5. Pharmacy Benefits Management Module
6. Third Party Liability Module
7. Program Integrity Module
8. Financial and Contract Management Module

The modules are depicted in the "To-Be" conceptual drawing included as Attachment A. DSS will decide on the execution of the approved new plans recommended by the SI contractor during Phase 1 for the DDI of the CT METS modules and functions in Phase 2.

The successful implementation of the CT METS Program will provide a technical architecture meeting all requirements of the MITA Framework and the MECL as defined by CMS. All work under the contract resulting from this RFP will be pursuant to the Code of Federal Regulations (CFR) 42 CFR Part 433, Subpart C for MMIS systems and achieve full compliance with the Seven Standards and Conditions required by CMS to include: 1) modularity, 2) alignment with MITA, 3) leverage and reuse among states, 4) industry standard alignment, 5) support of business results, 6) reporting, and 7) seamlessness and interoperability. At the end of the project, full certification of the MMIS system by CMS is the expected outcome.

DSS intends to award a single contract to fulfill the CT METS SI responsibilities. The selected SI Proposer will be offered the right to negotiate and execute a contract for these services.

The resulting contract award replaces the following contract award(s) in part or in total: NONE

### **General Restrictions**

To comply with CMS recommendations in the State Medicaid Director's (SMD) Letter #16-010; the SI contractor, including any of its subsidiaries or subcontractors, will be excluded from competing in procurements to provide other CT METS services and modules. This exclusion includes the provision of services for IV&V, OCM, and Testing, as well as supplying functional modules. Please see Attachment B for a table depicting the restrictions for all Contractors and Proposers.

## **Overview**

### **Background Information – The Connecticut DSS Medicaid Program:**

DSS works in partnership with various stakeholders across the healthcare delivery system to ensure that eligible people in Connecticut receive the support and services necessary to promote self-sufficiency, improved well-being, and positive health outcomes.

DSS delivers and funds a wide range of programs and services as Connecticut's multi-faceted health and human services agency. DSS serves approximately 1 million residents of varying ages in all 169 Connecticut cities and towns. DSS supports the basic needs of children; families; older and other adults, including persons with disabilities; through twelve field offices, central administration, online and phone access options, and approximately 1,700 dedicated staff.

Connecticut Medicaid, along with the Children's Health Insurance Program (CHIP), is called HUSKY Health, and provides comprehensive health insurance coverage to over 800,000 residents. Coverage includes both preventative and acute care, hospital-based services, and long-term services and supports to a wide variety of individuals and families. Attachment C depicts broad eligibility categories supported by the program.

HUSKY Health is also extended to "medically needy" individuals (those meeting spend down deductible provisions), and limited coverage for Medicare-covered services or Medicare premiums under Medicare Savings Program (MSP) categories. In addition, limited benefit programs are offered for individuals with tuberculosis diagnoses, and for family planning-related services.

Mandatory Medicaid State Plan services are made available to all members, excepting limited benefit programs and MSPs. Optional services are also available including dental (annual benefit limit applies for adults); physical and occupational therapy; optometry; and speech, hearing, and language disorder services. In addition, the State

provides State Plan services under Community First Choice, the option under Sec. 1915(k) of the Social Security Act to provide home and community-based services and support.

The State operates several Medicaid waiver programs, including Home and Community Based Waivers (Connecticut Home Care Program for Elders, Personal Care Attendant, Katie Beckett) as well as other waiver programs such as Acquired Brain Injury (ABI I/II), Autism, Mental Health, and waivers for persons with intellectual disabilities (Comprehensive Supports, Individual and Family Supports, Employment and Day Supports). Several of these programs feature services delivered through other State agencies, including the Department of Developmental Services (DDS) and Department of Mental Health and Addiction Services (DMHAS).

Some Medicaid services are delivered through contractual relationships with entities outside Connecticut State government agencies. Contractors referenced below are accurate as of the time of the release of this RFP.

Since January 2018, most non-emergency medical transportation (NEMT) services are made available through an at-risk arrangement with a transportation services contractor, Veyo. Prior to that date, these services were provided through another type of contract.

As of July 2018, there were 49,986 individual and organizational providers actively enrolled in the Medicaid program. Of this sum, 13,592 were eligible to bill for services directly. The balance includes individual providers who perform services, but who bill through another provider entity such as a physician group practice, clinic, or hospital, and other providers who have been screened and enrolled so that their orders, prescriptions, or referrals may be validated in accordance with CMS regulations.

Connecticut has adopted a self-insured, managed fee-for-service approach for most service delivery. In support of achieving better health and care experience outcomes for members and engagement with Medicaid providers, the Department has contracts with Administrative Service Organizations (ASO) for each of three major service types: Medical, under contract with Community Health Network of Connecticut (CHNCT); Behavioral Health, contracted to Beacon Health Options, Inc.; and Dental, contracted to BeneCare Dental Plans. The ASOs provide an array of services, including care coordination, utilization management, disease management, assorted member services, (e.g., call centers, provider referrals), grievance procedures, and provider network management and credentialing support. The medical ASO also supports intensive care management and Person-Centered Medical Home (PCMH) initiatives.

The ASOs interact with DXC Technology, the State's fiscal agent contractor for core MMIS services. In addition to core claims processing services and provider payments, DXC provides the following services: call centers (provider, limited assistance for members); provider relations; provider enrollment; Electronic Data Interchange (EDI) support; provider training; provider communications (e.g., provider newsletters and bulletins); Pharmacy Benefit Management services (including processing of pharmacy claims, prospective and retrospective drug utilization review, prior authorization, preferred drug list, step therapy, pharmacy call center), e-prescribing support, drug rebate processing and Imaging/Data Capture including Intelligent Character Recognition (ICR) processing, data entry, and database and online storage. In addition, an Electronic Visit Verification (EVV) system has been put in place via a DXC subcontractor, beginning with waiver home health services. Home health services were brought in shortly after the implementation of waiver services. Over time, various additional waiver services have been, and continue to be, brought under EVV, which verifies provision of in-home services and links such services directly with claims processing.



## **Background Information – Connecticut DSS Core MMIS Systems and Fiscal Agent Services**

DXC Technology is currently the State's fiscal agent contractor and provides the core MMIS system known as interChange. The Connecticut MMIS interChange solution includes all core MMIS functions with COTS products included for specialized processing. The core system developed by DXC features a web-based user interface and separate portals for providers and workers. The data management layer is provided by Oracle's database product. The COTS products include the OnBase document management system that houses all documents. OnBase is integrated with the core system, and users can click objects to access the document management system directly from within the core system.

The Electronic Data Interchange (EDI) subsystem handles incoming transactions via direct VPN connections, the ACA 1104 Safe Harbor leveraged solution, or Microsoft BizTalk providing enterprise service bus (ESB) functionality to shuttle data to and from EDI-capable endpoints. The system also uses a multi-state leveraged Sybase translator for validation of HIPAA standard (American National Standards Institute, [ANSI X12N]) transactions and translation to XML. There is also a managed file transfer system for exchange of files.

The primary connectivity between DSS and interChange is provided via high speed dedicated fiber connections through the Health Network Cloud (HNC), enabling and protecting the passage of Connecticut data to the State data center.

Connecticut Medicaid's Data Warehouse/Decision Support is operated by DXC with the MMIS being the predominant data source for the warehouse.

There are interfaces with Connecticut's Department of Administrative Services/Bureau of Enterprise Systems and Technology (DAS/BEST) data center to provide real-time eligibility information to the MMIS for claims adjudication or responses to benefit coverage requests from providers including e-Prescribing. The eligibility system is supported by Deloitte and DAS/BEST and is known as the ImpaCT system.

Highlights of processing volume for the most recent State Fiscal Year (July 2017 – June 2018) are below:

- 21.8 million pharmacy claims processed
- 31.3 million non-pharmacy electronic claims processed
- 36 million electronic eligibility transactions (42,574 via automated voice response)
- 4.9 million medication histories processed through the e-Prescribing application
- Over 135,000 documents received, scanned, and processed
- Over 314,000 calls answered by the DXC Call Centers
- Over 18,800 providers enrolled or re-enrolled

A high-level diagram of the existing Medicaid enterprise ecosystem is provided in Attachment D.

## **Background Information – MITA State Self-Assessment Activities and Results**

DSS has recently completed a MITA 3.0 State Self-Assessment (SS-A) to assess the Connecticut Medicaid Enterprise (CME) in accordance with CMS guidance. The intent of the SS-A was to determine the best course of action to transform Connecticut Medicaid to a MITA-aligned enterprise. The SS-A included examining the current business,

information, and technical architectures of Connecticut’s systems, with a goal of identifying how best to advance Connecticut’s healthcare goals and MITA maturity, and to remove silos or other barriers that impede optimal Medicaid business operations.

The reports from Connecticut’s MITA 3.0 SS-A, including the Business Architecture, Information Architecture, Technical Architecture, Seven Standards and Conditions, MITA Concept of Operations, MITA Roadmap, and other artifacts, have been completed. CMS recommends MITA reports be made available to Proposers as part of the procurement process through a “Bidders’ Library”, a repository of useful supplementary information. These reports are available to Proposers in the Bidder’s Library at <https://portal.ct.gov/DSS/CT-METS/Connecticut-Medicaid-Enterprise-Technology-System-CT-METS-Project/Bidders-library>.

The MITA 3.0 SS-A effort resulted in the creation of a roadmap designed to serve as a guide as the CME moves toward its goal of increased MITA maturity. To address the findings of the MITA 3.0 SS-A and its resulting roadmap report, the State has identified several distinct yet completely interoperable modules and foundational components that will allow the State to advance its MITA maturity and modernize the Medicaid Enterprise. In addition, the MITA Assessment identified the need for potential restructuring/realignment of DSS’s organization, processes, and support systems. These recommendations and other identified needs will be analyzed and evaluated during Phase 1 of the CT METS Program to determine the composition and acquisition of modular technology and components to support a MITA-compliant model that promotes transformation to the next generation Medicaid Enterprise operating model.

The preliminary roadmap for the Connecticut modular enterprise includes the following list of 12 procurements for services and modular functions that are currently being planned and/or are planned to be evaluated:

1. IV&V
2. OCM
3. SI (Phase 1 Foundational and Phase 2 Core Services and Components)
4. Testing
5. Enterprise Data Warehouse/Decision Support Module
6. Care Management Module
7. Provider Management Module
8. Claims Management Module
9. Pharmacy Benefits Management Module
10. Third Party Liability Module
11. Program Integrity Module
12. Financial and Contract Management Module

DSS intends to execute the first three foundational procurements (IV&V, OCM, SI) to form the initial group onboarded to the program. The remaining identified modular components will be further analyzed and validated for procurement and sequence as part of the SI’s scope of work during the initial phase of the project. Once on board, these foundational companies will work hand-in-hand to ready DSS and the program to achieve a well-organized and successful implementation of Connecticut’s new modular Medicaid Enterprise and to conduct the proper operational impact risk mitigation for the current Medicaid operations during the transition.

## CT METS Program and Business Objectives

DSS has created the CT METS Program as a path forward in its efforts to continue improvements and advancements for access to quality health care services to eligible Medicaid members, assisting the State to achieve the goals of better health outcomes and healthier populations, and lowering program and operational costs.

The drivers for this initiative are as follows:

- The core MMIS system that supports the State's Medicaid program is more than 10 years old. The underlying technologies and business processes in the Medicaid program require upgrades and fundamental shifts in the Medicaid systems and operating model to take advantage of advances in technology, Service Oriented Architecture (SOA), and new business capabilities that are available since the current MMIS was implemented.
- Opportunities for leverage and reuse of new state-of-the-art Medicaid components are now becoming available to states in the national landscape. DSS has the need to transition the current monolithic MMIS system to a new modular enterprise in an orderly fashion with minimal disruption to the current operations and in accordance with procurement best practices and CMS guidelines. The transformation will include evaluating, procuring, and implementing modular technology solutions and components with the assistance of an SI as envisioned by CMS guidance. DSS business needs will be supported by a focus on facilitating performance efficiencies and cost savings through re-use, consolidated services, and improved flexibility. These efforts will allow the Medicaid Enterprise to make necessary program and policy changes in a more cost-effective and timely manner that also positively impacts care outcomes, user engagement capabilities, data analytics, and ultimately target lowering the total costs while improving quality. Moving the enterprise to modular solutions and greater MITA maturity will also allow for future upgrades, future modular implementations, and future program changes to be achieved with less disruption and at a reduced level of effort and cost once DSS has achieved the initial change to a Modular Enterprise.
- The CT METS Program will move DSS toward its vision of a person-centered and holistic health and human services (HHS) service delivery model. All of Connecticut's Medicaid business partners and HHS agencies will benefit from the CT METS Program as a catalyst in adopting technically advanced systems and infrastructure for a cloud-based computing environment including state-of-the-art hardware, storage, network, security, and other services. The new environment will help navigate the increasing amount of information flowing in from stakeholder and business partner interactions with the State's Medicaid Enterprise and will provide the foundation for advanced analytics that will be used to improve services and inform policy decisions.

There is a clear and thoughtful progression between the DSS agency Mission and Goals and the CT METS Program Goals and Objectives.

### DSS Mission:

DSS, along with our partners, provides person-centered programs and services to enhance the well-being of individuals, families, and communities.

### DSS Agency Goals:

- Drive decision-making, collaboration, and service coordination through enhanced use of data to improve services

- Instill public trust by continuously improving the way we administer programs, manage our resources, and operate our infrastructure
- Improve access to health and human services to enable our customers to gain independence, enhance health, and achieve well being

In support of the DSS mission, and to advance the goals of DSS, the Department will replace its legacy MMIS and supporting systems with a modern, flexible system made up of discrete, identified modules. Modularization of the MMIS is anticipated to unite present program reforms with technology features designed to enable access to services, reduce inefficiency and redundancy in processes, connect people to information and tools that support their use of health and social services, promote high quality, safeguard against fraud and abuse, and enable effective and timely analysis of program performance.

The planned implementation is anticipated to achieve **CT METS Goals and Objectives**. The CT METS Goals and Objectives is a project artifact containing the list of goals and objectives. The CT METS goals and objectives will be further refined during Phase 1 of the project as additional groundwork is completed including business process modeling, requirements gathering and analysis that will confirm the optimal operating model, conceptual program design, and an updated Roadmap for the Connecticut Modular Medicaid Enterprise.

**Goal 1 - Person-centered service delivery**

Objective 1 - Advance unified, team-based care management capability

Strategy: Solutions shall support cross-system communication and interoperability, facilitated through Business Process Modeling; targeting enhanced secure data exchange and system integration between the primary systems, including MMIS modules, ASOs, waiver programs, ICM services, contractors, and long-term service support; providing real-time comprehensive member profiles; identifying care plans, case management, assessments, and treatment authorizations.

Objective 2 - Present a unified web-based portal for members integrating information from multiple member portals for easy and secure access to up-to-date information

Strategy: Solutions shall support multiple platforms for member engagement (computer, tablet, mobile technology) and will support user experience (UX) standards with seamless look and feel for all forms of member online interaction, including, but not limited to, access to program applications and other self-service eligibility functions, and personal health records (PHRs).

**Goal 2 - Improved support for providers of services to Medicaid members**

Objective 1 - Present a unified web-based provider portal integrating information and functions from multiple existing provider and provider-related portals and information sources, and increase automation

Strategy: In addition to integration, solution shall feature enhanced online support of the provider enrollment/credentialing process (e.g., electronic interfaces for license verification, board certification, Drug Enforcement Administration (DEA), reducing existing manual processes).

Objective 2 – Streamline Prior Authorization Solution

Strategy: Solution shall present a single web-based Prior Authorization (PA) solution incorporating data and functions from multiple PA portals for different PA types.

Objective 3– Assist Providers in increasing positive performance results

Strategy: Solution will provide enhanced analytics and timely and proximate practice support capabilities that will be used to collaborate with providers.

Objective 4– Provide the capability for both Medicaid-enrolled and other service providers to be supported by the provider module

Strategy: The solution shall include functionality and access data so as to support providers who are associated with other programs and may or may not be Medicaid-enrolled.

**Goal 3 - Strengthened Program Integrity, Financial, and Contract Management functions**

Objective 1 – Enhance fraud and abuse detection capabilities

Strategy: Acquire and implement advanced data analytics as part of enhanced fraud and abuse detection tools for identifying inappropriate claim payments and overpayments.

Objective 2 – Advance financial reporting capabilities resulting in a decrease in the time required to create CMS 37 and 64 reports

Strategy: The integrated solution will support improvements in the creation of consolidated financial data and increased communication capabilities with other financial entities involved in the creation of reports.

Objective 3 – Improve and expand contract management capabilities resulting in a comprehensive view of the Medicaid universe of contracts and establish contract management practices consistent with managing multiple vendor relationships

Strategy: Solutions will support expanded capabilities and tools for managing contracts with automated workflows, alerts, and consolidated Medicaid contract data including a consolidated repository for Medicaid contracts.

**Goal 4 - Transformed tools and technology to support efficiency and improved analytic capabilities**

Objective 1 – Increase automation of manual processes resulting in enhanced staff efficiency

Strategy: Conversion of existing manual processes will enable redeployment of current operations staff to other tasks.

Objective 2 – Advance and expand Medicaid program key performance indicators

Strategy: Solutions will provide the mechanisms to increase enterprise-wide key performance indicators.

Objective 3 – Deploy analytic tools to effectively direct resources

Strategy: Analytic solutions shall include a predictive modeling feature to facilitate direction of financial and other resources to individuals to most effectively meet their needs.

**Goal 5 - Timely and cost-effective support for reform initiatives and program evolution**

Objective 1 – Implement advanced analytic capabilities to perform targeted “what if” queries resulting in reduced time developing new policies

Strategy: New solutions will bring availability of enhanced analytics and improved scope of data that will facilitate modification of parameters such as provider rates, utilization, or other variables.

Objective 2 –Apply emerging technologies to support program innovation

Strategy: Modular design of the new system will facilitate proactive monitoring of technology innovations and application/implementation of solutions as they become available in the market.

**Goal 6 - Modernized technical platform that conforms with all CMS standards**

Objective 1 – Implement modular solutions that meet current standards and can be more easily modified for evolving industry standards

Strategy: CT METS will adhere to the guidance detailed in the State Medicaid Director Letter 16-010 for modularity. The letter indicates, “States are required to follow the modularity principles in their development of new or replacement MMIS and E&E modules. The requirement for modular approaches applies to all systems that are eligible for enhanced match within the Medicaid IT enterprise.”

**Goal 7 - Maximized use of federally supported technology to improve operations**

Objective 1 – Target reuse of federally certified module solutions that are being implemented within the national landscape, reducing development tasks and costs

Strategy: Meeting the CMS standard of leverage, as detailed in State Medicaid Directors’ Letter 18-005, will allow reuse of technologies, avoiding the cost of redundant development both within Connecticut as well as sharing with other states.

Objective 2 – Target the interoperability standard to reduce development and implementation time after the system is fully operational

Strategy: Meeting the CMS criteria for interoperability with standard, published APIs will enable the exchange and use of information between agencies, Health Information Exchanges, Public Health/HSS agencies, and other entities.

Objective 3 – Develop integrated operations solutions that will be utilized by multiple agencies and partners

Strategy: The development of the modular system encompassing multiple organizations and functions beyond the existing core MMIS will support improved and more sustainable operations.

### **CT METS - CMS Technology Standards**

DSS seeks to achieve higher maturity in the MITA model by implementing an enterprise level Data Management Strategy, Technical Management Strategy, and SDLC Methodology for Connecticut. The CT METS approach will include modules that are a packaged, functional business process or set of processes implemented through software, data, and interoperable interfaces enabled through design principles in which functions of a complex system are partitioned into discrete, scalable, reusable components. The MMIS modules will become a discrete piece (component) of software that can be used to implement an MMIS business area as defined in the MECL.

MITA requires states to formally map business processes using tools such as Business Process Model and Notation (BPMN) and Business Process Execution Language (BPEL). This helps decrease system implementation time and facilitates metrics and process improvements. DSS defined 78 of the 80 MITA processes during its assessment (two MITA defined processes are not performed by Connecticut DSS).

As part of the To-Be Conceptual Model for the program, the new system will feature:

- Enterprise Service Bus with a business rules engine, workflow, and standardized electronic data interfaces
- Common web platform for portals used by Medicaid members, providers, and workers with identity and access management functions
- Consolidated services, such as call centers, document management, enterprise data warehouse, and registries
- The preliminary modules that will be part of the SI analysis are depicted in Attachment A To-Be Conceptual Model

The CT METS Program will provide a technical architecture meeting all requirements of the MITA Framework and the MECL as defined by CMS. All work under this RFP will be pursuant to 42 CFR Part 433, Subpart C for MMIS systems and achieve full compliance with the Seven Standards and Conditions required by CMS to include: 1) modularity; 2) alignment with MITA; 3) leverage and reuse among states; 4) industry standard alignment; 5) support of business results; 6) reporting; and 7) seamlessness and interoperability. The designed system must meet all requirements, standards and conditions, and performance standards in Part 11 of the State Medicaid Manual, as periodically amended. Proposers must agree to comply with the Standards and Conditions as part of the CFR and the State Medicaid Manual (SMM) citations listed later in this document in the section Additional Terms and Conditions, 8. Statutory and Regulatory Compliance. At the end of the project, full certification of the MMIS system by CMS is the expected outcome. Features of the MECL are noted below:

#### **Medicaid Enterprise Certification Lifecycle Requirements**

The MECL administered by CMS contains four life cycle phases and three types of certification milestone reviews.

The MECL is composed of the following four phases:

- Initiation and Planning
- Requirements, Design, and Development
- Integration, Test, and Implementation
- Operations and Maintenance

Each phase has distinct activities that a state is expected to perform during MMIS certification. The milestone reviews occur at different phases of system/module development. The types of milestone reviews are:

- Project Initiation Milestone Review
- Operational Milestone Review
- MMIS Certification Final Review

The lifecycle and its milestone reviews are explained in detail in the CMS Medicaid Enterprise Certification Toolkit. Reviews should include Project Initiation Milestone Reviews, Operational Milestone Reviews, and MMIS Certification Final Reviews, determined by Connecticut's release plan. The exact number of milestone reviews may change, however. A module or set of modules being released at the same time may undergo milestone reviews together. If another set of modules is released later, then those modules undergo separate milestone reviews.

Each review requires the completion and validation of a set of certification checklists which document critical success factors (CSF) and requirements appropriate to the specific review. The To-Be environment must ensure the achievement of all CSFs and requirements contained in the checklists, leading to full MMIS certification by CMS.

## **CT METS – Connecticut Technology Standards**

Strategies developed by DSS must be in alignment with the policies, standards, and operations of Connecticut State level authority, including the Office of Policy and Management (OPM) which was assigned responsibility by the legislature to ensure interoperability of systems/data and related Memoranda of Understanding (MOU) between the agencies.

## **CT METS Program Governance and Organization**

To be prepared for the successful execution of the CT METS Program and associated projects, DSS has taken important steps to implement an Enterprise Program Management Office (EPMO). The EPMO has begun institutionalizing standard project management and governance processes within DSS for successful implementation of the new Medicaid Enterprise and other related HHS initiatives. Viewing Medicaid initiatives more closely within the HHS Enterprise is in line with CMS guidance to promote sharing, leverage, and reuse of Medicaid technologies and systems and project collaboration with other HHS agencies, both internal and external, for reuse. The EPMO operates at the strategic level and is fully supported and guided by DSS leadership. As chartered, the DSS EPMO:



- Adopts a DSS-wide view of business needs and opportunities and seeks solutions that meet the needs of DSS and other Connecticut HHS agencies where appropriate
- Focuses on business problems and objectives to be delivered via IT-enabled solutions
- Ensures that projects are aligned with DSS priorities and imperatives
- Defines and guides successful projects to be delivered on time and on budget, and ensures the required functionality is delivered to meet the needs of the business
- Instills industry-standard project and program management practices throughout DSS

The EPMO will serve as the Program Management Office for the CT METS program, supporting the CT METS Program Director. The SI and all CT METS contractors will work closely with the EPMO to align project management, project controls, and status reporting in conjunction with, and under the umbrella of, the EPMO. In addition, the IV&V contractor will act as an independent quality assurance entity that is completely independent of the development organization by reporting to CMS, with local management the responsibility of the Connecticut CIO at the DAS/BEST, or his designee. The IV&V contractor will ensure that the products and service contractors of the CT METS project meet the program purpose, scope, and requirements outlined by Connecticut. The IV&V contractor will also ensure all aspects of the program meet CMS reporting and certification requirements, demonstrating that the delivered modules and systems satisfy the intended use and user needs as described in each of the module or component contracts and the requirements traceability matrix (RTM).

The State is also establishing the governance and project team organization necessary to manage the CT METS Program. The Program will include multiple projects, and the governance model will consist of a strong leadership team for CT METS with an Executive Steering Committee utilized in an advisory capacity with authority to act on risks and issues. The SI contractor will report directly to the CT METS Program Director. Attachment E outlines the current program governance structure.

### **CT METS Timeframe**

The CT METS estimated timeline involves the potential for 12 RFPs and/or procurements to acquire components and modular solutions that will make up the CT METS Program. The final composition and sequence of modules will be a product of the analysis, requirements, and conceptual design conducted and developed by the SI for the new operating model and updated Connecticut Roadmap. While the definitive determination of module compositions and implementation roadmap will be finalized as part of further analysis and requirements work during Phase 1, the preliminary proposal of modules and timeline through Phase 2 are currently estimated to take place over a seven-year period. Please see Attachment F.

## Instructions to Proposers

### 1. Proposal Schedule

RELEASE OF RFP:	Date:	March 13, 2019
RECEIPT OF QUESTIONS:	Date:	March 26, 2019
ANSWERS TO QUESTIONS POSTED AS ADDENDUM:	Date:	April 1, 2019
RFP DUE DATE:	Date:	May 21, 2019

### 2. Pre-Proposal Meeting Requirements

This RFP contains no pre-proposal meeting requirements.

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### 3. Questions

Questions for the purpose of clarifying this RFP must be received no later than the date and time specified in Section 1, "Proposal Schedule" and must be directed to the Contract Specialist, (insert name) via email.

### 4. Communications

During the period from your organization's receipt of this Request for Proposal, and until a contract is awarded, your organization must not contact any employee of the State of Connecticut concerning this procurement except in writing directed to the Contract Specialist, (insert name) via email:

### 5. Solicitation Submission

Solicitations must be submitted online by the RFP due date and time only. Proposers must upload their solicitation submission to their BizNet Account.

### 6. Proposer Demonstration of Proposed Services and or Products

At the discretion of the State, proposers must be able to confirm their ability to provide all proposed services. Any required confirmation must be provided at a site approved by DAS and without cost to the State.

## Description of Goods & Services Specifications and Additional Terms & Conditions

### A. DESCRIPTION OF GOODS AND SERVICES SPECIFICATIONS:

Refer to Exhibit A for the detailed description of goods and services specifications. Exhibit A includes descriptions of project requirements, necessary proposal responses, and deliverables related to the project requirements. Further proposal responses are contained in the following section, Additional Terms and Conditions.

**B. ADDITIONAL REQUIREMENTS:**

**1. Response to Timeline**

Proposers must review the requirements and provide an approach to meeting the current estimated timeline of Phase 1 or, if deemed appropriate, provide an alternative suggested timeline based on previous experience in similar engagements and knowledge of the efforts to optimally prepare for a modular MMIS implementation. This requirement may be met with a proposed implementation schedule with Milestones for Phases 1 and 2 along with a brief explanation of the rationale. The rationale must be based on identified risks and mitigations. If an alternative timeline is suggested, Proposer must provide rationale and identify ways to minimize impact to the overall project progress or timeline.

Proposers must include their SI approach and outlined level of effort for SI Phase 2 DDI activities.

Proposal Response(s)	
Response Number	Description
PR B. 1.1	Describe your approach and methodology to meet the current Phase 1 timeline and provide a suggested timeline with rationale and plans to minimize impact to the overall project progress.
PR B. 1.2	Describe your approach and outlined level of effort for SI Phase 2 DDI activities.

**2. Deliverables Requirements**

Proposers must be able to comply with the requirements listed below as well as all other requirements included throughout this solicitation and all associated attachments and exhibits:

- a) Proposers must be able to adhere to the Deliverable Management Plan, the project schedule, Deliverables Expectations Documents, and other documents which govern the content, format, and quality of submitted deliverables. Copies of each deliverable must be delivered to the CT METS Program Director, in final form, on or before the date specified in the approved Work Plan. All deliverables must be in a format approved by, and meet content and accuracy requirements specified or as subsequently defined by, the CT METS Program Director. These requirements must be further defined and bound to media, format, content, style, and accuracy requirements specified in the Deliverables Management Plan and the Deliverable Expectation Documents. Charges may be incurred should there be a failure to meet deliverable due dates, as described below.
- b) Proposers must be able to ensure that all project documentation is delivered in electronic format, unless the CT METS Program Director instructs the Contractor otherwise. The Contractor must use Microsoft Office automation tools when using electronic tools to present

its information. Proposers must be able to submit all deliverables to the CT METS Program Director for final written acceptance and approval. The format of the deliverables must be approved by the CT METS Program Director.

- c) Proposers must be able to ensure all project deliverables, work products, and artifacts are of a level of accuracy, quality, and completeness that demonstrates they have been reviewed and proofread by the SI prior to being delivered. Documents which clearly are lacking in accuracy, quality, or completeness may be rejected outright without full review. Indicators of quality and completeness include, but are not limited to:
  - i. A standard of business and technical writing that limits ambiguity and rework by State reviewers
  - ii. A level of English proficiency that limits State reviewers' edits for grammar and clarity
  - iii. Content in keeping with expectations set out in governing project documents and reflective of decisions and discussions captured in meetings
  - iv. Conformance to the Document Management Plan and other documents which govern the content, format, and quality of submitted deliverables
- d) The descriptions of deliverables in this RFP do not include every possible duty, task, or intermediate deliverable necessary to achieve success. Proposers must not assume that any perceived lack of detail in a specific area indicates that the contractor will have no duties in that area. This includes all intermediate steps, deliverables, or processes reasonably necessary to achieve the desired outcome described throughout this RFP.

Proposers must describe experience with, and approach to, ensuring timely submission of high-quality work products.

<b>Proposal Response(s)</b>	
<b>Response Number</b>	<b>Description</b>
PR B. 2.1	Proposers must describe its approach and experience with delivering timely high-quality deliverables, work products, and artifacts.

### **3. Payment Schedule**

The State intends for the resulting contract to use a firm fixed price, deliverable based contract payment schedule.

For services rendered as part of all work associated with this contract, compensation will be made based on a negotiated deliverable and milestone schedule. The costs will be as indicated by the Contractor in the negotiated contract Price Proposal Template (Exhibit B).

The State will require a payment retention (retainage) in the amount of ten percent (10%) per invoice based on the payment methodology. Each month, the State will review SLAs and the contractor's performance during the preceding month. The State will notify the SI contractor of its determination related to any retainage to be forfeited, and any penalties to be assessed. Retainage amounts will be deducted from the invoice payment. The State or its designee(s) reserves the right to audit records and data related to the SI contractor's performance at any time during the contract period. Final payment

(10% retainage less any amount that has been held over the life of the contract) will be awarded at the completion of Phase 1 Closeout and Approved Acceptance.

Within the first ten (10) calendar days of the end of the previous month, the SI Contractor will produce a Monthly Report Card. The Report Cards will be generated in a means that is the most efficient and accurate to deliver metrics to the State. The State, the IV&V contractor, or other designee(s), must reserve the right to audit records and data related to the SI Contractor's performance at any time during the contract period. All contract and RFP requirements must be subject to inclusion as part of the Report Card. All SLAs, including SLAs that are added during contract negotiations or agreed to throughout the life of the contract, must be included. All items within the Report Card must be measurable. Final determination of the status of "met" or "not met" for each criterion on the Report Card will be the State's decision.

The report card must have two (2) sections; Contract SLA Requirements with monetary assessments, and the Performance Report Card. All SLAs will be reported each month.

The State will identify up to twenty-five (25) performance standards for the Performance Report Card upon which the SI Contractors performance will be measured. This will occur thirty (30) calendar days prior to the start of a new quarter. These measurements may change throughout the lifecycle of the contract based on the progress of the project. When the project moves into DDI and the transitional state, performance measures may include, system availability, interfaces, monitoring interruptions/delays, and transactional and security activity reporting. Any measure contained in the reports that is not the direct responsibility of the SI contractor must not reflect upon the SI contractor for forfeiture of retainage.

Failure to meet one or more of the Performance Report Card items may result in forfeiture of a percent of the retainage amount, as described below:

1. The failure to meet one (1) performance report card requirement = forfeiture of 5% of the retainage amount
2. The failure to meet two (2) performance report card requirements = forfeiture of 10% of the retainage amount
3. The failure to meet three (3) performance report card requirements = forfeiture of 50% of the retainage amount
4. The failure to meet four (4) performance report card requirements = forfeiture of 75% of the retainage amount
5. The failure to meet five (5) or more performance report card requirements = forfeiture of 100% of the retainage amount

The table in Attachment G is an example of Monthly Report Card items that would be monitored during the first quarter of the contract award. These items must be finalized upon contract award.

For Phase 2 DDI activities, and subsequent M&O, the State may elect to pursue an incentive plan to reward creativity, innovation and superior performance. Performance metrics and the formulas to be used to achieve an incentive payment may be part of the negotiations for the Phase 2 Scope of Work. In addition, State is interested in promoting innovation that will lower processing costs and the overall cost of ownership of the MMIS solution and may consider sharing in the cost and savings of developing innovative solutions if the SI Contractor can show how operating costs would be lowered due to the investment. These opportunities will be determined on a case by case basis.

The release of payment for the work must be based on approved invoices.

#### 4. Service Level Agreement (SLA) requirements

The following charges may be imposed on the SI Contractor for failure to meet Contract requirement SLAs:

- a) Deliverable Delivery - If the SI Contractor deviates from the approved deliverable schedule, without receiving CT METS Program Director's approval, a charge may be assessed. The State may charge one thousand dollars (\$1,000.00) for each calendar day, or any part thereof, that a deliverable is late, which includes delivery on incorrect media. The State may assess an additional one thousand dollars (\$1,000.00) for each calendar day, or any part thereof, that a deliverable continues not to meet minimum content requirements or the approved format after its formal rejection by CT METS.
- b) Key Milestones Dates – Accomplishment of certain specified activities by the key milestone, as defined in the Work Plan, must be necessary to ensure project(s) are on track.
  - i. If the SI Contractor is delayed in meeting these key milestone dates and a contract modification or a change request for work plan change is not approved, a charge may be imposed. Approval of a contract modification or a change request for work plan change does not waive the State's ability to impose a charge if warranted by other terms of the Contract.
  - ii. If the SI Contractor contributes to a delay for another contractor's performance or key milestones, the State may impose a charge. Approval of a contract modification or CT METS master program schedule modification does not waive the State's ability to impose a charge if warranted by other terms of the Contract.
  - iii. The State may impose a charge of up to ten thousand dollars (\$10,000.00) per calendar day, or any part thereof, for each of the first ten (10) calendar days of delay in meeting a milestone date or contributing to a delay for another contractor's performance. The State may impose a charge of up to twenty thousand dollars (\$20,000.00) per calendar day, or any part thereof, for each of the next twenty (20) calendar days of delay in meeting a milestone date or contributing to a delay in another contractor's performance.
  - iv. The State may assess a charge of up to thirty thousand dollars (\$30,000.00) per calendar day, or any part thereof, for each additional calendar day of delay in meeting a milestone after thirty (30) calendar days or contributing to a delay for another contractor's performance.
- c) Lack of Collaboration – The SI Contractor will be expected to cooperate and collaborate fully and effectively with all other CT METS contractors and State employees. The SI Contractor will be prohibited to commit or permit any act that will interfere with the performance of work by any other contractor or State employee. If the SI Contractor fails to demonstrate effective collaboration, the State will assess the situation and take appropriate action. Failure to demonstrate effective collaboration may result in corrective action measures which will be set forth and described further in the negotiated Contract with the successful Proposer. Corrective action determined by the State may include monetary charges or payment holdbacks. Some examples of failure to demonstrate cooperation and effective collaboration include: failure to respond to questions in a timely fashion, failure to attend and/or

participate in required meetings, failure to meet deadlines that impact the work of other project entities.

- d) Key Staffing - The State may impose a charge of up to thirty thousand dollars (\$30,000.00) for each key personnel proposed in the SI Contractor's response to the RFP who is changed prior to contract initiation for reasons other than death, disability, resignation, termination, removal at the request of the State, or military recall. The State may assess up to an additional one thousand dollars (\$1,000.00) assessment, per business day, for each key personnel after the initial thirty (30) days allowed for SI Contractor to identify and receive CT METS approval on an acceptable replacement for the key personnel and an acceptable replacement has not been provided. If the SI Contractor fails to maintain ninety percent (90%) of the mutually agreed to staffing plan for a period exceeding thirty (30) contiguous calendar days, the State may assess up to an additional one thousand dollars (\$1,000.00) per day.

## **5. Purchase Orders and Payments**

### **a) Purchase Orders**

(1) The Contract itself is not an authorization for the Contractor to ship Goods or begin Performance in any way. The Contractor may begin Performance only after it has received a duly issued purchase order against the Contract for Performance.

(2) The Client Agency shall issue a purchase order against the Contract directly to the Contractor and to no other party.

(3) All purchase orders shall be in written or electronic form, bear the Contract number (if any) and comply with all other State and Client Agency requirements, particularly the Client Agency's requirements concerning procurement. Purchase orders issued in compliance with such requirements shall be deemed to be duly issued.

(4) A Contractor making delivery without a duly issued purchase order in accordance with this section does so at the Contractor's own risk.

(5) The Client Agency may, in its sole discretion, deliver to the Contractor any or all duly issued purchase orders via electronic means only, such that the Client Agency shall not have any additional obligation to deliver to the Contractor a "hard copy" of the purchase order or a copy bearing any hand-written signature or other "original" marking.

### **b) Invoices and Payments**

Payment shall be made only after the Client Agency receives and accepts the Goods or Services and after it receives a properly completed invoice. Unless otherwise specified in the Contract, payment for all accepted Goods or Services shall be due within forty-five (45) days after acceptance of the Goods or Services, or thirty (30) days if the Contractor is a certified small contractor or minority business enterprise as defined in Conn. Gen. Stat. § 4a-60g. The Contractor shall submit an invoice to the Client Agency for the Performance. The invoice shall include detailed information for Goods or Services, delivered and Performed, as applicable, and accepted. Any late payment charges shall be calculated in accordance with the Connecticut General Statutes.

## 6. Contractor Qualifications

a. The basic contractor qualifications, including references for similar work performed, must be submitted on form DAS-14. Supplementary information required for submission with this RFP is listed in the section "Submittal Requirements."

b. The Contractor must comply with all the personnel requirements listed below:

1. The SI Contractor must provide highly qualified and experienced personnel to reduce project risk. The Contractor must propose the personnel to fulfill the obligations of the contract terms for the key positions identified below. All key staff identified in the proposal must be available when the project commences, and key staff must remain on the project to ensure continuity of knowledge for the life of the project through the conclusion of the contract.

2. Key personnel commitments contained in the SI Contractor's proposal for all phases of the contract must not be changed without a thirty (30) day advance notice and prior written approval of the State Contract Administrator, unless the changes are due to the death, disability, resignation, termination, removal at the request of the State, or military recall of any key individual. When Phase 2 commences, the SI Contractor must reassess project staffing needs at no additional cost to the State. Staffing includes the staff proposed for all key positions required in this RFP, at the levels of effort proposed, or as specified in the contract. The SI Contractor must maintain staffing levels throughout the project at ninety percent (90%) or more of the staffing plan agreed to during project planning.

3. DSS must grant consent and approval for all staffing decisions regarding the addition or removal of key staff (except for those beyond the contractor's control or at the request of the State). The Contractor must notify the Department within twenty-four (24) hours in the event of an unanticipated departure of a contractor party providing services under this agreement.

4. The SI key staff roles are expected to include:

- i. Engagement Manager – Executive-level decision making on behalf of SI contractor's organization regarding project contract
- ii. Project Manager – Decision making authority over project resources, schedule, and deliverables
- iii. Technical Manager – Primary point of contact with DSS and DAS/BEST Technical Staff; Technical Manager over the SI contractor's Technical Team
- iv. Functional Manager – Responsible for the overall functional design of all system components, functional procedures, program applications, and functional documentation. Liaison with Connecticut business SMEs.
- v. System Architect – Responsible for the design, maintenance, procedures, and architecture related to data, program applications, and systems documentation
- vi. Data Manager – Responsible for overall data architecture of the CT METS including Master Data Management planning and implementation, data exchange planning and implementation, and data migration
- vii. Librarian – Responsible for maintaining the repository for deliverables, work products, and artifacts. Tracks the status of deliverables, work products, and artifacts. Tracks the completion of action items and comments on deliverables,



work products, and artifacts. Maintains communication records of approvals or rejections of deliverables, work products, and artifacts

- viii. Certification Lead – Responsible for tracking progress toward CMS certification. Ensures deliverables, work products, and artifacts achieve the completeness and accuracy necessary to serve as artifacts to successfully satisfy CMS certification review requirements. Completes CMS checklists in advance of scheduled submissions as required by the State.
- ix. Security Manager – May be combined with the role of the Technical Manager or System Architect. Responsible for the assessment, planning, implementation, and compliance of all privacy and security standards, practices, and components required for CT METS.
- x. Business Analyst Lead – Responsible for coordination and delivery of all business/operations analysis. Liaison with OCM contractor for BPMN creation and management.

5. In addition to the key staff roles, the Proposer’s team is also expected to include technical analysts, additional business analysts, and SMEs. Skills desired for the staff include BPMN, requirements elicitation and documentation, creation of comprehensive meeting notes, and other tasks necessary to the project. Proposer’s may identify additional roles and propose personnel for assigned positions to reduce risk to the project’s quality and continuity.

6. The SI must maintain an up-to-date Organizational Chart and Project Contact List throughout the engagement.

7. The Contractor must provide criminal background investigations on all personnel and follow-up investigations every five years.

8. DSS reserves the right to request the removal of contractor’s staff assigned to this project if such removal is in the best interest of the State, CMS, and/or this engagement. The contractor may be required to relieve their personnel from any further work under the contract if the individual does not perform at the applicable skill level specified in the contractor’s proposal or elsewhere in the contract; the individual does not deliver work that conforms to the performance standards stated in the proposal and elsewhere in the contract; or the person exhibits personal or professional conflicts with State personnel that hinder effective progress on the project. Upon being notified that a member of the contractor’s personnel is unacceptable, the contractor must immediately remove that individual from any assignments on the contract. If a member of the contractor’s personnel is removed pursuant to this paragraph, State approval is required prior to assigning replacement personnel to work on the project. The SI contractor must submit resumes and allow the State to interview applicants as part of the approval process. DSS requires the contractor to provide an interim resource within five business days for any key personnel vacancies, regardless of the reason for the vacancy.

9. Key personnel must be replaced with individuals with comparable experience and qualifications as those submitted by the contractor in the proposal and must meet the requirements of the key positions. State approval is required prior to assigning key personnel to work on the contract. The SI contractor is required to submit resumes and allow the State to interview applicants as part of the approval process.

c. As part of the Proposal Response, Proposers must provide the following:

- 1. An organizational staffing strategy and plan which includes at a minimum:
  - i. The approach to meeting each requirement listed above in Section B. 6. b.

- ii. A description of the proposed staffing plan, confirming the expectations for staffing availability and changes
- iii. A strategy for the organizational structure which reflects:
  - (1) Points of interaction with the IV&V and OCM contractors, DSS, DAS/BEST, EPMO, and other key stakeholders
  - (2) SI reporting responsibilities
  - (3) Governance and coordinated activities with DAS/BEST, DSS, EPMO, IV&V, OCM, and other contractors
  - (4) Planned team location(s) specifying in-State or out-of-State, and how this structure will contribute to project success
- iv. The names and resumes of the key staff proposed for the project, with a high-level narrative description of the team and their roles, highlighting technical and programmatic experience and other staffing requirements listed in this document
- v. The proposed organizational chart and reporting structure for the CT METS project team
- vi. A Responsible, Accountable, Consulted, and Informed Parties (RACI) chart (for the Phase 1 Project Team)
- vii. The strategy and approach to maintain the appropriate number of staff during the project lifecycle
- viii. The identification of subcontractors, if any
- ix. The identification of any current SI project work that is underway by the proposed staff or contractor

2. For key SI Contractor staff, Proposers must provide three (3) references (Client Name, Project Description, Ongoing/Completed Status, Dates, Client Contact Name/Email/Phone Number, Budget, Lessons Learned, Contract Amount) for the proposed position from work performed as a prime contractor where experience and expertise relevant to the scope of the proposed role of the individual was demonstrated.

3. The SI must provide resumes for proposed key positions which describe the team members' relevant education, technical, and/or programmatic expertise and experience appropriate to the individual's role (e.g., project management, Medicaid, MMIS and claims processing, other HHS programs, or closely related work). Of special interest is the ability to demonstrate recent knowledge/experience with MECT 2.2 and CMS certification. The SI must describe the experience of proposed candidates in both traditional and modular development, Agile and waterfall development methodologies, or other skills needed for the success of the CT METS program. The SI must demonstrate that it will include individuals with strong communication skills on the team, particularly, the ability to identify and manage risks from both the business (e.g., HHS/Medicaid) and IT perspectives, and to facilitate course corrections when in the best interest of the project.

The Contractor must identify any current project work that is underway by the proposed staff or contractor in which SI services are being performed.

Proposal Response(s)	
Response Number	Description
PR B. 6.1	Proposers must provide its organizational staffing strategy and plan, including identification of key staff and other requirements listed in Section B. 6. b, meeting all requirements of the engagement.
PR B. 6.2	Proposers must provide three (3) references for key staff, meeting all requirements listed in Section B.6 b.
PR B. 6.3	Proposers must provide resumes for key staff, meeting all requirements listed in Section B.6. b.
PR B. 6.4	Proposers must identify any current project work that is underway by the proposed staff or vendor in which SI services are being performed.

**7. Contractor Privacy and Security Responsibilities**

The selected SI contractor must be required to comply with all terms and conditions of the RFP including, but not limited to, provisions for the protection of the State’s and third-party assets, intellectual, and physical property, such as all applicable State and federal privacy and security laws, regulations, and policies, as well as all applicable State and federal breach notification laws and directives. The SI contractor agrees to comply with all DSS security training requirements for their staff, including initial and ongoing privacy and security and HIPAA compliance training for all employees and contract personnel assigned to the project prior to receiving access to State information.

The SI contractor must develop a Privacy and Security Plan that includes a description of how the contractor safeguards all State information that is transmitted within its systems (i.e., email), how the contractor employs all reasonable industry recognized methods to secure systems from unauthorized access, and the methods used to permanently destroy all confidential data and protected health information entrusted to the contractor for the performance of the contract. The plan must be approved by DSS prior to the contractor having access to project materials.

The Contractor’s proposal response must describe experience with projects in which sensitive data is available to the contractor staff and its approach to developing and enforcing a Privacy and Security Plan for its staff.

Proposal Response(s)	
Response Number	Description
PR B. 7.1	Proposers must describe their approach and methodology to meet the requirements for Contractor Privacy and Security Responsibilities in Section B.7.

PR B. 7.2	Proposers must describe their prior experience with projects involving sensitive data available to contractor staff.
PR B. 7.3	Proposers must describe their approach to developing and enforcing a Privacy and Security Plan for its staff.

**8. Statutory and Regulatory Compliance**

As indicated by checking “yes” in the CMS Required Assurances table from the Medicaid Management Information System Advanced Planning Document (MMIS APD) Template 2018, Connecticut DSS will comply with the CFR and the SMM citations listed. The selected SI Contractor must be aware of these requirements in working with other contractors to complete the CT METS Program. The SI contractor must certify compliance with any requirements that apply to the SI scope of work for the CT METS Program. The CMS Required Assurances Table, Attachment J, must be downloaded and completed by the SI contractor as part of the official proposal submission. Additional information about the citations is included in the Bidders’ Library.

Periodically, other conditions for compliance with existing statutory and regulatory requirements may be issued through formal guidance procedures by CMS. The SI contractor must comply with any new conditions determined by CMS to be necessary to update and ensure the proper implementation of those existing requirements.

Proposal Response(s)	
Response Number	Description
PR B. 8.1	Proposers must download, fill and submit the CMS Required Assurances Table with its assessment of the requirements applicable to the SI scope of work and its rationale for those requirements it judges to be inapplicable.

**9. Value-Added Services**

Value-added services provide additional functionalities and capabilities that enhance the SI Contractor’s solution and distinguish it from other potential contractors. The SI Contractor must recommend innovative practices, business strategies, and value-added services that must be offered by the SI Contractor to enable the CT METS Program to be successful. Value-added services may address relevant matters that have not been anticipated in this RFP as well as any steps to reduce risk to the project’s quality and continuity, and proposed timelines if appropriate.

Proposal Response(s)	
Response Number	Description
PR B. 9.1	Describe value-added services which enhance the SI Contractor’s solution and contribute to the successful implementation of the CT METS Program.

## **10. Logistics**

The SI Contractor must control access to all contractor facilities where any contract related work is performed, in compliance with privacy and security requirements and must ensure that all contractor data use, exchange, and exposure protects Connecticut data and protected health information (PHI). Workforce privacy and security must be protected, and State and federal requirements must be met. For offsite activities approved by the State, the SI Contractor must provide toll-free conference lines to facilitate project meetings and communications.

During Phase 1, the State must provide adequate work space as determined by the need for onsite staff (i.e., project tasks and activity as approved by the State), including access to conference rooms, internet, and materials needed for the contractor's staff members to perform the agreed upon services at DSS' central office located at 55 Farmington Ave., Hartford, Connecticut, or an alternative State office location in the Hartford area. The State must provide the SI Contractor with access to the buildings during normal business hours. During Phase 2, the need for onsite staff and their accommodations will be re-evaluated.

The SI Contractor must provide all equipment and office needs of its staff including computers, printers, and Wi-Fi, wherever it is not available from the State. SI Proposers should specify the number of workstations needed for SI staff with the expected duration and describe any other anticipated supports needed from the State.

The State must make appropriate resources available as needed and provide a primary contact for the identification of project team resources and introductions. All SI work is to be stored in an agreed upon repository accessible both onsite and offsite, using a DSS-designated folder structure.

During Phase 1, the SI contractor must have staff available to state personnel from 8:00 a.m. to 5:00 p.m. Eastern Time, Monday - Friday, with exceptions for onsite presence based on the State holiday schedule. During Phase 2, the need for contractor staff availability may vary due to the nature of DDI activities. This will be evaluated and detailed in the SOW for Phase 2.

## **11. Security and/or Property Entrance Policies and Procedures**

Contractor must adhere to established security and/or property entrance policies and procedures for each requesting Client Agency. It is the responsibility of each Contractor to understand and adhere to those policies and procedures prior to any attempt to enter any Client Agency premises for the purpose of carrying out the scope of work described in this Contract.

## **12. Contract Separately/Additional Savings Opportunities**

DAS reserves the right to either seek additional discounts from the Contractor or to contract separately for a single purchase, if in the judgment of DAS, the quantity required is sufficiently large, to enable the State to realize a cost savings, over and above the prices set forth in Exhibit B, whether or not such a savings actually occurs.

**13. Mandatory Extension to State Entities**

Contractor must offer and extend the contract (including pricing, terms and conditions) to political sub-Divisions of the State (towns and municipalities), schools, and not-for-profit organizations.

**14. P-Card (Purchasing Mastercard Credit Card)**

Purchases made by the Client Agency from the Contractor that are less than \$1,000.00 may be made using the State of Connecticut Purchasing Card (MasterCard) in accordance with Memorandum No. 2011-11 issued by the Office of the State Comptroller.

Contractor must be equipped to receive orders issued by the Client Agency using the MasterCard. The Contractor must be responsible for the credit card user-handling fee associated with MasterCard purchases. The Contractor must charge to the MasterCard only upon acceptance of Goods delivered to the Client Agency or the rendering of Services.

The Contractor must capture and provide to its merchant bank, Level 3 reporting at the line item level for all orders placed by MasterCard.

Questions regarding the State of Connecticut MasterCard Program may be directed to Ms. Kerry DiMatteo, Procurement Card Program Administrator at 860-713-5072.

**15. Subcontractors**

The majority of the services described in the specifications must be provided by the Contractor. The Contractor must be solely responsible for performance of the entire contract whether or not subcontractors are used. Neither DSS nor the CT METS Project Management team must be involved in the relationship between the prime contractor and the subcontractor. Any issues that arise as a result of this relationship must be resolved by the prime contractor. All references to the Contractor must also be construed to encompass both the contractor and any subcontractors of the Contractor.

DAS must approve any and all subcontractors utilized by the Contractor prior to any such subcontractor commencing any work. Contractor acknowledges that any work provided under the Contract to any State entity is work conducted on behalf of the State and that the Commissioner of DAS or his/her designee may communicate directly with any subcontractor as the State deems to be necessary or appropriate. Contractor must be responsible for all payment of fees charged by the subcontractor(s). A performance evaluation of any subcontractor must be provided promptly by the Contractor to DAS upon request.

To request approval, the SI contractor must identify the subcontractors, describe their roles, and provide the URL for the subcontractor company website(s) if not an independent contractor. DAS/BEST reserves the right to request the removal of subcontractor staff assigned to this project if such removal is in the best interest of the State, CMS, and/or this engagement. The Contractor may be required to relieve its subcontracted personnel from any further work under the contract if the individual does not perform at the applicable skill level specified in the contractor's proposal or elsewhere in the contract; the individual does not deliver work that conforms to the performance standards stated in the proposal and elsewhere in the contract; or the person exhibits personal or professional conflicts with State personnel that hinder effective progress on the project. Upon being notified that a member of the

subcontractor's personnel is unacceptable, the Contractor must immediately remove that individual from any assignments on the contract. If a member of the subcontractor's personnel is removed pursuant to this paragraph, State approval is required prior to assigning replacement personnel to work on the project. The SI Contractor must submit resumes and allow the State to interview applicants as part of the approval process. DAS/BEST requires the Contractor to provide an interim resource within five business days for any key personnel vacancies, regardless of the reason for the vacancy.

For the purposes of this contract, the SI Contractor must not employ or contract with any individual who has been debarred, suspended, or otherwise lawfully prohibited from participating in any public procurement activity or from participating in non-procurement activities. The Contractor must screen all employees and subcontractors to determine whether any of them have been excluded from participation in federal healthcare programs. The Contractor must provide criminal background investigations on all personnel and follow-up investigations every five years and must identify to DAS/BEST any individuals who have criminal activity.

## **16. Ownership and Reuse of Proposal and Project Materials**

Under 42 CFR §433.112(a), CMS provides 90 percent enhanced federal financial participation (FFP) for Medicaid technology investments funded through an approved Advance Planning Document (APD). To receive enhanced funding, as specified in 42 CFR § 433.112(b), States are required to “[p]romote sharing, leverage, and reuse of Medicaid technologies and systems within and among States.” From an intellectual property standpoint, reuse is supported further by the general grant conditions for FFP under 45 CFR § 95.617, which requires states to “include a clause in all procurement instruments that provides that the State or local government will have all ownership rights in software or modifications thereof and associated documentation designed, developed or installed with Federal financial participation under this subpart.”

To support these requirements, all materials, documentation, reports, and presentations created during fulfillment of this RFP must be provided to the State Project Management Team and must be made available to CMS and other SMAs through the State website or through response via email to requests submitted from those entities.

During Phase 2, the State will have all ownership rights in software or modifications thereof and associated documentation designed, developed, or installed. The United States Department of Health and Human Services has a royalty free, non-exclusive, and irrevocable license to reproduce, publish, or otherwise use and authorize others to use, for federal government purposes, software, modifications to software, and documentation that is designed, developed, installed, or enhanced with enhanced FFP.

## **Proposal Requirements**

### **1. Contract Period**

The State intends that this contract will be in effect for a period of 12 years from date of award, with the availability of three one-year extensions for the term of the project.

The parties, by mutual agreement, may extend this Contract for additional terms beyond the original term, prior to Termination or expiration, one or more times for a combined total period not to exceed the complete length of the original term, but only in accordance with the section in this Contract concerning Contract Amendments.

**2. Quantities and/or Usages**

Any quantities set forth in this RFP are estimated quantities and/or usages only and in no way represent a commitment and/or intent to purchase any particular amount. Actual quantities may vary and will be identified on individual purchase orders issued by the requesting entity.

**3. Stability of Proposed Prices**

Any price offerings from proposers must be valid for a period of 180 days from the due date of the proposals.

**4. Amendment or Cancellation of the RFP**

DAS reserves the right to cancel, amend, modify or otherwise change this RFP at any time if it deems it to be in the best interest of the State to do so.

**5. Proposal Modifications**

No additions or changes to any proposal will be allowed after the proposal due date, unless such modification is specifically requested by DAS. DAS, at its option, may seek proposer retraction and/or clarification of any discrepancy or contradiction found during its review of proposals.

**6. Proposer Presentation of Supporting Evidence**

Proposers must be prepared to provide any evidence of experience, performance, ability, and/or financial surety that DAS deems to be necessary or appropriate to fully establish the performance capabilities represented in their proposals.

**7. Proposer Demonstration of Proposed Services and or Products**

At the discretion of DAS, proposers must be able to confirm their ability to provide all proposed services. Any required confirmation must be provided at a site approved by DAS and without cost to the State.

**8. Erroneous Awards**

DAS reserves the right to correct inaccurate awards.

**9. Proposal Expenses**

Proposers are responsible for all costs and expenses incurred in the preparation of proposals and for any subsequent work on the proposal that is required by DAS.

**10. Ownership of Proposals**

All proposals must become the sole property of the State and will not be returned.



## 11. Ownership of Subsequent Products

Any product, whether acceptable or unacceptable, developed under a contract awarded as a result of this RFP must be the sole property of the State unless otherwise stated in the contract.

## 12. Oral Agreement or Arrangements

Any alleged oral agreements or arrangements made by proposers with any State agency or employee will be disregarded in any State proposal evaluation or associated award.

## Selection Criteria

A selection committee will review and score all proposals. The following information, in addition to the requirements, terms and conditions identified throughout this RFP document, will be considered as part of the selection process and are listed in order of relative importance.

## Technical Proposal

### I. SI Contractor Services - Technical Requirements Compliance and Quality

The Proposer must demonstrate that its proposal offers a comprehensive strategy and approach that, at a minimum, is consistent with the State's functional requirements and operational goals and objectives.

### II. SI Contractor Experience and References

1. The Proposer has demonstrated that it has experience carrying out work of similar size and scope and is qualified to undertake this effort as follows:

- a. The Proposer has demonstrated that it has successfully completed similar work for public agencies, such as Medicaid systems similar to the modularized system to be implemented for CT DSS, MMIS and claims processing, large scale health care systems in the public sector, other HHS programs, or closely related work. Work is similar if the functions, responsibilities, and control exercised by the Proposer were essentially the same as required under this RFP.
- b. The Proposer adequately describes how past work is similar in terms of scope, size, and overall project cost. Past work was satisfactorily completed on time and within budget.
- c. The State will consider references for work performed in other states as part of its evaluation process. The Proposer has provided sufficient references as required on Form DAS-14.

### III. Personnel

The State will consider the experience and expertise of the key project staff proposed by the Proposer to accomplish project work. The Proposer demonstrates that key personnel have successfully completed similar projects and possess the education, experience, qualifications, certifications, and skills required to carry out all the services described herein, as follows:

1. Management Staff – The Proposer has provided sufficient information to demonstrate that the management staff has past experience managing projects of this size and complexity and has successfully completed similar projects under similar time constraints.
2. Technical/Business Staff – The Proposer has provided sufficient information to demonstrate that the proposed technical staff has past experience in designing and implementing successful projects of similar size and complexity.

#### **IV. Business Profile and History**

The State will consider the business history of the Proposer as part of its evaluation process. The Proposer has provided sufficient financial information to demonstrate that the Proposer is financially stable and capable of undertaking this work.

1. The Proposer does not have a history of claims made against it. The Proposer does not have a history of failing to deliver projects on time and within budget.
2. Subcontractors - The Subcontractor(s), if any, have demonstrated stable business histories and have a proven track record of successful project delivery.

#### **Cost Proposal**

Proposals will only be evaluated for those proposers whose technical submittal has been deemed to be complete and acceptable by the State. Price proposals will be evaluated following completion of technical evaluations to avoid having prices unduly influence the evaluation process. All price information should be included in Exhibit B. No price information should be included as part of its technical submission. Price proposals will be evaluated for reasonableness, realism, and completeness. An editable price proposal template, Exhibit B, will be provided to the proposers to assist in this submittal.

#### **Oral Presentation/Interview**

At the discretion of the State, the highest scoring proposers may be instructed to attend an oral presentation/interview where they will be evaluated on how well they address the State's questions and concerns during the interview, and the level of professionalism and project insight demonstrated during both the interview and the presentation.

DAS may award by individual item, group of items, or the entirety of all items. DAS may also reject any and all RFPs in whole or in part and waive minor irregularities and omissions if the best interest of the State will be served.

#### **Submittal Requirements**

Each qualified Proposer must submit only one (1) proposal. Alternate proposals must not be allowed. Failure to submit as specified must result in a nonresponsive proposal.

The submission should be succinct, reasonable, and appropriate in its length since it will be evaluated on the basis of content, not length. Submissions must be electronic.

**Proposals must be submitted in two separate documents: The Technical Proposal, and the Cost Proposal. No reference to pricing information or elements of cost must be made within the Technical Proposal.** The Technical Proposal must include both a narrative description of the Proposers strategy and approach to fulfilling all requirements of the RFP and a completed Attachment H, Technical Compliance Matrices. The Cost Proposal must be provided on the template provided to Proposers in **Exhibit B** for this submittal. Additional information should be included as necessary to explain the Proposer's cost in detail.

Proposers must keep their proposal response in the same sequential order that is specified in the Submission Requirements section. Any omission(s) within this section may result in the proposal being deemed non-responsive.

Proposals must include the following:

#### **I. Cover Letter**

Provide a signed cover letter with a statement of commitment, identification of primary contact, and contact information for primary contact.

#### **II. Table of Contents**

#### **III. Executive Summary:**

Briefly describe the proposal. Summary should highlight the major features of the proposal. An evaluator should be able to determine the essence of the proposal and their understanding of the State's vision by reading the executive summary. The Executive Summary is limited to four pages.

#### **IV. Technical Proposal**

##### **A. SI Contractor Services - Technical Requirements Compliance and Quality:**

Proposals submitted to this RFP must not only respond to the requirements defined in this RFP but also describe "how" a contractor plans to meet those requirements. Proposers should provide a detailed description of its proposed strategy and approach to meet the RFP requirements. Proposers should provide convincing evidence of how the proposed SI Contractor Services meet or exceed the items contained in the section of the RFP, **Description of Goods & Services Specifications, Exhibit A**. In addition, this section of the proposal must address requirements included in the Section of the RFP, **Additional Requirements, Sections B.1., B.2., B.7, B.8., and B9**.

The requirement responses must be numbered as identified in the "Proposal Response" section of each requirement, which also corresponds to the numbering in Attachment H, Technical Compliance Matrices. Note that Attachment H should give a concise view of the proposer's ability to deliver on each requirement and must reconcile each requirement item back to the written section. The Contractor Services description is limited to 200 pages, exclusive of Attachment H.

##### **B. SI Contractor Experience and References:**

In addition to the information on Form DAS-14, provide information about the proposers' company capabilities as it relates to SI Contractor services to satisfy the requirements of this RFP and why the company should be selected for this project. The narrative should describe the kinds of projects the firm typically performs and demonstrate:

1. A proven record of accomplishment of successfully collaborating with its clients to achieve the goals set forth in any contract
2. A clear, complete, and comprehensive vision for the direction of the business and how the Proposer's experience will contribute to the success of CT METS
3. A recent record of completing SI projects on time and on budget with scope similar in size and complexity to that described herein to the satisfaction of its clients
4. Of particular interest is the provision of one or more references that confirm the outcome of Proposer's engagement resulting in a lower cost of ownership for the client

Proposer's experience and references narrative is limited to 20 pages, exclusive of company references.

## C. Personnel

This section of the proposal must address requirements included in the section of the RFP, **Additional Terms & Conditions, Section B.6.b**. The Personnel description is limited to 15 pages, exclusive of individual resumes. Individual resumes should not exceed three pages per person.

The requirement responses must be numbered as identified in the "Proposal Response" section of B.6.b, which also corresponds to the numbering in Attachment H Technical Compliance Matrices. Note that Attachment H should give a concise view of the proposer's ability to deliver on each requirement and must reconcile each requirement item back to the written section.

## D. Business Profile and History.

In addition to the information on form DAS-14,

1. Provide a description of the Proposers company information including:
  - a. Date established
  - b. Ownership (public company, partnership, subsidiary, etc.): If a Proposer is owned or controlled by a parent company, the name, main office address, and parent company's tax identification number must be provided in the proposal
  - c. Organizational chart depicting the Proposer's SI organization in relation to any parent, subsidiary, or related organization
  - d. State in which the Proposer is incorporated
  - e. Number of employees and resources dedicated to SI services
  - f. Organizational staffing chart with a focus on SI services
  - g. Names and resumes of Senior Managers and Partners regarding this contract
  - h. Office location(s) responsible for the proposed tasks
  - i. Evidence that the Proposer is financially stable and that it has the necessary infrastructure to complete this contract as described in the proposal. Proposer must provide audited financial statements for the last three (3) years, or similar evidence of financial stability for the last three (3) years in an Appendix of the proposal
  - j. Proposer's acknowledgment that the State must not reimburse the Proposer until:
    - 1) The State Program Director has approved the invoice
    - 2) The State has received and approved all deliverables covered by the invoice
  - k. Details of any pertinent judgment, criminal conviction, investigation, or litigation pending against the Proposer or any of its officers, directors, employees, agents, or subcontractors within the last ten (10) years for similar requirements stated in this RFP, the State or federal government, Medicaid, any oversight agencies such as HHS, CMS, and Office of Inspector General (OIG), and eligibility enrollment, of which Proposer has knowledge, or a statement that there are none. The Agency reserves the right to reject a proposal solely based on this information
  - l. Disclosure of contracts not completed in the past ten (10) years
  - m. Disclosure of any contracts terminated for cause or convenience in the past ten (10) years
  - n. Disclosure of any conflict of interest
2. Provide a complete list of all proposed subcontractors (including contractors for staff augmentation), including a company profile, the number of years the subcontractor has been in business, a description of services that are to be provided by each subcontractor, and any relevant experience.

The Business Profile and History narrative is limited to four pages, exclusive of the DAS-14, financial statements, senior staff resumes and details of judgements etc. described above in item D. 1. k. Subcontractor narratives are limited to two pages per subcontractor.

## V. Cost Proposal

A Cost Proposal template is provided in **Exhibit B**. The Cost Proposal will be used as the final representation of the Proposer's cost during the total proposal evaluation. Additional information may be included as necessary to explain in detail the proposer's cost. If deemed helpful by the respondent, they may provide a budget narrative to support the cost tables with additional information by line item as necessary to explain in detail Proposer's cost/price. The Cost Proposal narrative is limited to four (4) pages. An example might be a staffing line item to elaborate on a person who will perform more than one role that needs clarifying narrative.

All cost information should be included in Exhibit B. The technical submission should not include any cost information.

Submission must include a complete Commodity or Service Cost Worksheet to reflect any fixed or deliverable-based costs for commodities/services such as project deliverables, a complete Phase 1 Proposed Staffing – Hours and Cost Worksheet to price out the anticipated hours to be spent by each proposed level of staff for change orders and additional assignments requested during the engagement, and a Rate Catalog for Phase 2.

- a. Commodity or Service Cost Worksheet (SI Deliverables Cost) – Proposer's response must specify a firm and fixed fee for completion of the SI services. Time-and-materials proposals will not be considered.
- b. Proposed Staffing – Hours and Cost Worksheet - Proposers must submit pricing for all consultant services to be delivered as part of a full-service model, including the staffing of maintenance and administrative positions for ongoing operation (staff not involved in deliverables).
- c. Rate Catalog for anticipated staffing for Phase 2 "Option to Buy" activities.

The Proposer who receives a contract must be responsible for the performance of all duties contained within this RFP for the firm and fixed price quoted in their proposal. Proposals must state a firm and fixed price for the services described, as well as hourly pricing for options and exceptions such as change orders.

Cost Proposals will be evaluated for reasonableness and completeness. Proposals will only be evaluated for those Proposers whose technical submittal has been deemed to be complete and acceptable by the State. Cost Proposals will be evaluated following completion of technical evaluations to avoid having prices unduly influence the evaluation process.

### **Attachment 1A - Sample Contract**

This RFP is not a contract and, alone, must not be interpreted as such. Rather, this RFP only serves as the instrument through which Proposals are solicited. The State will pursue negotiations with the Proposer whose Proposal scores highest. If, for whatever reason, DAS and the initial Proposer fail to reach consensus on the issues relative to a contract, DAS may commence contract negotiations with other proposers. DAS may decide at any time to suspend the current RFP process and start the RFP process again.

Attachment 1 to this RFP is a draft contract and it is included in this RFP for informational purposes only in order to show some contract provisions that the State of Connecticut requires. It is not intended to, and will not, be the specific contract that the State and the successful Proposer(s) will sign. After DAS selects a Proposer, DAS will deliver a draft contract for consideration and negotiation. The contract that DAS and the successful Proposer will sign may vary from Attachment 1. The contract may include a liquidated damages clause at the discretion of the State.