STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

REQUEST FOR QUOTES IN RESPONSE TO DAS MASTER AGREEMENT#18PSX0087 INFORMATION TECHNOLOGY STRATEGIC SERVICE RESOURCES FOR ANALYSIS OF INNOVATIVE DELIVERY AND PAYMENT MODELS FOR THE BENEFIT OF HUSKY HEALTH

ISSUE DATE: 7/15/2024

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1. Information

1.1. Authorized Contact Person

The Connecticut ("CT") Department of Social Services ("DSS" or "Department") has designated the individual below as the Official Contact ("OC") for purposes of this Request for Quotes ("RFQ"). The Official Contact is the only authorized contact for this procedure and, as such, handles all related communications on behalf of the Department. All communication must be in writing and addressed via email to the OCs.

NAME: William Halsey, Acting Medicaid Director
E-Mail: DSS.Procurement@ct.gov

1.2 Proposed Schedule

The Department may amend the following schedule, as needed. Any change shall be made by means of an addendum to this RFQ and shall be notified via email to the vendor participating in this procedure, and through the Department of Social Services' RFP Web Page at http://www.ct.gov/dss/rfp .

Milestones	Ending Dates
RFQ Released	July 15, 2024
Vendor Questions Due	July 22, 2024; 2:00 PM EST
Answers to Vendors Questions Due	July 26, 2024
Response submission Due	July 30, 2024; 4:00 PM EST
(*) Scope of Work Awarded	August 16, 2024
(*) Start of Statement of Work ("SOW")	September 13, 2024
First Draft Due	October 31, 2024
Final Report Due:	November 29, 2024

(*) target dates only.

1.3. Submission Due Date and time for Response:

The Official Contact is the only authorized recipient of submissions to be submitted in response to this RFQ. The response must be submitted electronically to DSS.Procurement@ct.gov on or before **4:00 PM EST on Tuesday, July 30, 2024.**

The subject line of the email must read: **RFQ 7.15.2024: Analysis of Innovative Delivery and Payment Models for the Benefit of HUSKY Health**

The State bears no responsibility for the cost of preparing a response to this Request for Quote.

2. Background and Overview

2.1. The Department of Social Services

DSS delivers and funds a wide range of programs and services as Connecticut's multi-faceted health and human services agency. DSS serves about 1 million residents of all ages in all 169 Connecticut cities and towns. We support the basic needs of children, families, older and other adults, including persons with disabilities. Services are delivered through 12 field offices, central administration, and online and phone access options. With service partners, DSS:

- Provides federal/state food and economic aid, health care coverage, independent living and homecare, social work, child support, home-heating aid, protective services for older adults, and more vital service areas.

- Supports the health of over 850,000 residents through HUSKY Health (Medicaid & Children's Health Insurance Program), including medical, dental, behavioral health, prescription medications, long-term services and supports.

- Helps over 370,000 residents afford food and supports Connecticut's economy with federally funded Supplemental Nutritional Assistance Program ("SNAP").

- Has 1,700 dedicated staff led by Commissioner Andrea Barton Reeves.

2.2. DSS Vision, Mission and Values

DSS Vision
We envision Connecticut where all are healthy, secure and thriving.

DSS Mission
To make a positive impact on the health and well-being of Connecticut's individuals, families and communities.

DSS Values
Pride in Public Service
Excellence and Integrity
Compassion and Empathy

Equity and Inclusion Racial
Justice
Collaboration and Communication
Learning and Innovation

3. Purpose of the RFQ and Scope

CT is seeking to develop a strategy to further improve the Medicaid program through innovative healthcare delivery and payment models that improve member experience, health care outcomes, population health, cost containment and health equity to support HUSKY Health members. The strategy shall be member-centric and focused on strengthening member access, experience, healthcare quality and outcomes and will incorporate interventions that address prevention, early intervention and integrated services to advance high-value care, improve population health, enhance coordination across service systems (including non-medical systems) to address social determinants of health, engage and support providers, and further improve cost containment and predictability.

PHASE 1: DSS is inviting existing contracted vendors, currently under Contract with DAS for Information Technology ("IT") Strategic Services, per Contract Id# 18PSX0087 with experience analyzing complex healthcare delivery models and payment reform models to submit evidence of qualifications to provide recommendations to the Department regarding programmatic improvements and structural changes, and facilitating the implementation of new innovative service delivery models that bring about measurable improvement to the Medicaid program, Children's Health Insurance Program ("CHIP"), and state-funded equivalents of those programs for non-qualified immigrants (collectively known in Connecticut as HUSKY Health) and specifically focused on bringing improvements for HUSKY Health members. Eligible vendors may subcontract for these services or any portion of these services with the Department's approval.

The proposed recommendations should include an analysis of states (and as applicable, other payers) that are national leaders in developing healthcare delivery and payment models in the focus areas detailed below and include recommendations for the design of program improvements and/or alternatives and implementation, specifically for the Medicaid population. Proposed recommendations should consider strategies that are evidence-based, have improved access and outcomes, maintain or improve quality of care, are equity focused, cost effective, administratively feasible to implement, and sustainable. DSS will expect the selected vendor to analyze and cite national and other available research and related supporting data on all findings and recommendations and compare the current structure of the HUSKY Medicaid program to all potential recommendations using the criteria below. All the analysis should be compared to the CT Medicaid current's service delivery model and payment reform initiatives currently underway or in active development.

Phase 1 analysis shall include stakeholder engagement and feedback in Connecticut including, but not limited to:

- HUSKY Health members

- Healthcare providers
- Other Stakeholders
- State Agencies

The analysis shall focus on healthcare delivery models and/or innovative payment models that address the following priority areas:

1. Member Experience:
    - Improved Member access to services (including, but not limited to, compliance with this new federal rule: CMS-2442-F).
    - Integrated services (e.g., primary care and behavioral health) and coordination among service settings (e.g., improving discharge planning from institutions and enhancing transitions across levels of care).
    - Improved healthcare Quality/Outcomes (including, but not limited to, compliance with this new federal rule: CMS-2439-F).
    - Member safeguards that provide assurances and evidence of adequate services tailored to each person's unique needs, especially for Medicaid members who are living with the most significant medical and non-medical challenges.

2. Provider Engagement and Stability:
    - Maintain an adequate, high quality and stable healthcare provider network.
    - Support workforce development of skilled clinicians and staff across all settings and levels of care tailored to meet the needs of Medicaid members, including expanding the role of community-based organizations, community health workers, peer support specialists, and others.

3. Prevention, Early Intervention, and Disease Management:
    - Prevention, early intervention and disease/risk factor management services that have been shown to reduce downstream healthcare conditions and costs.
    - Long term prevention strategies, including improving coordination with non-medical service systems (including cross-agency initiatives) to address social determinants of health and health-related social needs, such as housing, nutrition, employment, education, and other areas to enhance outcomes for members.

4. Health Care Costs:
    - Controlled or reduced Per-Member-Per-Month ("PMPM") total cost of care.
    - Controlled or reduced predictable costs (e.g., claims and administrative data).
    - Identification of cost drivers and specific policy or program initiatives to reduce category specific PMPM (e.g., pharmacy, hospital services) or unit costs.

5. Payment Models:
    - Identify and analyze value-based payment models that have improved member experience and care quality, employ prevention and early intervention strategies and control costs.
    - Examples of such programs may include, but are not limited to the following: one or more forms of Managed Care, Program for All-Inclusive Care for the Elderly ("PACE"), Section 1115 Demonstration Waivers with various structures including those that address

health-related social needs, coordinated care organizations, accountable health communities, enhanced administrative services organization ("ASO") structure, Accountable Care Organizations ("ACO"), and/or other models.
- Above payment model identification and analysis should consider CT specific high cost (e.g., maternity care, behavioral health, long-term care, etc.), and high growth (e.g., drugs, hospital outpatient, etc.) categories.

6. Managed Care:
   - Based on the priority areas above, should one or more varieties of managed care authorities or entities be explored as part of this strategy and if so, why or why not, including a detailed analysis of the anticipated impact on quality, member experience, data and expenditure transparency, and cost effectiveness (analyzing both program and administrative costs) of one or more types of managed care compared to the current structure in CT.
   - This section must include, but not necessarily be limited to, analysis of managed care within the Long-Term Services and Supports ("LTSS") space.

Cost Proposal: All bidders must include a detailed cost proposal for Phase 1.

PHASE 2: Based on the availability of funding, DSS, at the discretion of the Commissioner, may seek to issue a Statement of Work ("SOW") with the vendor that has the demonstrated experience assisting States in the implementation of any of these methodologies or Medicaid authorities referenced above to achieve improved outcomes while controlling costs. The statement of work shall include the following deliverables:

- A Strategic Plan/Roadmap that aligns with agency priorities and incorporates the broad objectives, detailed strategies and program design elements that will be employed to achieve desired outcomes.
- A detailed program design and implementation plan that includes one or more the following and/or other relevant component(s):
  - Development of any Medicaid state plan amendment(s) and/or waiver application(s).
  - Stakeholder engagement and communication.
  - Development of Requests for Proposals ("RFPs") to support program initiatives, potentially including one or more RFP(s) related to managed care (such as procurement of managed care organizations and/or other managed care entities).
  - Information Technology and Data Exchange requirements.
  - Workforce requirements.
  - Resource requirements to support Phase II project work.
  - Payment and data transparency.
- Project Management
  - Detailed project schedule for all phases of the initiative.
  - Detailed processes for identifying and managing risk, issues and decisions to mitigate delays to established schedules or to achieving milestones and deliverables.
  - Communication and Stakeholder Engagement Plan for internal and external engagement.
  - Dedicated project resources defined by role and objective.

4. Submission Requirements

The submission should comply with the following outline (sequence, naming and numbering):

- No more than five pages, excluding the following documents: Cost Proposal, Resumes and similar Reports.
- Detailed experience and expertise within the Medicaid healthcare delivery and payment space. To comply with this requirement, the Respondent must submit the following:
  - ✓ A narrative detailing experience and expertise within the Medicaid healthcare delivery and payment space.
  - ✓ Resumes and a detailed description of roles and responsibilities of the Key Personnel proposed for this project, included as Appendix A.
- Specific examples of similar projects performed in other states to help transform and improve Medicaid healthcare delivery strategic plans. To comply with this requirement, the Respondent must submit the following:
  - ✓ A list of contracts for services like those sought by this RFQ that the Respondent has provided to other businesses or governmental entities.
  - ✓ Reports that the Respondent has finalized and are similar in nature, included as Appendix B.
- Cost Proposal: All bidders must include a detailed cost proposal for Phase 1, included as Appendix C.

5. Evaluation Criteria

Responses meeting the Submission Requirements (Refer to Section 4) shall be evaluated according to the established criteria. The criteria are the objective standards that the Evaluation Committee shall use to evaluate the technical and financial merits of the response's submission. The weights of all requirements are disclosed. Only the criteria listed below shall be used to evaluate response submission.

1. Detailed experience and expertise analyzing Medicaid delivery and/or payment models (40 points).
2. Specific examples of similar projects or reports in other states that provided sufficient analysis for the State Medicaid Agency to transform and improve services and payment policies (40 points)
3. Cost proposal (20 points).

At its sole discretion, the Department may invite Respondent(s) for an interview and/or for an oral presentation of their response submission. Any such interview or oral presentation may be done virtually or in person at a day and time selected, and in a place provided by the Department.

6. Key Information

6.1 Location

State of Connecticut, Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Services may be performed on-site and remotely, based on agency needs. The Contractor is expected to participate in weekly Teams Microsoft calls with DSS staff.

6.2 Hours

The core work hours are Monday through Friday 8:00 am –5: 00 pm Eastern Standard Time (“EST”), Monday through Friday, excluding State Observed Holidays.

6.3 Length of Engagement

This is a limited engagement that shall require the selected vendor to complete and submit for Phase 1 the First Draft Report no later than October 31, 2024, and the Final Report on or before November 29, 2024. Phase 2 is contingent upon availability of funds.

6.4 Pricing and Payment

Payments shall be made monthly, based on actual hours worked as reported by the vendor through a weekly status report. All of the time worked shall be subject to verification by the Department. The Contractor shall keep true and accurate records of the time worked. The hourly rate paid shall be in accordance with Exhibit B. Price Schedule for your Company attached to DAS Master Agreement 18PSX0087.
Payment to the Contractor shall be made only after the submission of a properly completed itemized invoice, in a form approved by CT DSS. Invoices must be submitted on a monthly basis. Invoices must contain, at a minimum, a detailed description of the work performed, the date of performance, the actual time spent performing the work, the name and position of the person(s) rendering the Service and the rate charged for that Service, funds withheld, if any, and any other applicable detail.

6.5 Equipment

The Department shall provide the resource(s) the necessary computer equipment, VPN access, and other IT resource access necessary to complete the work.

6.6 State Resources and Oversight

The State shall provide support and guidance to the consultant(s) selected for this project. A manager shall be responsible for coordination of resources and services with the consultant.

6.7 Security/Privacy Considerations

Information accessible by the consultant(s) may be sensitive, confidential, or subject to the Privacy Act and/or HIPAA. The consultant(s) must be familiar with and comply with the provisions of appropriate regulations and/or instructions. Signing of a confidentiality agreement and taking the mandatory DSS security and compliance online training shall be required. The display of an access badge shall be always required when the consultant(s) is present in the facility. Contractor Personnel shall not attend training courses at the expense of the Department, unless training is included within the SOW.