Addendum 1

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
ALL-PAYER HEALTH EQUITY APPROACHES AND DEVELOPMENT (AHEAD) MODEL
REQUEST FOR PROPOSALS
CT AHEAD RFP 04252025

The State of Connecticut Department of Social Services is issuing **Addendum 1** to the CT AHEAD RFP 04252025.

Addendum 1 contains:

- **A.** Revisions
- **B.** Questions submitted by interested parties and the official responses. These Responses shall amend or clarify the requirements of the RFP as per Section I.C.7. Inquiry Procedures.
- **C.** Addendum Acknowledgment Sheet to be signed and returned by Respondents as per RFP Section I.C.7. Inquiry Procedures.

In the event of an inconsistency between information provided in the RFP and information in this response, the information in Addendum 1 shall control.

A. REVISIONS

The following sections of the RFP have been revised as follows:

1. **Section I. General Information, Subsection C.6 Procurement Schedule, is hereby amended as follows:**

   See below. Dates after the due date for proposals ("Proposals Due") are target dates only (*). The Department may amend the schedule, as needed. Any change will be made by means of an addendum to this RFP and will be posted on the State Contracting Portal and the Departments' RFP Web Page.

   - RFP Released: April 25, 2025
   - Deadline for Questions: May 2, 2025, 4:00 pm EST
   - Answers Released (tentative*): May 15, 2025
   - Proposals Due date submission: June 20, 2025, 4:00 pm EST
   - (*) Award Decision: July 10, 2025
   - (*)Start of the contract Sept 1, 2025

2. **Section I. General Information, Subsection C.8 Proposal Due-Date and Time, is amended as follows:**

   The Official Contact is the only authorized recipient of proposals submitted in response to this RFP. Proposals **must** be received by the Official Contact on or before the due date and time
   - **Due Date:** June 20, 2025
   - **Time:** 4:00 p.m. EST

The submission of the electronic copy of the proposal(s) must be emailed to the Official Agency Contact for this RFP at **DSS.Procurement@ct.gov**.

Depending on the component proposal being submitted, the email subject line must read either: **CT AHEAD RFP 04252025**, **Component 1** or **CT AHEAD RFP 04252025, Component 2.**

Proposals received after the due date and time will be ineligible and will not be evaluated. The Department will send a notification alerting late respondents of ineligibility.

THIS IS AN ELECTRONIC SUBMISSION. Please be aware of the amount of time it may take for an electronic submission to be sent from one server and accepted by another server. Each file sent to the Official Contact, shall not be larger than 35 MB per e-mail.

An acceptable proposal submission must include the following: One (1) conforming electronic submission of the original proposal. The proposal submission via email must be complete, properly formatted and outlined, and ready for evaluation by the Evaluation Committee. Unsigned submissions shall not be evaluated.

The electronic copy of the proposal must be compatible with Microsoft Office Word, except for the Budget, which should be submitted in Microsoft Office Excel. Additionally, the documents specified in Section IV.H and Sections IV.I.2.a to IV.I.2.c are required to be submitted in Portable Document Format (PDF).

3. **Section I. General Information, Subsection E. 4. Limitation on Use of Appropriated Funds to Influence Certain Federal Contracting and Financial Transactions, 31 USC § 1352, is amended as follows:**

   4. Limitation on Use of Appropriated Funds to Influence Certain Federal Contracting and Financial Transactions, 31 USC § 1352. A responsive proposal shall include a **Certification Regarding Lobbying Form** , which is embedded in this section as a hyperlink, attesting to the fact that none of the funds appropriated by any Act may be expended by the recipient of a Federal contract, grant, loan, or cooperative agreement to pay any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the: (A) awarding of any Federal contract; (B) making of any Federal grant; (C) making of any Federal loan; (D) entering into of any cooperative agreement; or (E) extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

4. **Section IV. Required Proposal Submission Outline, Subsection I. Proposal Submission(s), paragraph Proposal Length and format, is amended as follows:**
   - Component 1: Hospital Global Budget 25-40 pages (40 pages max)
   - Component 2: Primary Care: 10-20 pages (20 pages max)
   - Respondents applying for both components should submit separate technical and budget proposals for each component.
   - Documents submitted as per Section IV. Required Proposal Submission Outline, Subsection A. Cover Sheet through Subsection H. Attachments (No page limitation)
   - Financial Requirements (No page limitations).
   - Respondents applying for both components should submit separate technical and budget proposals for each component.

     Respondents shall not be penalized for choosing not to engage Subcontractor(s). However, if Subcontractor(s) are utilized to provide services outlined as per Component 1, and or Component 2, each Subcontractor must be identified. The following information, as specified in the RFP

(Section IV.A. Cover Sheet, IV.C. Claim of Exemption from Disclosure, IV.D. Conflict of Interest - Disclosure Statement, IV.E. Executive Summary, IV.F. Terms and Conditions Declaration, Section IV.I.1 Technical Proposal, Section IV.2.d. Cost Proposal), must be provided for each Subcontractor in addition to the information required for the Respondent. This information may be submitted in the same document as the Respondent's, clearly indicating whether the details pertain to the Respondent or the Subcontractor. All Subcontractors are subject to the Department's prior approval.

5. **Section IV. Required Proposal Submission Outline, Subsection I.2.Audited Financial Statements, is deleted and replaced with the following:**

   a. **Audited Financial Statements**

   Submit one (1) copy of the Respondent's two (2) most recent annual financial statements prepared by an independent Certified Public Accountant and reviewed or audited in accordance with Generally Accepted Accounting Principles (GAAP). The copies shall include all applicable financial statements, auditor's reports, management letters, and any corresponding reissued components. If audited financial statements for each of the last two fiscal years are not available, the Respondent shall provide comparable statements that will document the financial stability of the Respondent and include an explanation of the submission of documents other than audited financial statements.

6. **Section IV. Required Proposal Submission Outline, Subsection I.2.b. Financial Policies and Procedures, is deleted and replaced with the following:**

   b. **Financial Policies and Procedures.**

   Include Respondent's financial policies and procedures. The Respondent must comply with federal regulations related to cost principles and financial policies, as outlined in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR Part 200), commonly known as the "Uniform Guidance".

   • The response should include relevant financial policies and procedures, including, but not limited to:
   • Cost principles in accordance with 2 CFR Part 200 (if federal funding is involved).
   • Procedures for ensuring compliance with federal grant requirements.
   • Internal controls and financial management policies that ensure accurate tracking of project expenses.
   • A description of how the respondent will allocate costs related to the project (if applicable under federal guidance).
   • Any relevant audit requirements for federal funding.

7. **Section IV. Required Proposal Submission Outline, Subsection I.2.d. Cost Proposal – Budget, is deleted and replaced with the following:**

   d. Cost Proposal - Budget (20 pts)

   The Respondent shall complete the **AHEAD Budget Template Updated** embedded as a hyperlink. Refer to the **AHEAD Budget Instructions Updated** version embedded herein as a hyperlink. Please ensure those figures are accurate before submitting the proposal.

   To submit a responsive Cost Proposal, The Respondent shall:

   (1) Provide a complete Budget Template using the hyperlink provided herein and as per the instructions above. Use the notes and justification fields to tie into the narrative as needed.

   (2) Complete either **1.a Personnel & Fringe** or **1.a Consultant**, depending on the billing structure of your organization:

   - Use **1.a Consultant** if you are billing based on **hourly or daily rates**.

- Use **1.a Personnel & Fringe** if you are a **larger organization with multiple staff roles**, where salaries, fringe benefits, and time allocation are applicable.
- For the purposes of this RFP, **"Contractor" and "Consultant" are used interchangeably**, and the distinction is based solely on billing methodology.

B. QUESTIONS AND RESPONSES

1. **Question:** Section I. General Information D.7 Pagination, Page 8: Can you please confirm that the full proposal application is to be emailed and should consist of the following four (4) files?:
    1. Technical Proposal (Word format)
    2. Budget and Budget Justification (Excel format – adding tabs for Financial Policies and Procedures and financial Capacity),
    3. Audited Financials (PDF)
    4. Required Attachments/Forms (combined into 1 PDF)

    Response: The proposal submission must be emailed at **DSS.Procurement@ct.gov**. Respondents may attach multiple documents to a single submission email, provided they meet the requirements outlined in Section I.C.8, as amended by Section A. Revisions, Subsection 2 of this Addendum 1.

2. **Question:** Section I.C.8. (pg.8): The RFP states that an acceptable submission must include one conforming electronic copy of the original proposal. It also states that the proposal shall be compatible with MS Word, except for the Budget and Budget Justification, which may be compatible with MS Excel, and only the required forms may be submitted in PDF. Can you please clarify how the proposal should be submitted? In one file or multiple: one for the proposal, and one for the Budget and Budget Justification and multiple for required forms? If one, is a PDF acceptable?

    Response: Please response to Question#1.

3. **Question:** Section I.C.8. (pg. 8): Is the Budget and Budget Justification a form required by DSS? If so, please let us know where to download it. If it is up to the vendor to create, do you require it in MS Excel, or can it be included in the MS Word copy (or a PDF that includes all the forms)?

    Response: Please refer to the RFP, Section IV.I.2.d. Cost Proposal Budget as amended by Section A. Revisions, Subsection 7 of Addendum 1.

4. **Question:** Section IV. Required Proposal Submission Outline, Pages 25-26. Can you please clarify if items A Cover Sheet through I. Proposal Submission are included in the page limit restrictions? Additionally, are the required forms and other attachments (submitted as a separate PDF) exempt from the page limit?

    Response: Please see Section A. Revisions, Subsections 2 and 4 of Addendum 1.

5. **Question:** Section I.D.7 (pg. 10): If the proposal is to be submitted in multiple pieces (MS Word, MS Excel, and PDFs for signed forms), please clarify the expectation to number, "from the Cover Sheet through the required Forms."

    Response: Please see response to Question#1. All documents must be listed as per Section IV. Required Proposal Submission Outline.

6. **Question:** What should the submission email subject line read if a contractor is submitting a proposal for both component 1 and 2? Or should proposals for component 1 and component 2 be submitted via separate emails?

   Response: Please refer to the requirements set in this RFP, Section C.8. Proposal Due-Date and Time as amended by Section A. Revision, Subsection 2 of Addendum 1. The proposals submitted for Component 1 and or Component 2 should be sent via separate emails.

7. **Question:** Section I.C.9. (pg.8): Would DSS prefer a separate proposal for each Component, or may they be combined, including separate sections of the proposal as needed? If they must be separated, does the vendor need multiple versions of the required forms?

   Response: Please see Response to Question#6 of Addendum 1.

8. **Question:** Regarding the Audited Financial Statements, can we provide a URL in our response instead of a full copy of the statements, as it would be a large file? If a full copy of the Audited Financial Statements is required, can it be submitted in PDF?

   Response: Please see Section A. Revisions, Subsection 2 of Addendum 1.

9. **Question:** Regarding the Technical Response and Financial Requirements, can we protect the Word document?

   Response: Yes.

10. **Question:** Can our redacted version for the Technical Response and Financial Requirements be submitted in PDF?

    Response: Yes.

11. **Question:** Regarding the forms required to be submitted with the response, should they be combined into one PDF document, or should each form be submitted as an individual PDF document?

    Response: Please see Section A. Revisions, Subsection 2 of Addendum 1.

12. **Question:** Could the State please share the link to the correct Certification Regarding Lobbying form to be submitted with the proposal? The hyperlinked source in the RFP does not link to the form.

    Response: Please see Section A, Subsection 3 of Addendum 1.

13. **Question:** For “Section IV I.2.a. Financial Requirements: Audited Financial Statements”, would the state accept two years of signed and submitted tax return information that has been prepared, reviewed, and signed by an independent Certified Public Accountant? As a small privately owned business, our firm does not prepare audited financial statements.

    Response: Please see Section A. Revisions, Subsection 5 of Addendum 1.

14. **Question:** For “Section IV I.2.b. Financial Requirements: Financial Policies and Procedures”, since this is a contract for consulting services and not ongoing direct health and human services, can the state confirm that respondents do not need to submit a Cost Allocation Plan? Given that OPM’s Cost Standards document does not apply to these types of projects, what types of financial policies and procedures need to be included in a response?

Response: Please se Section A. Revisions, Subsection 6. Financial Policies and Procedures of Addendum 1.

15. **Question:** Within the Consultant Budget Template, can subcontractors be identified by entity as opposed to by Position Title, such that the Rate, Hours and Proposed Budget applies to the subcontracted entity in aggregate?

    Response: A revised Budget Template and Instructions have been provided to accommodate for subcontractors. Please see Section A. Revisions, Subsection 7 of Addendum 1.

16. **Question:** We a private company that considers our financial statements to be sensitive proprietary information. As such, we would prefer our financials not be included in this proposal. Would it be permissible to include a letter detailing our financial stability, signed by our CFO, in lieu of the financial statements? Alternately, would it be permissible to include our Dun and Bradstreet report? If financial statements are required, would you be willing to sign an NDA before submission?

    Response: All documents specified in Section IV. Required Proposal Submission Outline must be submitted. Please refer to Section I.C.10 for the requirements regarding the Claim of Exemption from Disclosure.

17. **Question:** If you require the submission of our financial statements, would you accept them upon award of the proposal?

    Response: Please see answer to Question#16.

18. **Question:** Could please provide the Certification Regarding Lobbying form?

    Response: Please see Section A, Subsection 3 of Addendum 1.

19. **Question:** Regarding the Certification Regarding Lobbying Form, the link on page 17 of the solicitation is not a direct link to the form: https://portal.ct.gov/dss/search-results?SearchKeyword=certification+regarding+lobbying&language=en_US. Could you please provide the direct link to the form?

    Response: Please see Section A, Subsection 3 of Addendum 1.

20. **Question:** Section III-Scope of Work, B.2 Contractor(s)' Responsibilities and Requirements, Primary Care Payment Reform (Component 2), Page 23. The RFP notes that the "Contractor will support DSS in implementing primary care payment reform consistent with AHEAD Primary Care... Activities include supporting stakeholder engagement, technical design and actuarial analysis, support in obtaining relevant federal authorities and ongoing implementation support". In consideration of stakeholder input, existing payment programs and budget allocated to Component 2, can the DSS please clarify the relative level of effort and/or specific requirements associated with each of the activities?

    Response: Respondents are encouraged to review links on page 23 related to Medicaid Primary Care Payment Reform and submit proposals that build on this existing body of work. We anticipate project management, stakeholder engagement and continued technical design to be the focus at this time. Pages 23-24 are intentionally broad and flexible because DSS will need to adapt the relative effort based on project needs at the time, which will evolve as the broader project moves forward.

21. **Question:** Section III-Scope of Work, B.2 Contractor(s)' Responsibilities and Requirements, 1. Project Management, Page 23. If an offeror bids for both Component 1 and Component 2, may we propose a budget that combines some project management activities to improve efficiency?

Response: No. The budgets should not be combined as each component will be scored and evaluated separately.

22. Question: C. INSTRUCTIONS, 11. Conflict of Interest - Disclosure Statement, Page 9. Does CT plan to contract for an independent evaluation of its AHEAD model, and if so, would this contract be considered a conflict of interest or otherwise preclude them from bidding?

Response: No. CT does not plan to contract an independent evaluator for CT AHEAD Model.

23. Question: C. INSTRUCTIONS, 11. Conflict of Interest - Disclosure Statement, Page 9. Would offerors be considered to have a conflict of interest if they have:

1. direct contracts with the Centers for Medicare & Medicaid Services (CMS) to (a) implement or (b) evaluate the AHEAD Model?
2. ownership interests in payers or providers that could participate in the model?

Response:

1. Please refer to the following responses to the questions above: Section I.C.11 on Conflict of Interest requires entities to disclose any potential conflicts. If based on this requirement, there is a clear conflict that would render the entity ineligible.
2. It is also highly likely that the entity would be disqualified, as decisions made under the model could affect the financial interests of a payer or provider with which the entity is affiliated.

24. Question: On page 26 of the RFP, it states "The Departments understand that the current funding level does not support comprehensive actuarial analyses, full support for Medicaid authority applications, and complete implementation." Can the State be more specific about:

a. What actuarial analyses will be prioritized/the sole responsibility of the respondent and what additional resources or support will be available to supplement this work? For example, on pg. 24 under Technical Design and Actuarial Analysis (item 5c), it states "assist with the analysis, modeling, projections...".
b. Is it the State's desire for the respondent to be responsible for any aspect of Medicaid authority applications (i.e., review, advisement, etc.)?
c. What roles in implementation are expected/prioritized by the State to be included in the scope of work?

Response:

a. Respondents will be expected to provide actuary support in assisting the state in the design, and development of hospital global reimbursement methods under Medicaid.

b. As noted on Page 24, one of the listed activities is “Support the department in conceptualizing, developing, writing, submitting, and negotiating waivers, state plan amendments or other federal authority vehicles.” The specific level of involvement in this particular area is to be determined based on the overall scope of the project and available resources within the RFP’s broader funding level.

c. Prioritized implementation activities include developing a plan for oversight, ongoing monitoring, and implementation and supporting Medicaid hospital global budget immediate launch.

***25.* Question:** Would the offeror please confirm whether the budget for Component 2: Primary Care Payment of $300,000 (page 3 of the RFP) is the total amount of funding available for the contract period of three (3) years (anticipated to begin on Sept 1, 2025, and continue through August 30, 2028)?

Response: Yes.

26. **Question:** Please confirm whether the budget values listed on page 3 of 27 in the RFP are for the initial three-year contract period or another time period.

    Response: Yes.

27. **Question:** Where will the winner's information be public? If so, where would that information be?

    Response: The Respondent(s) that will be awarded a contract(s) in response to this RFP will be posted to CTSource Bid Board.

28. **Question:** Cover sheet: If the contact and/or authorized officials do not have a "facsimile number" - can that field be left blank, or populated as "not applicable"?

    Response: Populate as N/A.

29. **Question:** For the page limits described on page 26, can the state clarify what components of the proposal are subject to the page minimum and maximum? Is the page limit intended to be specific to "Section IV I.1 Technical Proposal (a-d)" only? Or inclusive of all materials requested in "Section IV A-I"?

    Response: Please see Section A. Revision, Subsection 4 of Addendum 1.

30. **Question:** Is the winner required to build their team once selected or on their own terms?

    Response: Respondents are expected to include a description of key personnel and qualifications per scoring criteria in Section I. E. 4.1.d (page 11)

31. **Question:** On both pages 10 and 26, the technical proposal scoring criteria (c) states "Component 1 respondents must include proposals related to stakeholder engagement, technical design/actuarial analysis, support securing federal Medicaid authority, and ongoing implementation support." However, on pages 23-24, items #1-7 of section B.2 imply that those functions (stakeholder engagement, technical design/actuarial analysis, support securing federal authority, and ongoing implementation support) are relevant to both Components 1 and 2.
    a. Can the state clarify if the list of items #1-7 in Section B.2 are all intended to be applicable areas of scope for both Component 1 and Component 2?
    b. Can the state clarify the related technical proposal scoring criteria for Component 1 vs Component 2 in the context of this question? Was the sentence on pages 10 and 26 referenced above intended to read "Component 1 **and 2** respondents must include proposals related to stakeholder engagement, technical design/actuarial analysis, support securing federal Medicaid authority, and ongoing implementation support." If so, does the asterisk on this sentence related to the current funding level also apply to Component 2?

    Response: For Component 1, respondents in their proposals must include stakeholder engagement, technical design/actuarial analysis, support securing federal Medicaid authority, and ongoing implementation support and *may* include other components. While for Component 2 respondents may include any of these components. Refer also to Question #20.

32. **Question:** For the response to "Section IV G. Minimum Qualifications", can the state clarify if the expectation for information provided under "G" be restated in response to "Section IV I.1.a. Technical Proposal: Contractor Qualifications and Experience"? Or in I, only cross-reference back to G, where I provides additional information without restating G?

Response: The response to Section IV G. Minimum Qualifications should be a stand-alone response even if potentially duplicative of Section IV I.1.a. "Technical Proposal: Contractor Qualifications and Experience." The response to Section IV. G will not count towards page limit. Additionally, please see Section A. Revisions, Subsection 5 of Addendum 1.

33. **Question:** Please verify that the budget amounts ($2,000,000 and $300,000) are respective project totals for the base period of the project (i.e., the first three years) and not for the full five years if the two option periods are exercised.

    Response: Please see response to Question#26.

34. **Question:** What is the expected timeframe for the Primary Care Payment Reform (Component 2)?

    Response: Primary Care AHEAD is scheduled to launch in 2027. However, the precise timeframe for Medicaid's Primary Care program is subject to ongoing discussions with federal partners and other stakeholders. Respondents may propose a timeline consistent with Connecticut's AHEAD application (link provided on page 23)

35. **Question:** The RFP indicates in section B2 - Contractor Responsibilities, 7b. "Follow up and troubleshoot along all lines of work (stakeholder, design, actuarial support etc.) for life of project or until end of contract." Should the bidders interpret this to mean the end of the engagement with the contractor (five years if the option periods are exercised) or until the end of the AHEAD model?

    Response: The end of the engagement with the contractor.

36. **Question:** What would be the implications for this project should the federal government substantially change the terms of or cancel the AHEAD model?

    Response: The continuance of this project is subject to ongoing availability of federal grant funds and terms and conditions agreeable to the State. CMS has indicated that the AHEAD model is moving forward.

37. **Question:** On p. 11, the RFP states that "The Departments understand that the current funding level does not support comprehensive actuarial analyses, full support for Medicaid authority applications, and complete implementation. However, the Departments would like to see proposals that outline specific plans and make targeted progress in these areas." What are the implications for the scope of this work and the budget regarding the actuarial analysis, supporting Medicaid authority applications, and comprehensive implementation?

    Response: Respondents should submit proposals targeting the available budget listed in the RFP and most efficiently responsive to achieving the goals of the project. Respondents may identify areas where additional resources may be needed. The expectation is successful candidates will support the state in the development of global budget modeling and fiscal impact to state Medicaid across all of the listed areas of scope of work, with specific details to be determined based on how the project evolves over time.

38. **Question:** The Consultant Budget Template contains separate sections to populate cost for each calendar year period. Is the expectation that hourly billing rates will stay the same for all calendar years, or can the hourly rates be adjusted for inflation for each subsequent project year?

    Response: Yes, hourly rates may be adjusted for inflation for each subsequent project year. Please refer to Section A. Revisions, Subsection 7. Cost Proposals of Addendum 1.

39. **Question:** If you are submitting a budget using the consultant template, where should costs associated with travel be recorded?

    Response: A revised Budget Template and Instructions have been provided to accommodate for travel and consultant costs. Please refer to Section A. Revisions, Subsection 7. Cost Proposal of Addendum 1.

40. **Question:** Does the submission of exceptions have any impact on the scoring of the vendor's proposal?

    Response: Please refer to the requirements set in the RFP, Section I. General Information, Subsection E.4. Evaluation Criteria (and Weights), last paragraph.

41. **Question:** Can the State please provide further direction on the format in which exceptions to terms and conditions should be submitted: either as a memo or a redlined document?

    Response: A Redline version is sufficient.

42. **Question:** Please provide a list of the major stakeholder groups expected to participate in the model and specify their anticipated roles, such as advisory, decision-making, or implementation.

    Response: External stakeholder engagement has been formalized through the AHEAD Advisory Committee under the Governor's Health Care Cabinet, details are found under the "Connecticut AHEAD" link on page 22. OHS and DSS will have implementation responsibility, other state agencies will advise and may have a role in decision-making when there are budgetary implications. Additionally, hospitals, payers, and primary care practices that choose to participate will each have specific roles in implementation.

43. **Question:** Please expand on the role and responsibilities of the five core service lines (Statewide Health Systems Planning, Healthcare Benchmarks, Health Equity and Social Determinants of Health, Research and Data Analysis, and Health Information Technology) in relation to the model.

    Response: These five functions operate under OHS and will contribute to AHEAD implementation, their roles will vary based on their function and scope.

44. **Question:** Will each of the aforementioned service lines have equal decision-making influence, or will their roles vary (e.g., inform, decision-making, advising, observing, implementing)?

    Response: See response to Question#43.

45. **Question:** To ensure effective participation and uptake, how will hospitals and community providers be engaged during the development and implementation phases? The RFP states that 'Under DSS guidance, forums and cadence for ongoing stakeholder engagement through project lifecycles shall be established.' Is there an existing framework to capture their feedback on this model? In our experience, we have found that early provider community engagement is critical to the success of participation in the model.

    Response: See response to Question #42.

46. **Question:** Please describe the types of data that will be made available to the contractor. Specifically, we would appreciate details on:
    - The availability and comprehensiveness of data dictionaries.

- The range of years covered by the data.
- Data on utilization patterns and metrics.
- Any rating or quality assessment data included.
- Additionally, specify the format in which this data will be provided and any systems or tools required for access.

Response: OHS and DSS will work closely with the contractor to review available data sources and determine which data are most critical to meeting project tasks. This review will include data available at the state level, potential individual hospital data, and any relevant data that may be shared by federal partners. The goal is to ensure access to the appropriate claims, utilization, cost, quality, and equity-related data needed to support implementation and evaluation efforts. To support effective planning and implementation, respondents should incorporate any anticipated data needs into their proposal response.

47. Question: Please describe any statewide standards for primary care clinicians, such as:
- Whole-person care through a team-based model
- Empanelment of each patient to a primary care clinician
- Patient data collection and
- Quality improvement

Response: Primary Care AHEAD is intended to increase overall capacity for care coordination and connection to community resources, improve quality offer whole person-centered care, and minimize provider burden.

48. Question: Please describe any care coordination standards for primary care, such as:
- Planned coordination of chronic and preventive care
- Risk-stratified care management
- Coordination of care across clinician types
- Patient access and continuity
- Patient and caregiver engagement
- Patient and clinician shared decision-making

Response: For purposes of Medicaid, the specific care coordination standards for primary care will be developed as part of Primary Care AHEAD and have not yet been finalized. However, as a starting point for general context, Respondents may choose to be familiar with the existing care coordination standards for primary care as part of the current Person-Centered Medical Home Plus (PCMH+) program (see care coordination related documents posted to this DSS webpage https://portal.ct.gov/dss/health-and-home-care/pcmh-plus/program-resources?language=en_US) and the Person-Centered Medical Home (PCMH) program (see PCMH website: https://www.huskyhealthct.org/providers/pcmh.html). Respondents may also choose to review relevant pieces of the DSS Primary Care Advisory Council materials (see DSS webpage: https://portal.ct.gov/dss/health-and-home-care/primary-care-redesign/meetings?language=en_US).

Beyond Medicaid, Primary Care AHEAD is intended to increase overall capacity for care coordination and connection to community resources, improve quality, offer whole person-centered care, and minimize provider burden. More information about Primary Care AHEAD is available from CMS. https://www.cms.gov/files/document/ahead-primarycare-fs.pdf

49. Question: Are any of the following service integration standards required by the State? Where applicable, please describe them:
1. Health Promotion Activity Integration (e.g., screening and referral activities for services such as transportation, supportive housing services, or nutrition support, etc.)
2. Behavioral Health Integration (e.g., screening and referral activities, coordination with certified community behavioral health clinics, supporting co-located or system-level integration with behavioral health providers, etc.)

3. Specialty Care Integration. (e.g., screening, referral, or other activities between primary care and specialty care clinicians, EHR integration, closed-loop referral system with hospitals, e-consult codes, video-conferencing, etc.)

Response: See response to Question#48.

50. Question: Please describe any alternative payment models:
1. Currently used by the State; or
2. In evaluation or pre-implementation stages

Response: See response to Question#48. In addition, the Department currently uses a value-based payment method, shared savings model for its PCMH+ program. The method allows participants to keep half of any savings achieved during the performance year so long as successful quality measures are met.

51. Question: What are the major categories of primary care investment that the State has undertaken (e.g., population-based payments, care management fees, value-based payments such as partial or full capitation, etc.)?

Response: See response to Question#48. In addition, the Department uses PCMH to support primary care services as well as an enhanced shared savings program that builds off of PCMH called PCMH+. Additional background and detail is provided in CT AHEAD application in the primary care section.https://portal.ct.gov/ohs/-/media/ohs/ct-ahead/ct-ahead-application.pdf?rev=f0bc6b6d443c46e0baeb4e3e1de010c0

52. Question: Can the State elaborate on any of the specific deliverables expected for each component of the Hospital Global Budget and Primary Care Payment Reform work?

Response: The specific deliverables will be negotiated after the award; respondents should suggest appropriate deliverables as part of their proposal. For context, the Medicaid Global budgets contractor deliverables should relate to the State's federal deliverables which include 1) detailed Medicaid Hospital Global Budget methodology 2) submission and approval of regulatory authority (e.g. 1115 demonstration waiver) to implement global budgets. For Primary Care Payment Reform, the state's specific deliverables are contingent on ongoing discussions with CMS. However, it will likely relate to continued progress on a primary care alternative payment methodology.

53. Question: The RFP outlines the creation of tools to monitor cost, quality, and utilization trends. Does the state have any specific tools or software platforms in mind for this purpose? For example, will the vendor be required to develop interactive dashboards and set up data pipelines for ongoing monitoring and reporting? If so, are there any specific development requirements, such as using PowerBI, Tableau, or open-source reporting tools?

Response: At this time we anticipate the vendor will advise and guide the development of tools and monitoring systems within our existing platforms. We do not expect the vendor to create their own monitoring systems or dashboards.

54. Question: Can the state describe the existing technical infrastructure and the role it envisions each playing in monitoring costs, quality and utilization? For example, will data for AHEAD model oversight be sourced from existing data collection processes leveraged by those systems or does the state envision requiring supplemental reporting to meet the needs of the AHEAD model?

Response: The state anticipates using state existing data systems and technical infrastructure to monitor costs, quality, and utilization. Supplemental reporting may be needed to support the specific goals of the model and to the extent it is not already collected but yes, the Sate look to use existing infrastructure as much as possible

55. **Question:** Should vendors submit proposals for the initial three (3) year contract period at this time and assume these two (2) one-year option periods would be negotiated at a later date? If we should budget the two one-year option years, what is the amount of the allowable cost amount for each year?
Response: The Budget cost should be submitted for a 3-year contract period only.

56. **Question:** In Section A.2. there are two project components outlined. If a responder would like to submit on both project Components, would you like to them to submit two complete and separate proposals or one proposal that divides the two components in the technical and budget sections?

Response: Please see answer to Question#6.

57. **Question:** In Terms & Conditions, #4- Proposed Cost the RFP states: *All proposed costs must be fixed through the entire term of the contract*. Please clarify this statement.

Response: The awarded respondent's proposed budget shall remain fixed for the entire three-year duration of the contract.

58. **Question:** In Section B.1. Program Background the RFP states: The States Advancing All-Payer Health Equity Approaches and Development Model (AHEAD Model). Connecticut AHEAD (CT AHEAD) is a collaborative effort between the Office of Health Strategy and Department of Social Services focused on: Improving population health; Enhancing health equity/reducing disparities in health outcomes; and Slowing healthcare cost growth. In what ways has CMMI leadership changed the level or nature of the AHEAD model's focus on health equity (if at all)?

Response: The state is awaiting further guidance on any potential model changes. CMMI has indicated that the model will continue to focus on population health and quality outcomes.

59. **Question:** In Section B.2. Contractors' Responsibilities and Requirements: Can the Departments provide additional clarification on the specific activities they expect to be undertaken for each of the two components, especially in cases where they differ from each other? Or are contractors expected to propose a set of activities based on the examples provided?

Response: Contractors are expected to propose activities.

60. **Question:** In Section IV., I.2.d. Cost Proposal Budget: What type of contract will be issued? Is the type of award to be issued dependent on which budget template is completed? What determines which template should be completed? The Contractor Budget Template appears to propose a cost reimbursable contract type versus the Consultant Budget Template that appears to propose a T&M contract type. Please provide additional clarification.

Response: A revised Budget Template and Instructions have been provided. Please refer to Section A. Revisions, Subsection 7. Cost Proposal of Addendum 1.

61. **Question:** In the Budget Template Instructions and Contractor Template: Some of the rows mentioned in the Instructions don't align with the green highlighted cells on the template. For example, the instruction is to "enter the Indirect Cost Rate on row 16…", however the input cells appear to be Row 17. Please confirm the green highlighted cells in the template take precedent over the rows mentioned in the instructions.

Response: Updated instructions have been provided with correct row references. Please refer to Section A. Revisions, Subsection 7. Cost Proposal of Addendum 1.

62. **Question:** In the Budget Template Instructions and Contractor Template: Is the company expected to breakout all the cost details of what makes up the Fringe expenses (i.e. Medicare Taxes, 401K, Medical/Dental, etc.)?

    Response: Yes, to the extent possible. Please refer to Section A. Revisions, Subsection 7. Cost Proposal of Addendum 1.

63. **Question:** In Section B.2. Contractor Responsibilities and Requirements: Will DSS and OHS facilitate access to both HUSKY Health and commercial payer claims/encounter data to support the contractor's simulations and/or monitoring of performance?

    Response: To the extent the Departments determine is necessary for implementation of the contract and subject to applicable information privacy and security requirements and agreement language, the Departments would provide claims data, as available, to a successful contractor. See also response to Question#46.

64. **Question:** In Section B.2. Contractor Responsibilities and Requirements: What type and level of technical support to hospitals should the contractor be prepared to provide as part of Component 1?

    Response: Contractors primary responsibility is supporting the state in design, impact and implementation of hospital global budget development which may include engaging with or providing some level of support to hospitals.

65. **Question**: We assume that as a for-profit institution we would be allowed to build in profit to our proposed budget. Is there a preference for how this cost should be shown in the budget template? Should a line be added to the budget template for this cost?

    Response: Fair profit should be included in the Indirect Costs line on the revised Budget Template. For additional information see Section A. Revisions, Subsection 7. Cost Proposal of Addendum 1.

66. **Question:** The technical proposal requests a description of key personnel and their qualifications, including "references from prior projects" involving the design, implementation, or evaluation of alternative value-based care models. Could you please clarify whether "references" refers to project examples or whether you expect contact information for individuals who can speak to each key personnel's work?

    Response: In this case reference refers to project examples, not contact information for individuals.

67. **Question:** Can we modify the budget template (i.e., add rows)?

    Response: The respondent may add rows to the revised budget template accordingly. Please refer to Section A. Revisions, Subsection 7. Cost Proposal of Addendum 1.

68. **Question:** With regard to: 2. Financial Requirements To submit a responsive proposal, The Respondent shall: a. Audited Financial Statements Submit one (1) copy of the Respondent's two (2) most recent annual financial statements prepared by an independent Certified Public Accountant and reviewed or audited in accordance with Generally Accepted Accounting Principles (GAAP). The

copies shall include all applicable financial statements, auditor's reports, management letters, and any corresponding reissued components.

- Will the state accept alternative evidence of financial stability, such as a letter from an auditor or Dun & Bradstreet Report, in lieu of audited financial statements?

Response: Please see Section A. Revisions, Subsection 5 of Addendum 1.

69. Question: With regard to: 4. Evaluation Criteria (and Weights), 1. Technical Proposal, c. Description of key proposed activities and how such activities will contribute to outcomes (refer to Section III, B.2. Contractor Responsibilities). Component 1 respondents must include proposals related to stakeholder engagement, technical design/actuarial analysis, support securing federal Medicaid authority, and ongoing implementation support*. (40pts)

- The RFP requests technical design/actuarial analysis experience and qualifications. Is a prime contractor expected to have certified actuaries or, can a respondent subcontract for technical design and actuarial analysis components of the project?

Response: Subcontracts are allowable. Please see Section A. Revisions, Subsection 4 of Addendum 1.

70. Question: With regard to: Evaluation Criteria (and Weights), 2.Cost Proposal. Will the state accept a blended rate for the hourly rate?

Response: Blended hourly rates are acceptable if supported with adequate justification/descriptive information.

71. Question: Can the state confirm that the actuarial analysis does not include rate setting?

Response: The state may require some actuarial rate setting analysis to the extent in understanding fiscal impact on modeled hospital global budget impact to the state.

72. Question: Financial Statements (pg. 26): As a CPA firm, we do not have audited financial statements. Will the State accept our internally prepared financial statements with an attestation of accuracy by our CFO? If not, is there alternative documentation that would be acceptable (Bank Letter of Reference, Dun and Bradstreet report, etc.)?

Response: Please see response to Question #68.

73. Question: Clarification on Evaluation Criteria (pg. 10): Beyond the point weights in Section I.1, are there specific qualitative priorities or "must-have" features (e.g., depth of actuarial modeling, intensity of stakeholder outreach) that the evaluation committee will consider as tie-breakers?

Response: The Evaluation Committee will consider each submission holistically without specific tie-breaker criteria. The "must-haves" criteria to be scored are listed in the minimum qualifications.

74. Question: Project Meetings (general): Please confirm that separate project meetings are expected to occur related to Hospital global budget with DSS for the Medicaid program and OHS for the Commercial program, as well as separate meetings with DSS to support Primary Care Payment Reform.

Response: This is correct. However, joint meetings may occur for coordination and strategic purposes.

75. **Question: Incumbent Contracts or Vendor Landscape (general):** Are there existing contracts or incumbent vendors supporting any component of the AHEAD Model (e.g., current actuarial support, project management tools) that the new contractor will need to integrate with or replace?

    Response: DSS has retained a general project management contractor for some aspects of the project to assist with meeting timelines and deliverables. OHS has retained a consultant to support initial overall strategy planning. We anticipate roles, responsibilities and coordination expectations will be delineated during the contract negotiation period.

76. **Question: Participant Population & Scope (pg. 3):** Medicaid Global Budget: How many hospitals does DSS anticipate enrolling in the Medicaid global budget in Year 1 versus Year 3?

    Response: The cooperative agreement requires a minimum of 10% of the state's Medicare FFS hospital net patient revenue (NPR) be under a hospital global budget in performance year one. This minimum will increase to 30% of Medicare FFS hospital NPR in the fourth performance year. The number of hospitals will vary depending on the Medicare FFS volume at the participating hospitals. We estimate three to five hospitals will need to participate to meet this target in performance year 1.

77. **Question: Commercial Global Budget (pg. 3):** Which commercial payers have signaled interest, and approximately how many hospitals do you expect to engage under the OHS-led workstream?

    Response: Several commercial payers have been engaged, and discussions are ongoing regarding potential participation in the Model. While specific commitments are still being explored, OHS will continue to coordinate with interested payers. The Office of the State Comptroller—which oversees the state employee health benefit plan—has indicated its intent to participate in the AHEAD Model. At least one commercial payer is required to be participate in the model by performance year 2. Additionally, see response to Question# 76 for hospital engagement.

78. **Question: Budget for Services (pg. 3):** Is the amount budgeted for the Hospital Budget by year, or for the full duration of the initial engagement Sept 1, 2025 through August 30, 2028?

    Response: Please see response to Question# 26.

79. **Question: Underservice Monitoring Plan Expectations (pg. 22):** Can you clarify the level of granularity you expect in the underservice and service-pattern monitoring plan? For example, do you envision population-level dashboards only, or drill-down capabilities by hospital department or service line?

    Response: DSS' Medical ASO provides underservice reporting and other similar dashboards to Medicaid enrolled providers. We envision current reporting from the Medical ASO will be utilized for this project. Depending on the data capacity and the ongoing monitoring strategy for hospital global budgets across payers we anticipate the selected vendor will work with the State to identify areas where additional data granularity is needed.

80. **Question: Existing PCMH/PCMH+ Baseline (pg. 23):** What is the current enrollment in PCMH and PCMH+ within HUSKY Health (e.g., number of practices, attributed lives)? Are there performance benchmarks from PCMH+ to inform glide-path assumptions for AHEAD Primary Care?

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81. **Question: Scope of "Enhanced Payments" (pg. 21):** How flexible must the payment design be to cover non-traditional services (e.g., social-needs navigation, virtual behavioral health)? Are there caps or carve-outs the State envisions?

    Response: The description summarized on page 21 refers to the Medicare FFS enhanced payments, the details of which are available through the CMS website link on page 22. CMS sets the policy over those payments.

82. **Question: Component 1 & 2 Contractor Integration (general):** Should there be different contractors chosen for each component; what level of integration does the state expect between contractors?

    Response: In general these will be separate tracks of work, however we anticipate and expect the selected contractors be prepared to coordinate as directed by the state as ongoing policy and programmatic decisions dictate.

83. **Question: State-Provided Data & Analytics Capacity (general):** What claims, utilization, cost, quality, and equity-related data will DSS and OHS make available (e.g., raw claims files, measure definitions, analytic code)?

    Response: See response to Question 46.

84. **Question: Stakeholder Engagement Cadence (pg. 24):** Is there an existing external stakeholder meeting schedule? What is the volume and frequency of stakeholder meetings?

    Response: OHS and DSS have conducted a series of external stakeholder engagement sessions with hospitals, primary care practices, payers, legislators, and community-based organizations. In addition, monthly public meetings are now held through the AHEAD Advisory Committee. As part of our ongoing stakeholder engagement strategy, we plan to expand these efforts and may establish additional engagement schedules by topic area or stakeholder sector to ensure meaningful community input as implementation progresses.

85. **Question: Stakeholder Engagement Forums (pg. 24):** Does the state envision the Contractor leading sessions, or primarily providing materials for State-led forums?

    Response: We expect the state will lead stakeholder forums and that the contractor to provide active support in planning, agenda setting, materials, and technical expertise to support such forums.

86. **Question: Reporting & Governance Structure (general):** What governance bodies (e.g., Steering Committee, Technical Advisory Group) will have decision-making authority?

    Response: The state has established an AHEAD Advisory Committee under the Governor's Health Care Cabinet to support implementation planning. This committee serves in an advisory capacity, providing expertise and stakeholder input to inform the development of the implementation plan and overall strategy. Decision-making authority remains with state agencies responsible for executing the Model.

87. **Question: Deliverables (pg. 10):** What deliverables are expected for this engagement?

    What reporting frequency (quarterly, semi-annual) do you anticipate for our deliverables?

Response: See response to Question#52. In addition, deliverables reporting will need to match with annual federal reporting deadlines. The state will also establish a regular check-in cadence for progress reporting and anticipates monthly progress reporting.

88. **Question: Financial Policies and Procedures (pg. 26):** This requirement asks vendors to include their "Financial Policies and Procedures." Could the State elaborate on what specifically is to be included? What does the State expect vendors to submit for a Cost Allocation Plan? Is this shown by completing the Cost Proposal Worksheet?

    Response: Please see Section A. Revisions, Subsection 6. Financial Policies and Procedures as amended per Addendum 1.

89. **Question: Milestone Payment Structure (general):** Does the State intend to use a deliverables-based payment schedule (e.g., percentage upon design completion, launch readiness, ongoing monitoring), or is a time-and-materials approach preferred?

    Response: The payment structure will be based on milestones and deliverables.

90. **Question: Cost Sheet (pg. 27):** The RFP provides two alternative cost sheets. Could the State define "contractor" vs. "consultant"?

    Response: A revised Budget Template and Instructions have been provided. Please refer to Section A. Revisions, Subsection 7. Cost Proposal as amended per Addendum 1.

91. **Question:** Is there an example of an exemplary application that we can use to further guide us as we complete this RFP Procurement?

    Response: No this is a unique project without recent precedent. The proposal submission must include all documents specified in Section IV. Required Proposal Submission Outline.

92. **Question:** Even though we have a fiduciary agreement with another non-profit organization (over a decade years old), we are budding as an organization ourselves, and we have multiple locations, are we still eligible?

    Response: Please refer to the requirements of this RFP, Section I. General Information, Subsection C.4. Eligibility.

93. **Question:** Being that we are a budding organization, financial data is little to none, how would we go about representing this in the financial area of this RFP?

    Response: Please refer to the requirements of this RFP, Section IV.I.2. Financial Requirements submission as amended by this Addendum 1. For additional information, see responses to Question #68 and Question #88.

94. **Question:** Is there any way to provide clear guidance on how to apply in the WebProcure website? I cannot seem to find the CT AHEAD RFP in the list of proposal contracts they are displaying.

    Response: Please refer to the requirements of this RFP, Section I. General Information, Subsection C. 2. RFP Information. To be eligible to respond to this RFP, respondents are required to register at the State Contracting Portal, CT Source.

95. **Question:** Section I.1.b. Technical Proposal states that the technical proposal should include a timeline of milestones and deliverables. However, the RFP does not provide a list of deliverables.

Are contractors meant to suggest deliverables for these efforts? If not, could CT please provide anticipated deliverables for each component?

Response: Respondents should suggest deliverables in context of the materials and links provided, particularly CTs application linked to page 22. In addition, see response to Question #52.

1. Addendum 1 Acknowledgment

State of Connecticut
Department of Social Services
CT AHEAD
Request for Proposals
CT AHEAD RFP 04252025

Addendum 1 issue date: 5/15/2025

This Addendum acknowledgement must be signed and returned with your submission.

Authorized Official Signature

Name of Authorized Official

Name of Organization