

PROCUREMENT NOTICE
State of Connecticut
Department of Social Services

All-Payer Health Equity Approaches and Development (AHEAD) Model
Request for Proposals
CT AHEAD RFP 04252025

The CT Department of Social Services in partnership with the CT Office of Health Strategy, herein after referred as Departments are seeking vendor(s) to support the State's participation in the Centers for Medicare and Medicaid Innovation's, Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model with a focus on multi-payer alignment to meet state and federal policy goals.

The term of the contract shall be for three (3) years and is anticipated to begin on Sept 1, 2025 and continue through August 30, 2028. There shall be two (2) one-year options to extend beyond August 30, 2028, that may be exercised at the Departments' sole discretion contingent upon available funding and alignment with the state's goals.

The request for proposals (RFP) is available in electronic format on the State Contracting Portal by filtering by Organization for Department of Social Services at:

- CTSource Bid Board: <https://portal.ct.gov/DAS/CTSource/BidBoard>

The RFP is also available on the:

- CT Department of Social Services' website at: <http://www.ct.gov/dss/rfp>

DSS is the lead agency for this procurement. The DSS in partnership and consultation with OHS reserves the right to reject any and all proposals or cancel this procurement at any time if it is deemed in the best interest of the State of Connecticut. The Departments are Equal Opportunity/Affirmative Action Employers. Deaf and hearing-impaired persons may use a TTY by calling 1-800-671-0737.

Responses must be received no later than **June 13, 2025; 4:00 p.m. Eastern Standard Time (EST)**.

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SECTION I – GENERAL INFORMATION

A. INTRODUCTION

- 1. Name and Number.** States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model Request for Proposals (CT AHEAD RFP 04252025).
- 2. Summary.** The CT Department of Social Services (DSS), in partnership with the CT Office of Health Strategy (OHS), are seeking vendor(s) that can support the State's participation in the Centers for Medicare and Medicaid Innovation, States Advancing All-Payer Health Equity Approaches and Development (AHEAD) model with a focus on multi-payer alignment to meet state and federal policy goals. There are two components of this procurement: 1) Hospital Global Budget support, and 2) Primary Care Payment reform support. Component 1 consists of two parts a) Medicaid Global Budget, overseen by DSS, and b) Commercial Payer Global budget, overseen by OHS. The estimated budget available for component 1 is \$2,000,000 and the budget available for component 2 is \$300,000 (see chart below). *Respondents may bid for one or both components.*

Component	Budget	Part	Key Objective	Oversight
Component 1: Hospital global budget	\$2,000,000	a) Medicaid	A vetted and approved Medicaid Global Budget methodology ready for implementation with participating hospitals by Jan 2027	DSS
		b) Commercial Payer	Aligned commercial global budget methodology with oversight and monitoring framework by Jan 2027	OHS
Component 2: Primary Care Payment Reform	\$300,000	N/A	Support for planning and implementation of a Medicaid primary care alternative payment during the AHEAD model Jan 2027 and beyond	DSS

To support the Departments, the vendors will engage in most or all of the following activities under the direction of the Department: Project Management, Program Assessment and Options Analysis, Program Research and Design, Stakeholder Engagement, Technical Design and Actuarial analysis, Support Securing Federal Authority, and Ongoing Implementation support. Details and examples of each of these areas are offered in the body of the RFP.

3. **Commodity Codes:** The services that the Departments wish to procure through this RFP are as follows:

- 80000000: Management and Business Professionals and Administrative Services
- 84000000: Financial and Insurance Services
- 85000000: Healthcare Services

B. ABBREVIATIONS / ACRONYMS / DEFINITIONS

AHEAD	Advancing All-Payer Health Equity Approaches and Development
C.G.S.	Connecticut General Statutes
CMMI	Centers for Medicare and Medicaid Innovation
CMS	Centers for Medicare & Medicaid Services
DSS	Department of Social Services (CT)
FOIA	Freedom of Information Act (CT)
OHS	Office of Health Strategy (CT)
OPM	Office of Policy and Management (CT)
POS	Purchase of Service
RFP	Request for Proposals
TTY	Teletypewriter
U.S.	United States

States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model: All-Payer Health Equity Approaches and Development Model (“AHEAD”). It is a Centers for Medicare & Medicaid Services Innovation Model that includes multiple components to bring healthcare providers and payers into aligned strategies. The aligned strategies include global budgets, primary care transformation and health equity planning to build high quality, affordable and equitable service delivery networks in communities.

Centers for Medicare and Medicaid Innovation (CMMI): The Center within the federal CMS that provides funding, via cooperative agreement, for the AHEAD.

Centers for Medicare & Medicaid Services (CMS): The Centers for Medicare and Medicaid Services (CMS) within the United States Department of Health and Human Services.

Commercial Payer Hospital Global Budget: An annual budget agreed to by a Participant Hospital and a commercial payer that is the basis for reimbursement by the commercial payer to the Participant Hospital in place of fee-for-service reimbursement for facility inpatient and outpatient services.

Day: Except where the term “business days” is expressly used, all references in this RFP will be construed as calendar days.

Department: The Department of Social Services (DSS) or its agents.

Departments: The Department of Social Services and Office of Health Strategy.

File Transfer Protocol: The File Transfer Protocol (FTP) is a standard communication protocol for the transfer of computer files from a server to a client on a computer network.

Fraud: Intentional deception or misrepresentation, or reckless disregard or willful blindness, by a person or entity with the knowledge that the deception, misrepresentation, disregard or blindness could result in some unauthorized benefit to himself or some other person, including any act that constitutes fraud under applicable federal or state law.

Health Equity: The absence of health disparities. Health equity is achieved when every person can attain their full health potential without disadvantage because of social position or other socially determined circumstances.

Hospital Global Budget (“HGB”): An annual budget that is the basis for reimbursement from a payer (Medicare fee-for-service, Medicaid, and/or commercial payers) to Participant Hospitals in place of fee-for-service reimbursement for facility inpatient and outpatient services.

Key Personnel: Key management personnel are employees who have the authority to directly or indirectly plan and control business operations.

Medicaid: The program operated by the Department under Title XIX of the federal Social Security Act, and related State and Federal rules and regulations.

Medicaid Hospital Global Budget Methodology: Connecticut’s Medicaid program hospital global budget methodology submitted to CMS for approval and used to calculate and administer Medicaid hospital global budgets to Participant Hospitals.

Person-Centered Medical Home (PCMH) Program: The DSS Person-Centered Medical Home Program is a HUSKY Health program that provides technical assistance and specified financial incentives for eligible primary care provider practices that meet applicable requirements for the program to demonstrate improved access, quality, and coordination of care, including a glide path to assisting eligible practices in becoming PCMH practices. In general, a medical home refers to a health care setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient’s family. Care is facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner. The provider is required to provide this coordination and is encouraged to improve the practice infrastructure to qualify as a medical home.

Person-Centered Medical Home Plus (PCMH+) Program: The DSS PCMH+ program is a HUSKY Health shared savings and quality improvement program for eligible participating entities that are comprised of specified PCMH practices and may also include other specified providers, in which the participating entities must provide specified enhanced care coordination activities beyond those required for PCMH and have, as applicable, financial incentives for providing care coordination add-on activities and to improve the quality of care and contain the growth of health care expenditures for their assigned members.

Respondent: A private organization, defined as a non-state entity that is either a nonprofit or a proprietary corporation or partnership that has submitted a proposal to the Department in response to this RFP.

Subcontractor: An individual (other than an employee of the Contractor) or business entity hired by a Contractor to provide a specific health or human service as part of a contract with the Departments as a result of this RFP.

Third Party: Any individual, entity or program that is or may be liable to pay all or part of the expenditures for Medicaid furnished under a State plan.

C. INSTRUCTIONS

- 1. Official Contact.** The Department has designated the individual below as the Official Contact for purposes of this RFP. The Official Contact is the **only authorized contact** for this procurement and, as such, handles all related communications on behalf of the Department. Respondents, prospective respondents, and other interested parties are advised that any communication with any other Department employee(s) (including appointed officials) or personnel under contract to the Department about this RFP is strictly prohibited. Respondents or prospective respondents who violate this instruction may risk disqualification from further consideration.

Name: Anila Ceka
Address: State of Connecticut, Department of Social Services
55 Farmington Avenue, Hartford, CT 06105
E-Mail: DSS.Procurement@ct.gov

Please ensure that e-mail screening software (if used) recognizes and accepts e-mails from the Official Contact.

- 2. RFP Information.** The RFP, addenda to the RFP, and other information associated with this procurement are available in electronic format from the Official Contact or from the Internet at the following locations:

- CTsource Bid Board: <https://portal.ct.gov/DAS/CTSource/BidBoard>
- Department of Social Services: <http://www.ct.gov/dss/rfp>

Registering with State Contracting Portal. It is strongly recommended that Respondents register with the State of CT contracting portal at <https://portal.ct.gov/DAS/CTSource/Registration> if not already registered. Interested respondents may receive additional e-mails from CTSource announcing addendums that are posted on the portal. Respondents shall submit the following information pertaining to this application to this portal (on their supplier profile), which will be checked by the Agency contact.

- Secretary of State recognition – Click on appropriate response
- Non-profit status, if applicable
- [Notification to Bidders, Parts I-V](#)
- [Campaign Contribution Certification \(OPM Ethics Form 1\)](#)

- 3. Contract.** The offer of the right to negotiate a contract pursuant to this RFP is contingent upon the availability of funding to the Departments from the federal agency awarding the funds for the AHEAD RFP and the alignment of the state's goals.

Number of Contracts: Up to two (2) contracts may be awarded. Prospective Respondents may respond to the Hospital Global Budget component (Component 1) and/or the Primary Care component (Component 2) or both.

4. **Eligibility.** Private organizations, defined as non-state entities that are either nonprofit, proprietary corporations, or partnerships that are authorized to do business in Connecticut. Individuals who are not a duly formed business entity are ineligible to participate in this procurement.
5. **Minimum Qualifications of Respondents.** The respondent should have substantial experience and a demonstrated track record of success in working with state Medicaid programs supporting large and complex projects involving extensive stakeholder engagement. This includes hands-on experience with state Medicaid infrastructure, operations, and systems. The ideal respondent will have demonstrated experience working with hospitals, payers, state agencies and other stakeholders to design and support implementation of hospital global budgets and primary care payment models. The respondent should also have familiarity with the design and implementation of global budget methodologies in other states, payers, or provider groups, including but not limited to familiarity with population-based methodologies that can be used to measure financial and quality metrics. The respondent should also have strong understanding of existing reimbursement models used by hospitals, primary care physicians, and other specialty providers that prioritize value-based health outcomes

The Department reserves the right to reject the submission of any respondent in default of any current or prior contract.

6. **Procurement Schedule.** 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 9, 2025
○ Proposals Due:	June 13, 2025, 4:00 pm EST
○ (*) Award Decision:	July 10, 2025
○ (*)Start of the contract Executed:	Sept 1, 2025

7. **Inquiry Procedures.** All questions regarding this RFP or the Department's procurement process must be directed, in writing, to the Official Contact before the deadline specified in the Procurement Schedule. The early submission of questions is encouraged. Questions will not be accepted or answered verbally – neither in person nor over the telephone. All questions received before the deadline will be answered. However, the Department will not answer questions when the source is unknown (i.e., nuisance or anonymous questions). Questions deemed unrelated to the RFP or the procurement process will not be answered. At its discretion, the Department may or may not respond to questions received after the deadline. The Department may combine similar questions and give only one answer. All questions and answers will be compiled into a written addendum to this RFP. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the addendum and duly noted as such. The agencies will release the answers to questions on the date established in the Procurement Schedule. The Department will publish any and all amendments and addenda to this RFP on the State Contracting Portal and on the Department's RFP Web Page. **Proposals must include a signed Addendum Acknowledgement, which will be placed at the end of any and all addenda to this RFP.**

8. Proposal Due-Date and Time.

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 13, 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 to 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 an official letter 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 submission must include the following: One (1) conforming electronic copy of the original proposal. The proposal must be complete, properly formatted and outlined, and ready for evaluation by the Evaluation Committee. Unsigned submissions shall not be evaluated.

The electronic copies of the proposal shall be compatible with Microsoft Office Word except for the Budget and Budget Justification, which may be compatible with Microsoft Office Excel. Only the required Forms if are identified in the RFP may be submitted in Portable Document Format (PDF).

9. Multiple Proposals. Prospective Respondent(s) may submit a proposal for the hospital global budget component (Component 1), and/or the primary care component (Component 2).

10. Claim of Exemption from Disclosure. Respondents are advised that all materials associated with this request, procurement or contract are subject to the terms of the Freedom of Information Act, Conn. Gen. Stat. §§ 1-200 et seq. (FOIA). Although there are exemptions in the FOIA, they are permissive and not required. If a Respondent believes that certain information or documents or portions of documents required by this request, procurement, or contract is exempt from disclosure under the FOIA, the Respondent must mark such information or documents or portions of documents as EXEMPT. In Section IV. Claim of Exemption from Disclosure of its submission, the Respondent must indicate the documents or pages where the information labeled EXEMPT is located in the proposal. For information or documents so referenced, the Respondent must provide a detailed explanation of the basis for the claim of exemption. Specifically, the Respondent must cite to the FOIA exemption that it is asserting as the basis for claim that the marked material is exempt. In addition, the Respondent must apply the language of statutory exemption to the information or documents or portions of documents that the Respondent is seeking to

protect from disclosure. For example, if a Respondent marks a document as a trade secret, the Respondent must parse the definition in Section 1-210(b)(5)(A) and show how all of the factors are met. Notwithstanding this requirement, DSS shall ultimately decide whether such information or documents are exempt from disclosure under the FOIA.

11. Conflict of Interest - Disclosure Statement. Respondents must include a disclosure statement concerning any current business relationships (within the past three (3) years) that pose a conflict of interest, as defined by C.G.S. § 1-85. A conflict of interest exists when a relationship exists between the Respondent and a public official (including an elected official) or State employee that may interfere with fair competition or may be adverse to the interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. A conflict of interest may, however, become a legal matter if a Respondent tries to influence, or succeeds in influencing, the outcome of an official decision for their personal or corporate benefit. The Department will determine whether any disclosed conflict of interest poses a substantial advantage to the Respondent over the competition, decreases the overall competitiveness of this procurement, or is not in the best interests of the State. **In the absence of any conflict of interest, a Respondent must affirm such in the disclosure statement: “[name of Respondent] has no current business relationship (within the past three (3) years) that poses a conflict of interest, as defined by C.G.S. § 1-85.”**

D. PROPOSAL FORMAT

- 1. Required Outline.** All proposals must follow the required outline presented in Section IV of the RFP. Proposals that fail to follow the required outline will be deemed non-responsive and not evaluated.
- 2. Cover Sheet.** The Cover Sheet is Page 1 of the proposal. Respondents must complete and use the form in the attached link: [Cover Sheet](#).
- 3. Table of Contents.** All proposals must include a Table of Contents that conforms to the required proposal outline. (See Section IV.)
- 4. Executive Summary.** The executive summary should provide a summarization of the services being offered to meet the Department's needs, the Respondent's approach to providing the services, and why this approach is in the best interest of the Department. Respondents should also summarize their experience and qualifications as it relates to hospital global budgets and/or primary care payment reform. The executive summary should not exceed one page.
- 5. Attachments.** Attachments other than the required Forms identified in the RFP, are not permitted and will not be evaluated. Further, the required Forms must not be altered or used to extend, enhance, or replace any component required by this RFP. Failure to abide by these instructions will result in disqualification.
- 6. Style Requirements. THIS IS AN ELECTRONIC SUBMISSION.** The proposals submitted **must** conform to the following specifications:

Paper Size: 8½" x 11", "portrait" orientation. Optionally key graphics, diagrams and flow charts can use

11" x 17" in "landscape" orientation.

Print Style: 1 side

Font Size: Minimum of 11-point
Font Type: Arial or Tahoma
Margins: The margin of all pages shall be
 inch (1");
Line Spacing: Single-spaced

7. **Pagination.** The Respondent's name **must** be displayed in the header of each page. All pages, from the Cover Sheet through the required Forms, must be numbered consecutively in the footer.

E. EVALUATION OF PROPOSALS

1. **Evaluation Process.** It is the intent of the Department to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. When evaluating proposals, offering the right to negotiate a contract, and negotiating with successful Respondents, the Department will conform to its written procedures for POS procurements (pursuant to C.G.S. § 4-217) and the State's Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85).
2. **Evaluation Team.** The Department will designate an Evaluation Team to evaluate proposals submitted in response to this RFP. The contents of all submitted proposals, including any confidential information, will be shared with the Evaluation Team. Only proposals found to be responsive (that is, complying with all instructions and requirements described herein) will be reviewed, rated, and scored. Proposals that fail to comply with all instructions will be rejected without further consideration. Attempts by any Respondent (or representative of any Respondent) to contact or influence any Member of the Evaluation Team may result in disqualification of the Respondent.
3. **Minimum Submission Requirements.** All proposals must comply with the requirements specified in this RFP. To be eligible for evaluation, proposals must (1) be received on or before the due date and time; (2) meet the Proposal Format requirements; (3) follow the required Proposal Outline; and (4) be complete. Proposals that fail to follow instructions or satisfy these minimum submission requirements will not be reviewed further. The Department will reject any proposal that deviates significantly from the requirements of this RFP.
4. **Evaluation Criteria (and Weights).** Proposals meeting the Minimum Submission Requirements will be evaluated according to the established criteria. The criteria are the objective standards that the Evaluation Team will use to evaluate the technical merits of the proposals. Only the criteria listed below will be used to evaluate proposals.

1. Technical Proposal

- a. Qualifications and Experience (10pts)
- b. Overall project management approach, including high-level timeline of milestones and deliverables. (20pts)
- 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)

- d. Description of key personnel and qualifications, including references from prior projects where the respondent helped design, implement, or evaluate alternative value-based care models. (10pts)

*The Departments understand that the current funding level does not support comprehensive actuarial analyses, full support for Medicaid authority applications, and comprehensive implementation. However, the Departments would like to see proposals that outline specific plans and make targeted progress in these areas.

2. Cost Proposal

- c. Budget Requirements (20pts)

The criteria are weighted according to their relative importance. The weights of each section are indicated above, the maximum score is 100. Components 1 and 2 will be scored separately. Please be aware that the criteria for submission specified in Section IV.I.2a through Section IV.I.2c will not be evaluated by the Evaluation Team. Instead, they will be reviewed by the DSS Quality Assurance Division for financial stability. The Department(s) reserves the right to reject the proposal(s) of any Respondent deemed financially unviable based on the DSS financial assessment and those listed on a State or Federal Debarment list.

5. **Respondent Selection.** Upon completing its evaluation of proposals, the Evaluation Team will submit the rankings of all proposals to the Departments heads. The final selection of a successful Respondent is at the discretion of the Departments heads. Any Respondent selected will be notified and offered an opportunity to negotiate a contract with the Departments. Such negotiations may, but will not automatically, result in a contract(s). Any resulting contract will be posted on the State Contracting Portal. All unsuccessful Respondents will be notified by email or U.S. mail, at the Department's discretion, about the outcome of the evaluation and Respondent selection process.
6. **Debriefing.** Within ten (10) days of notification from the DSS, any Respondent may contact the Official Contact and request a Debriefing of the procurement process and its proposal. If Respondents still have questions after receiving this information, they may contact the Official Contact and request a meeting with the DSS to discuss the procurement process. The Department shall schedule and conduct Debriefing meetings that have been properly requested, within fifteen (15) days of the Department's receipt of a request. The Debriefing meeting must not include or allow any comparisons of any proposals with other proposals, nor should the identity of the evaluators be released. The Debriefing process shall not be used to change, alter, or modify the outcome of a competitive procurement.
7. **Appeal Process.** Any time after the submission due date, but **not later than thirty (30) days** after the Department notifies Respondents about the outcome of a competitive procurement, Respondents may submit an Appeal to the Department. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the thirty (30) days. Respondents may appeal any aspect of the Department's competitive procurement; however, such Appeal must be in writing and must set forth facts or evidence in sufficient and convincing detail for the Department to determine whether during any aspect of the competitive procurement there was a failure to comply with the State's statutes, regulations, or standards concerning competitive procurement or the provisions of the RFP. Any such Appeal must be submitted to the Department Head with a copy to

the Official Contact. The Respondent must include the basis for the Appeal and the remedy requested. The filing of an Appeal shall not be deemed sufficient reason for the Department to delay, suspend, cancel, or terminate the procurement process or execution of a contract.

8. **Contest of Solicitation or Contract Offer.** Pursuant to Section 4e-36 of the Connecticut General Statutes, "Any bidder or respondent on a state contract may contest the solicitation or award of a contract to a subcommittee of the State Contracting Standards Board." More detailed information is available on the State Contracting Standards Board web site at <https://portal.ct.gov/scsb/contesting-solicitations-and-awards/contesting-solicitations-and-awards/contested-solicitations-and-awards-subcommittee>
9. **Contract Execution.** Any contract developed and executed as a result of this RFP is subject to the Departments' contracting procedures, which may include approval by the Office of the Attorney General. Fully executed and approved contract(s) shall be posted on State Contracting Portal.

SECTION II – MANDATORY PROVISIONS

A. STANDARD CONTRACT, PARTS I AND II

By submitting a proposal in response to this RFP, the Respondent implicitly agrees to comply with the provisions of Parts I and II of the State's "standard contract".

Part I of the standard contract is maintained by the Department and will include the scope of services, contract performance, quality assurance, reports, budget and terms of payment, federal provisions related to the grant award, and other program-specific provisions of any resulting contract.

Part II of the standard contract is maintained by OPM and includes the mandatory terms and conditions of the contract. Part II is available on OPM's website at: [OPM POS Part II](#)

Note: Included in Part II of the standard contract is the State Elections Enforcement Commission's notice (pursuant to C.G.S. § 9-612(g)(2)) advising executive branch State contractors and prospective State contractors of the ban on campaign contributions and solicitations. If a Respondent is offered an opportunity to negotiate a contract with the Department and the resulting contract has an anticipated value in a calendar year of \$50,000 or more, or a combination or series of such agreements or contracts has an anticipated value of \$100,000 or more, the Respondent must inform the Respondent's principals of the contents of the SEEC notice.

Part I of the standard contract may be amended by means of a written instrument signed by the Department, the selected Respondent (Contractor), and, if required, the Attorney General's Office. Part II of the standard contract may be amended only in consultation with, and with the approval of, the Office of Policy and Management and the Attorney General's Office.

B. ASSURANCES

By submitting a proposal in response to this RFP, a Respondent implicitly gives the following assurances:

- 1. Collusion.** The Respondent represents and warrants that the Respondent did not participate in any part of the RFP development process and had no knowledge of the specific contents of the RFP prior to its issuance. The Respondent further represents and warrants that no agent, representative, or employee of the State participated directly in the preparation of the Respondent's proposal. The Respondent also represents and warrants that the submitted proposal is in all respects fair and is made without collusion or fraud.
- 2. State Officials and Employees.** The Respondent certifies that no elected or appointed official or employee of the State has or will benefit financially or materially from any contract resulting from this RFP. The Department may terminate a resulting contract if it is determined that gratuities of any kind were either offered or received by any of the aforementioned officials or employees from the Respondent, Contractor, or its agents or employees.
- 3. Competitors.** The Respondent assures that the submitted proposal is not made in connection with any competing organization or competitor submitting a separate proposal in response to this RFP. No attempt has been made, or will be made, by the Respondent

to induce any other organization or competitor to submit, or not submit, a proposal for the purpose of restricting competition. The Respondent further assures that the proposed costs have been arrived at independently, without consultation, communication, or agreement with any other organization or competitor for the purpose of restricting competition. Nor has the Respondent disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor.

4. **Validity of Proposal.** The Respondent certifies that the proposal represents a valid and binding offer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto. The proposal shall remain valid for a period of 180 days after the submission due date and may be extended beyond that time by mutual agreement. At its sole discretion, the Department may include the proposal, by reference or otherwise, into any contract with the successful Respondent.
5. **Press Releases.** The Respondent agrees to obtain prior written consent and approval of the Department for press releases that relate in any manner to this RFP or any resultant contract.

C. TERMS AND CONDITIONS

By submitting a proposal in response to this RFP, a Respondent implicitly agrees to comply with the following terms and conditions:

1. **Equal Opportunity and Affirmative Action.** The State is an Equal Opportunity and Affirmative Action employer and does not discriminate in its hiring, employment, or business practices. The State is committed to complying with the Americans with Disabilities Act of 1990 (ADA) and does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities.
2. **Preparation Expenses.** Neither the State nor the Department shall assume any liability for expenses incurred by a Respondent in preparing, submitting, or clarifying any proposal submitted in response to this RFP.
3. **Exclusion of Taxes.** The Department is exempt from the payment of excise and sales taxes imposed by the federal government and the State. Respondents are liable for any other applicable taxes.
4. **Proposed Costs.** No cost submissions that are contingent upon a State action will be accepted. All proposed costs must be fixed through the entire term of the contract.
5. **Changes to Proposal.** No additions or changes to the original proposal will be allowed after submission. While changes are not permitted, the Department may request and authorize Respondents to submit written clarification of their proposals, in a manner or format prescribed by the Department, and at the Respondent's expense.
6. **Supplemental Information.** Supplemental information will not be considered after the deadline submission of proposals, unless specifically requested by the Department. The Department may ask a Respondent to give demonstrations, interviews, oral presentations or further explanations to clarify information contained in a proposal. Any such demonstration, interview, or oral presentation will be selected at a time and in a place provided by the Department. At its sole discretion, the Department may limit the number of Respondents invited to make such a demonstration, interview, or oral presentation and may limit the number of attendees per Respondent.

7. **Presentation of Supporting Evidence.** If requested by the Department, a Respondent must be prepared to present evidence of experience, ability, data reporting capabilities, financial standing, or other information necessary to satisfactorily meet the requirements set forth or implied in this RFP. The Department may make onsite visits to an operational facility or facilities of a Respondent to evaluate further the Respondent's capability to perform the duties required by this RFP. At its discretion, the Department may also check or contact any reference provided by the Respondent.
8. **RFP Is Not An Offer.** Neither this RFP nor any subsequent discussions shall give rise to any commitment on the part of the State or the Department or confer any rights on any Respondent unless and until a contract is fully executed by the necessary parties. The contract document will represent the entire agreement between the Respondent and the Department and will supersede all prior negotiations, representations or agreements, alleged or made, between the parties. The State shall assume no liability for costs incurred by the Respondent or for payment of services under the terms of the contract until the successful Respondent is notified that the contract has been accepted and approved by the Department and, if required, by the Attorney General's Office.

D. RIGHTS RESERVED TO THE STATE

By submitting a proposal in response to this RFP, a Respondent implicitly accepts that the following rights are reserved to the State:

1. **Timing Sequence.** The timing and sequence of events associated with this RFP shall ultimately be determined by the Department.
2. **Amending or Canceling RFP.** The Department reserves the right to amend or cancel this RFP on any date and at any time, if the Department deems it to be necessary, appropriate, or otherwise in the best interests of the State.
3. **No Acceptable Proposals.** In the event that no acceptable proposals are submitted in response to this RFP, the Department may reopen the procurement process, if it is determined to be in the best interests of the State.
4. **Contract Offer and Rejection of Proposals.** The Department reserves the right to offer in part, and/or to reject any and all proposals in whole or in part, for misrepresentation or if the proposal limits or modifies any of the terms, conditions, or specifications of this RFP. The Department may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. The Department reserves the right to reject the proposal of any Respondent who submits a proposal after the submission date and time.
5. **Sole Property of the State.** All proposals submitted in response to this RFP are to be the sole property of the State. Any product, whether acceptable or unacceptable, developed under a contract executed as a result of this RFP shall be the sole property of the State, unless stated otherwise in this RFP or subsequent contract(s). The right to publish, distribute, or disseminate any and all information or reports, or part thereof, shall accrue to the State without recourse.
6. **Contract Negotiation.** The Department(s) reserve the right to negotiate or contract for all or any portion of the services contained in this RFP. The Department(s) further reserves the right to contract with one or more Respondent(s) for such services. After reviewing the criteria scored, the Department may seek Best and Final Offers (BFO) on cost from Respondents. The Department(s) may set parameters on any BFOs received.

7. **Clerical Errors in Contract Offer.** The Department(s) reserves the right to correct inaccurate contract(s) offers resulting from its clerical errors. This may include, in extreme circumstances, revoking the offer of a contract already made to a Respondent and subsequently offering the contract to another Respondent. Such action on the part of the State shall not constitute a breach of contract on the part of the State since the contract with the initial Respondent is deemed to be void *ab initio* and of no effect as if no contract ever existed between the State and the Respondent.
8. **Key Personnel.** When the Department(s) are the sole funder of a purchased service, the Department(s) reserve the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The Department(s) also reserves the right to approve replacements for key personnel who have terminated employment. The Department(s) further reserves the right to require the removal and replacement of any of the Respondent's key personnel who do not perform adequately, regardless of whether they were previously approved by the Department(s).

E. STATUTORY AND REGULATORY COMPLIANCE

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

1. **Freedom of Information, C.G.S. § 1-210(b)** The Freedom of Information Act (FOIA) generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). Respondents are generally advised not to include in their proposals any confidential information. If the Respondent indicates that certain documentation, as required by this RFP, is submitted in confidence, the State will endeavor to keep said information confidential to the extent permitted by law. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The Respondent has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While a Respondent may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.
2. **Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 through 43, inclusive.** Connecticut statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to ensure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.
3. **Consulting Agreements, C.G.S. § 4a-81(a) and 4a-81(b).** Pursuant to section 4a-81 of the Connecticut General Statutes, the person signing this Contract on behalf of the Contractor represents, to their best knowledge and belief and subject to the penalty of false statement as provided in section 53a-157b of the Connecticut General Statutes, that the Contractor has not entered into any consulting agreements in connection with this Contract, except for the agreements listed below or in an attachment to this Contract. "Consulting agreement" means any written or oral agreement to retain the services, for a

fee, of a consultant for the purposes of (A) providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information, or (C) any other similar activity related to such contracts. "Consulting agreement" does not include any agreements entered into with a consultant who is registered under the provisions of chapter 10 of the Connecticut General Statutes as of the date such contract is executed in accordance with the provisions of section 4a-81 of the Connecticut General Statutes.

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.
5. **Campaign Contribution Restriction.** For all State contracts, defined in section 9-612 of the Connecticut General Statutes as having a value in a calendar year of \$50,000 or more, or a combination or series of such agreements or contracts having a value of \$100,000 or more, the authorized signatory to this Contract represents that they have received the State Elections Enforcement Commission's notice advising state contractors of state campaign contribution and solicitation prohibitions, and will inform its principals of the contents of the notice, as set forth in "SEEC Form 10: [Notice to Executive Branch State Contractors and Prospective State Contractors of Campaign Contribution and Solicitation Limitations](#)."
6. **Nondiscrimination Certification** Pursuant to subsection (c) of section 4a-60 and subsection (b) of section 4a-60a of the Connecticut General Statutes, the Contractor, for itself and its authorized signatory of this Contract, affirms that it understands the obligations of this section and that it will maintain a policy for the duration of the Contract to assure that the Contract will be performed in compliance with the nondiscrimination requirements of such sections. The Contractor and its authorized signatory of this Contract demonstrate their understanding of this obligation by (A) having provided an affirmative response in the required online bid or response to a proposal question which asks if the contractor understands its obligations under such sections, (B) signing this Contract, or (C) signing this nondiscrimination affirmation on the following line: _____
8. **Large State Contract Representation for Contractor (if applicable).** Pursuant to section 4-252 of the Connecticut General Statutes and Acting Governor Susan Bysiewicz's Executive Order 21-2, the Contractor, for itself and on behalf of all of its principals or key personnel who submitted a bid or proposal, represents:
 - (a) That no gifts were made by:

- (1) the Contractor,
- (2) any principals and key personnel of the Contractor, who participate substantially in preparing bids, proposals or negotiating State contracts, or
- (3) any agent of the Contractor or principals and key personnel, who participates substantially in preparing bids, proposals or negotiating State contracts, to:
 - i. any public official or State employee of the State agency or quasi- public agency soliciting bids or proposals for State contracts, who participates substantially in the preparation of bid solicitations or requests for proposals for State contracts or the negotiation or award of State contracts, or
 - ii. any public official or State employee of any other State agency, who has supervisory or appointing authority over such State agency or quasi-public agency;

(b) That no such principals and key personnel of the Contractor, or agent of the Contractor or of such principals and key personnel, knows of any action by the Contractor to circumvent such prohibition on gifts by providing for any other principals and key personnel, official, employee or agent of the Contractor to provide a gift to any such public official or State employee; and

(c) That the Contractor submitted bids or proposals without fraud or collusion with any person.

9. Iran Energy Investment Certification. Pursuant to C.G.S. § 4-252(a), the successful contracting party shall certify the following: (a) that it has not made a direct investment of twenty million dollars or more in the energy sector of Iran on or after October 1, 2013, as described in Section 202 of the Comprehensive Iran Sanctions, Accountability and Divestment Act of 2010, and has not increased or renewed such investment on or after said date. (b) If the resulting Contractor makes a good faith effort to determine whether it has made an investment described in subsection (a) of this section it shall not be subject to the penalties of false statement pursuant to section 4-252a of the Connecticut General Statutes. A "good faith effort" for purposes of this subsection includes a determination that the Contractor is not on the list of persons who engage in certain investment activities in Iran created by the Department of General Services of the State of California pursuant to Division 2, Chapter 2.7 of the California Public Contract Code. Nothing in this subsection shall be construed to impair the ability of the State agency or quasi-public agency to pursue a breach of contract action for any violation of the provisions of the resulting contract.

10. Access to Data for State Auditors. The resulting Contractor shall provide to OPM access to any data, as defined in Conn. Gen Stat. Sec. 4e-1, concerning the Contract and OPM that are in the possession or control of the Contractor upon demand and shall provide the data to OPM in a format prescribed by the Client Agency and the State Auditors of Public Accounts at no additional cost.

11. State Business-Related Call Center and Customer Service Work(if applicable).

Pursuant to subsection (h) of section 31-57aa of the Connecticut General Statutes, the resulting Contractor shall perform all required state business-related call center and customer service work entirely within the State of Connecticut. If Contractor performs work outside of the State of Connecticut and adds customer service employees who will perform work pursuant to this Contract, then Contractor shall employ such new employees within the State of Connecticut prior to any such employee performing any work pursuant to this Contract.

12. Consumer Data Privacy and Online Monitoring. Pursuant to section 4e-72a of the Connecticut General Statutes, the resulting Contractor shall at all times comply with all applicable provisions of sections 42-515 to 42-525, inclusive, of the Connecticut General Statutes, as the same may be revised or modified.

SECTION III – SCOPE OF WORK

A. AGENCIES OVERVIEW

This RFP is being conducted in partnership with the CT OHS and CT DSS.

Department of Social Services

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 1.3 million residents of all ages in all 169 Connecticut cities and towns. DSS supports 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 home care, social work, child support, home-heating aid, protective services for older adults, and more vital service areas.

Supports the health of over 1,000,000 residents through HUSKY Health (Medicaid & Children’s Health Insurance Program) in 2021, including medical, dental, behavioral health, prescription medications, long-term services and supports. Helps over 400,000 residents afford food and supports Connecticut’s economy with a federally funded Supplemental Nutritional Assistance Program (SNAP).

The Department is headed by the Commissioner of Social Services and there are three Deputy Commissioners.

Vision

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

Mission

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

Values

- Pride in Public Service
- Excellence and Integrity
- Compassion and Empathy
- Equity and Inclusion
- Racial Justice
- Collaboration and Communication Learning and Innovation

Office of Health Strategy

OHS leads Connecticut’s efforts to promote high-quality, affordable, and accessible healthcare for Connecticut residents through collaboration with consumers, providers, payers, employers, legislators, state agencies, community organizations, and other stakeholders by:

- Developing health policy to improve health outcomes, ensuring better access to health care and identifying and addressing health disparities
- Reining in high per-capita healthcare spending growth, through monitoring and reporting of healthcare costs and utilization in multiple sectors
- Convening stakeholders, developing consensus and promoting system improvement and healthcare reform initiatives

- Maximizing healthcare provider communication and data sharing to improve patient experience, reduce costly redundant testing, and strengthen the value of each dollar invested in health and well-being
- Providing transparent data on health care costs and quality, identifying and monitoring the primary drivers of healthcare spending
- Ensuring healthcare providers and facilities meet the medical needs of consumers in all geographic areas through accessible, cost-effective services

Organizational Structure:

A commissioner and chief of staff lead the Office of Health Strategy. Five core service lines, supported by a business and administrative office, execute the agency's mission: Statewide Health Systems Planning, Healthcare Benchmarks, Health Equity and Social Determinants of Health, Research and Data Analysis, and Health Information Technology

Mission

The Office of Health Strategy's mission is to implement comprehensive, data-driven strategies that promote equal access to high-quality health care, control costs, and ensure better health outcomes for all Connecticut residents.

B. PROGRAM OVERVIEW

B.1 Program Background

The U.S. Centers for Medicare and Medicaid Services (CMS) selected Connecticut to participate in a state total cost of care model: 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.

Total cost of care models, like Connecticut AHEAD, include multiple components to bring healthcare providers and payers into aligned strategies to build high-quality, affordable and equitable service delivery networks in communities. The model comprises of the following basic components:

- Hospital Global Budgets: Voluntary participation in a hospital global budget provides a stable, predictable source of revenue for a hospital based on prior expenditures. Hospital global budgets feature safeguards and adjustments for social risk, quality and other factors and promote a focus on care coordination and outcomes.
- Primary Care AHEAD: Voluntary participation in Primary Care AHEAD provides primary care practices with prospective, flexible and enhanced payments intended to increase their capacity to deliver advanced primary care services. Model Payments will fund care transformation in care coordination, behavioral health integration and health-related social needs interventions.
- Health Equity Plan: Connecticut will develop a statewide Health Equity Plan to help prioritize community-driven strategies for improving population health and reducing identified disparities in access to health care services and in health outcomes.

Connecticut's Healthcare Cabinet established the Connecticut AHEAD Advisory Committee to provide guidance to the Office of Health Strategy and the Department of Social Services in the

planning and implementation of the state's total cost of care model. This diverse group brings unique stakeholder perspectives and ensures statewide input.

Connecticut AHEAD Advisory Committee members provide input into the selection of statewide population health and quality measures and targets. Members also participate in:

- Developing the statewide Health Equity Plan and producing annual reports on the progress of the implementation plan.
- Assisting with the review of participating Hospitals Health Equity Plans.
- Providing input on the use of Cooperative Agreement funding to support Model activities such as the establishment of all-payer cost growth and primary care investment targets.

B.2 Contractor(s)' Responsibilities and Requirements

HOSPITAL GLOBAL BUDGET (COMPONENT 1)

Medicaid Global Budget

The contractor will support DSS in designing and implementing hospital global budget with participating hospitals, including monitoring utilization, cost, and quality trends for the selected patient population. Activities include stakeholder engagement, helping to develop tools to monitor cost, quality, and utilization trends with a particular focus on underservice and service pattern monitoring plan, technical design and actuarial analysis, support in obtaining relevant federal authorities, and ongoing implementation support. Anticipated timeline: 2025-2026: Design and Analysis 2027: Global budget launch

Commercial Global Budget

The contractor will support OHS in developing the AHEAD commercial global budget strategy and design including an engagement strategy with commercial payers that aligns with the Medicaid global budget design and goals. Activities include the designing and aligning of global budget methodology across payers, engagement with commercial payers, and participating hospitals, developing an underservice and service pattern monitoring plan, implementation support to assist OHS in establishing a framework for monitoring global budget expenditure reporting and oversight; assisting OHS in establishing measurement and reporting of savings and community reinvestments. Anticipated timeline: 2025-2026: Design and Analysis 2027: Global budget launch

Familiarity with AHEAD Model and Quality and Utilization Monitoring

The Respondent should demonstrate working knowledge of all aspects of the AHEAD model goals and requirements, especially the Medicare Fee-for-Service Hospital Global Budget Methodology. The Respondent should actively work to support alignment across Medicaid, commercial and Medicare methodologies to support state goals and meet federal requirements. Respondents should be familiar with related quality and utilization monitoring frameworks and interactions between global budgets and the broader health system (e.g. primary care, post-acute care, rehab, long term services and supports, etc.) Respondents are encouraged to review the following information, links and resources available on the following websites.

[States Advancing All-Payer Health Equity Approaches and Development \(AHEAD\) Model | CMS](#)

[Connecticut AHEAD](#)

[AHEAD Model application CONNECTICUT](#)

PRIMARY CARE PAYMENT REFORM (COMPONENT 2)

Medicaid Primary Care Payment Reform

The Contractor will support DSS in implementing primary care payment reform consistent with AHEAD Primary Care with an emphasis on recent stakeholder input and consideration of existing payment programs (PCMH/PCMH+). Activities include supporting stakeholder engagement, technical design and actuarial analysis, support in obtaining relevant federal authorities, and ongoing implementation support. Respondents are encouraged to review existing primary care reform initiatives.

[PCMH Plus](#)

[HUSKY Health Program](#) | [HUSKY Health Providers](#) | [PCMH - Person-Centered Medical Home](#)

[Primary Care Redesign](#)

[Primary Care Redesign-Meetings](#)

To fulfill the goals and priorities, the Departments expects the resulting contractor (s) to undertake some or all of the following activities under the direction of the Departments. The activities and examples are offered as illustrative examples, not all activities will be needed for all parts of the project or at all times.

1. Project Management

- a. Ongoing tracking of activities, dependencies, deadlines, deliverables and milestones and related communications.
- b. Scheduling of meetings and materials preparation.
- c. Maintaining project management tools in shareable locations.
- d. Coordinating with other agencies and project management teams to meet deadlines and deliverables.
- e. Assist DSS and DSS vendors with implementation tasks and deliverables

2. Program Assessment and Options Analysis

- a. Assess existing programs to understand baseline conditions and opportunities for improvement.
- b. Research, analyze, and propose for program design/redesign options.

3. Program Research and Design

- a. Within federal and state regulatory parameters, fiscal constraints, and informed by research and actuarial expertise - develop program design concepts for internal and external review, modification, and vetting.

- b. Develop and prioritize key design decision points related to emphasizing health equity, access, care coordination, and the opportunity to address health-related social needs.

4. Stakeholder Engagement

- a. Develop overall stakeholder engagement strategy balancing inclusive input with efficiency.
- b. Under DSS guidance, shall establish forums and cadence for ongoing stakeholder engagement through project lifecycles.
- c. Present assessments, options analyses, research summaries and design recommendations and develop materials for education and decision-making.
- d. Technical support to participating hospitals and primary care practices

5. Technical Design and Actuarial analysis

- a. Translate design decisions into technical specifications and support development of technical documentation.
- b. Perform actuarial activities to inform project-specific technical design
- c. Assist with analysis, modeling, projections and project-related reporting requirements.

6. Support Securing Federal Authority

- a. Support the department in conceptualizing, developing, writing, submitting, and negotiating waivers, state plan amendments or other federal authority vehicles.

7. Ongoing Implementation support

- a. Coordinate closely with payment systems vendor, as needed, to ensure technical specifications are appropriately implemented
- b. Follow up and troubleshoot along all lines of work (stakeholder, design, actuarial support etc.) for life of project or until end of contract
- c. May include support with monitoring participating commercial payers performance under a global budget as well as monitoring expenditures, savings, utilization and quality.
- d. May include support with developing a state structure for ongoing implementation oversight for hospital global budgets (Medicaid and Commercial).

B.3 – The Departments' Responsibilities

- 1. DSS will oversee the Medicaid Hospital Global Budget part of Component 1 and the Primary Care Payment Reform (Component 2)**
- 2. OHS will oversee the Commercial Hospital Global Budget part of Component 1.**

SECTION IV – REQUIRED PROPOSAL SUBMISSION OUTLINE

A. Cover Sheet

See RFP, Section I.D.2 for information.

B. Table of Contents

See RFP, Section I.D.3 for information.

C. Claim of Exemption from Disclosure

See RFP, Section I.C.10 for information.

D. Conflict of Interest - Disclosure Statement

See RFP, Section I.C.11 for information.

E. Executive Summary

See RFP, Section I.D.4 for information.

F. Terms and Conditions Declaration

The respondent should state that they can comply and are willing to enter into an agreement under the Terms and Conditions referenced by this RFP.

Any proposed changes to the Terms and Conditions must be specific and described here for them to be considered during contract negotiations. The State will not accept broad or open-ended statements. It should be noted that if the State determines the proposed changes to be material, it can deem a proposal to be non-compliant and therefore not evaluate it further.

G. Minimum Qualifications

The purpose of this subsection is to validate that the respondent meets the minimum criteria for a respondent as per Section I.C. 5. The Respondent should list each requirement from Section I. C. 5 and attest their compliance or otherwise and then provide the Department with a way to verify the information, e.g., list projects with references, and link to published records.

H. Attachments

- **Certification Regarding Lobbying Form**
See RFP, Section II.E.4 for information.
- Statement of Certification and Assurance.
See hyperlink [**Certification and Assurance**](#)
- Exhibit(s) if applicable

- **Addendum Acknowledgement(s)**

An addendum acknowledgement form is included with each posted addendum.

I. Proposal Submission(s)

Proposal Length and format:

- 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.
- Financial Requirements (No page limitations).
- Respondents applying for both components should submit separate technical and budget proposals for each component.

1. Technical Proposal

- a. Description of Contractor Qualifications and Experience (10pts)
- b. Description of Contractors overall project management approach, including high-level timeline of milestones and deliverables. (20pts)
- 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)
- d. Description of key personnel and qualifications, including references from prior projects where the respondent helped design, implement, or evaluate alternative value-based care models. (10pts)

*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.

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.

- b. Financial Policies and Procedures

Include Respondent's financial policies and procedures. All State agencies entering into contracts, grants, or other agreements with organizations that receive funding from the

State of Connecticut must implement the provisions of cost standards. More information about the cost standards is available on OPM's web site: [**Cost Standards**](#). The Respondent's Cost Allocation Plan, as specified in the Cost Standards, should be included in the Financial Policies and Procedures.

c. Financial Capacity

Describe the Respondent's financial capacity to properly isolate contract-related income and expenditures. Discuss the internal controls used to ensure that a thorough record of expenditure can be provided for purposes of an audit.

d. Cost Proposal - Budget (20 pts)

The Respondent shall complete either the Consultant template or the Contractor template, embedded as hyperlinks [**Consultant Budget Template or the Contractor Budget Template**](#). Refer to the Budget Template Instructions embedded here as hyperlink [**Budget Template Instructions**](#). Please ensure those figures are accurate before submitting the proposal.

To submit a responsive cost proposal, The Respondent shall:

- (1) Provide a completed Budget Contractor Template using the hyperlink provided and as per the instructions above, if applicable. Use the notes and justification fields to tie into the narrative as needed, or either;
- (2) Provide a completed Budget Consultant Template using the hyperlink provided and as per the instructions above, if applicable. Use the notes and justification fields to tie into the narrative as needed.