

1. OVERVIEW

The Department of Vermont Health Access (DHVA), also referred to as the State, are seeking qualified bidders to serve as “quality improvement (QI) facilitators” supporting quality improvement activities in primary care practices, integrated care teams within communities and specialty addictions and mental health programs under both the Blueprint for Health (Blueprint) Division and Vermont Health Care Innovation Project (VHCIP). The Blueprint and VHCIP are working together to develop a learning health system and seamless services for Vermonters.

The State is seeking to procure separate service contracts for the two following initiatives:

BLUEPRINT FOR HEALTH QUALITY IMPROVEMENT PRACTICE FACILITATORS:

The Blueprint for Health is a comprehensive delivery system reform program that has developed payment reforms, a health information technology infrastructure, and an evaluation framework to support the development of advanced primary care practices, regional Community Health Teams, and self-management programs.

VERMONT HEALTH CARE INNOVATION PROJECT QUALITY IMPROVEMENT PRACTICE FACILITATORS:

The VHCIP is a public/private partnership which aims to design and implement health care provider payment and health information technology that supports more effective and efficient care delivery. This project will utilize a \$45 million federal grant awarded by the Centers for Medicaid and Medicare Innovation. VHCIP will provide a forum for coordinating policy and resources to support development of the organizations including technology and financing necessary to achieve the shared public/private goals articulated in our State Health Care Innovation Plan: development of a high performance health care system for Vermont.

SCOPE AND BACKGROUND

Major components of the State’s learning health system include primary care practice transformation; implementation of Integrated Care Teams to provide seamless, well-coordinated, efficient and comprehensive care management services for people in need of such services; and expansion of treatment for substance abuse and co-occurring mental health disorders.

To support the implementation of these components, the Blueprint has developed the Expansion and Quality Improvement Program (EQuIP), a team of trained individuals known as QI facilitators with the skills to help practices, integrated care teams and programs build the capacity to improve care through use of evidence-based guidelines, innovative strategies and quality improvement approaches including data-driven Plan-Do-Study-Act (PDSA) cycles. The State is seeking quality improvement facilitators who will participate in the EQuIP team and implement these components. EQuIP QI facilitators work with multi-disciplinary teams in primary care practices, integrated care communities and specialty substance abuse and mental health treatment programs on implementing and managing continuous quality improvement. Relationships between QI facilitators and practices/integrated care teams /programs are long term and interventions are based on the needs and vision of the practice, integrated care team or organization based on their size, patient population, organizational structure, partnerships with other practices and organizations, community and type of care provided.

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Projects undertaken by QI facilitators may include: adopting evidence based guidelines and innovative strategies to improve care; effective use of information technology systems such as clinical registries, electronic medical records systems, the Health Information Exchange, VITLAccess and portals to improve patient care; integration of self-management support, shared decision making, and planned care visits; redefining roles and establishing team-based care within and across organizations; seamlessly connecting with community resources and specialty referrals (for example with the Community Health Team and local community supports and services); and National Committee on Quality Assurance (NCQA) Patient Centered Medical Home (PCMH) recognition.

QI facilitators also work to disseminate information among practices, integrated care teams and organizations on innovative strategies to achieve improvements in care. This sharing of knowledge and experiences may occur by connecting entities for one-to-one consultation or mentoring, sharing change cycles from one entity with another, or facilitating collaborative learning sessions for groups of practices, integrated care teams and/or programs.

This RFP solicits applications for QI facilitators to serve (under separate contract with the Blueprint or VHCIP) primary care practices and integrated community teams in particular geographic areas, plus a specialized facilitator to support practices/programs across the state and to provide technical assistance to the other facilitators in the provision of evidence-based medication assisted treatment for the complex issues of opioid dependence in primary and specialty care settings. Medication assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance abuse disorders.

Bidders may make a proposal for the general QI facilitator role (at either the practice level or the integrated community team level) or for the specialized addictions facilitator role (specific to the Blueprint).

1.1. TERM OF AGREEMENT**BLUEPRINT FOR HEALTH QUALITY IMPROVEMENT PRACTICE FACILITATORS:**

The contract(s) arising from this RFP shall be for a period of twelve months with an option to renew for two additional twelve-month periods as agreed by both parties.

VERMONT HEALTH CARE INNOVATION PROJECT QUALITY IMPROVEMENT PRACTICE FACILITATORS:

The contract(s) arising from this RFP shall be for a period of twelve months, Contract renewal will depend on the availability of federal funds in subsequent years.

1.2. WORK TIME/LOCATION

The State believes that the effort required to complete the work under this contract will equal up to 40 hours per week and may require early morning and evening activities in addition to the regular business day. The Contractor shall be expected to work in primary care medical practices or practices providing substance abuse treatment within a designated geographic region, in integrated community teams in designated communities, or across the entire state as agreed upon between the Contractor and the State. The Contractors will be geographically distributed to ensure statewide services.



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The State currently needs practice facilitator services in the northeast and southeast regions of the state for primary care facilitation and across the state for practices providing substance abuse treatment. The State also needs integrated care team facilitators who could initially develop statewide learning collaboratives for the Burlington, Rutland and St. Johnsbury areas, and potentially for other areas over time.

Regular meetings in a central location in the state and/or community and participation in trainings both within and outside of the state should be anticipated.

1.3. POINTS OF CONTACT

All communications concerning this RFP shall be addressed in writing to the attention of:

BLUEPRINT FOR HEALTH QUALITY IMPROVEMENT PRACTICE FACILITATORS:

Natalie Elvidge
 Contract and Grant Management Specialist
 Department of Vermont Health Access
 312 Hurricane Lane, Suite 201
 Williston, VT 05495-2806
 E-mail: natalie.elvidge@state.vt.us

VERMONT HEALTH CARE INNOVATION PROJECT QUALITY IMPROVEMENT PRACTICE FACILITATORS:

Jessica Mendizabal
 Contract and Grant Administrator
 Department of Vermont Health Access
 312 Hurricane Lane, Suite 201
 Williston, VT 05495-2806
 E-mail: jessica.mendizabal@state.vt.us

1.4. PROCUREMENT TIMETABLE

The RFP procurement schedule is below. The State reserves the right to modify any dates pertinent to this RFP.

BLUEPRINT FOR HEALTH QUALITY IMPROVEMENT PRACTICE FACILITATORS:	
ESTIMATED PROCUREMENT SCHEDULE	DATE
Revised RFP Issued	Wednesday, August 27, 2014
Vendor Questions Due	Ongoing
State's response to questions	Ongoing



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Bids Due	This RFP will remain open until filled
Selection Notification	This RFP will remain open until filled
Proposed Start Date for Contract	This RFP will remain open until filled

VERMONT HEALTH CARE INNOVATION PROJECT QUALITY IMPROVEMENT PRACTICE FACILITATORS:	
ESTIMATED PROCUREMENT SCHEDULE	DATE
Revised RFP Issued	Wednesday, August 27, 2014
Vendor Questions Due	Wednesday, September 3 by 2 p.m.
State's response to questions	Monday, September 8, 2014
Bids Due	Wednesday, September 17 by 1 p.m. This RFP will remain open until filled
Selection Notification	Friday, September 26, 2014
Proposed Start Date for Contract	November 15, 2014

Questions and Answers: Any interested party requiring clarification of the content of this RFP or wishing to comment or take exception to any requirements or other portion of the RFP must submit specific questions in writing.

Questions may be e-mailed to the contact persons listed in Section 1.3 of this proposal. Any objection to the RFP or to any provision of the RFP, which is not raised in writing, is waived. A copy of all questions or comments and the State's responses will be posted on the DHVA web site at <http://dvha.vermont.gov/administration/2013-requests-for-proposals> and <http://vermontbusinessregistry.com/>.

Any vendor requiring clarification of any section of this proposal must submit specific questions in writing according to the Schedule listed in Section 1.4. Questions must be e-mailed to the RFP Contact listed Section 1.3 of this proposal. Any question not raised in writing on or before the last day of the initial question period is waived. Responses to the questions sent will be posted on the DHVA web site at <http://dvha.vermont.gov/administration/2013-requests-for-proposals> as well as to the Electronic Bulletin Board <http://vermontbusinessregistry.com/>.

2. ACRONYMS & DEFINITIONS

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| AHS | Vermont Agency of Human Services |
| Blueprint | Blueprint for Health |
| CMS | Centers for Medicare and Medicaid Services |
| DHVA | Department of Vermont Health Access |

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HIPAA	Health Insurance Portability and Accountability Act of 1996
MAT	Medication Assisted Treatment
NCQA	National Committee on Quality Assurance
PCMH	Patient Centered Medical Home
PDSA	“Plan-Do-Study-Act” rapid cycle of quality improvement
RFP	Request for Proposal
SFY	State Fiscal Year
State	State of Vermont
VHCIP	Vermont Health Care Innovation Project

3. SCOPE OF WORK AND CONTRACTOR RESPONSIBILITIES**3.1. Role**

QI facilitators provide support to practices and integrated care teams to build capacity to continuously evaluate and implement sustained improvements in evidence based care, including treatment for substance use and co-occurring mental health disorders, and innovative strategies to improve care through increased collaboration. Facilitators will promote an environment of collaborative learning between practices, integrated care teams and programs, and across the health system. Contractor will serve as a Facilitator (1.0 FTE) to coach 8 to 10 primary care practices or practices providing substance abuse treatment, or support one or more Learning Collaboratives involving integrated care teams in pilot communities.

Facilitation requires competencies including implementing quality improvement methods, team facilitation, group dynamics, understanding and using data, and project management.

Generally, Facilitators are expected to meet weekly or bi-weekly with each multi-disciplinary practice/integrated care/program team. Work with practices and integrated care teams will include:

Change Management

- Foster practice, integrated care and program teams’ ownership for improving patient care and changing the way the services are provided.
- Coach the practice or integrated care team in forming a multi-disciplinary quality improvement team.
- Work with the practice /integrated care team/program to assess their performance and establish project goals and parameters.
- Use practice/integrated care team/program level data to assist in establishing sequences and timelines for quality improvement initiatives, and to evaluate the impact of changes.
- Train practice /integrated care/program teams in conducting PDSA cycles/model for improvement.
- Coach the practice/integrated care/program teams in measuring and interpreting results of change.
- Facilitate communication around evolving roles and relationships
- Recognize, reinforce, and celebrate success.
- Provide feedback and coaching for practice/integrated care team/organization leaders.

Technical Assistance and Training

- Identify skills based training needs and work with the State to ensure training occurs.

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- Technical assistance in identifying and implementing models of care, innovative strategies and evidence based guidelines including substance abuse and co-occurring mental health conditions.
- Support practice/integrated care/program teams in implementing shared decision making and self-management support.

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- Support the practice/integrated care/program teams in using technology to improve patient care and office efficiency.
- As appropriate, assist practice/integrated care/program teams in implementing data collection tools (e.g., clinical registry, care coordination modules, risk stratification tools) and using them to improve panel management, care management, and other aspects of patient care.

Learning Health System

- Foster a shared learning environment through practice-to-practice or organization-to-organization mentoring
- Design and implement collaborative learning sessions.
- Participate in shared learning activities of the EQuIP facilitator group (team meetings, conference calls, training and one-on-one meetings).

Connection with Community

- Support the incorporation of integrated care teams into practice and organization workflow.
- Link practice/integrated care/program teams with outside resources including specialty mental health and addictions treatment providers.

3.2. Reporting

Ongoing documentation and evaluation is required under this contract to include:

- Regular written reports of the progress of practice/integrated care/program teams.
- Documentation of PDSA cycles.
- Monthly reports of overall activities.
- Bi-weekly individual conference calls with EQuIP program director or his/her designee, and other staff as appropriate (2 times monthly).

3.3. Payment Provisions

- The total contract will not exceed \$100,000 per 1.0 FTE.
- The \$100,000 includes all payments that will be made to the contractor to meet the provisions of the contract (personnel costs, benefits, travel expenses, supplies, information technology hardware and software, etc.)

4. PROPOSALS**4.1. GENERAL CONDITIONS & REQUIREMENTS**

Cost of proposal development is the sole responsibility of the bidder.

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All bid proposals and submitted information connected to this RFP may be subject to disclosure under the State's access to public records law. The successful bidder's response will become part of the official contract file. Once the contract is finalized, material associated with its negotiation is a matter of public record except for those materials that are specifically exempted under the law. One such exemption is material that constitutes trade secret, proprietary, or confidential information. If the response includes material that is considered by the bidder to be proprietary and confidential under 1 V.S.A., Ch. 5 Sec. 317, the bidder shall clearly designate the material as such prior to bid submission. The bidder must identify each page or section of the response that it believes is proprietary and confidential and provide a written explanation relating to each marked portion to justify the denial of a public record request should the State receive such a request. The letter must address the proprietary or confidential nature of each marked section, provide the legal authority relied on, and explain the harm that would occur should the material be disclosed. Under no circumstances can the entire response or price information be marked confidential. Responses so marked may not be considered and will be returned to the bidder.

- All proposals shall become the property of the State.
- All public records of DVHA may be disclosed, except that submitted bid documents shall not be released until the Contractor and DVHA have executed the contract. At that time, the unsuccessful bidders may request a copy of their own score sheets as well as request to view the apparently successful bidder's proposal at DVHA Central Office. The name of any Vendor submitting a response shall also be a matter of public record. Other persons or organizations may also make a request at that time or at a later date.
- Consistent with state law, DVHA will not disclose submitted bid documents or RFP records until execution of the contract(s). At that time, upon receipt of a public records request, information about the competitive procurement may be subject to disclosure. DVHA will review the submitted bids and related materials and consider whether those portions specifically marked by a bidder as falling within one of the exceptions of 1 V.S.A., Ch. 5 Sec. 317 are legally exempt. If in DVHA's judgment pages or sections marked as proprietary or confidential are not proprietary or confidential, DVHA will contact the bidder to provide the bidder with an opportunity to prevent the disclosure of those marked portions of its bid.

All bid submissions must contain one original and seven complete copies of the proposal.

All bids must be marked "SEALED BID" and clearly note which of the two facilitator projects the bidder is sending to. If bidders wish to bid on both facilitator projects, they must submit separate bids for each project and address to the respective contact person:

BLUEPRINT FOR HEALTH QUALITY IMPROVEMENT PRACTICE FACILITATORS:

Natalie Elvidge
Contract and Grant Management Specialist
Department of Vermont Health Access
312 Hurricane Lane, Suite 201



Requisition Number: 03410-134-14

Williston, VT 05495-2806
E-mail: natalie.elvidge@state.vt.us

**VERMONT HEALTH CARE INNOVATION PROJECT QUALITY IMPROVEMENT
PRACTICE FACILITATORS:**

Jessica Mendizabal
Contract and Grant Administrator
Department of Vermont Health Access
312 Hurricane Lane, Suite 201
Williston, VT 05495-2806
E-mail: jessica.mendizabal@state.vt.us

Bid envelopes must be clearly marked with 'SEALED BID – QI Facilitators' and include name of bidder. Hard copy and an electronic copy bid proposals must be received according to the schedule listed in Section 1.4: Procurement Timetable. Hand carried bids must be delivered to a representative of DHVA on or before the due date/time and stamped by a representative with date/time received. Bids not in possession of DHVA identified single point of contact by the due date and time will not be considered and will be returned to the bidder unopened.

Faxed bids will NOT be accepted. Electronic bids will NOT be accepted.

DVHA may, at any time and at its sole discretion and without penalty, reject any and all proposals in any 'catchment' area and issue no contract in that area as a result of this RFP. Furthermore a proposal may be rejected for one or more of the following reasons or for any other reason deemed to be in the best interest of the State:

- The failure of the bidder to adhere to one or more provisions established in this RFP.
- The failure of the bidder to submit required information in the format specified in this RFP.

The failure of the bidder to adhere to generally accepted ethical and professional principles during the RFP process. If a proposal is selected for final consideration, the bidder will be invited to negotiate a Contract.

The State reserves the right to amend the RFP at any time prior to the proposal due date by issuing written addenda. Amendments, addenda, Questions and Answers and any relevant information will be posted at <http://dvha.vermont.gov/administration/2013-requests-for-proposals> and <http://vermontbusinessregistry.com/>, it is the bidders' responsibility to check periodically for such information.

Read all instructions carefully. If you do not comply with any part of this RFP, DVHA may, at its sole option, reject your proposal as non-responsive. DVHA reserves the right to waive any requirements contained in this RFP.

4.2. PROPOSAL FORMAT

To be considered, each bidder must submit a complete response to this RFP including:

- Clearly marked bid to either:
 - **Blueprint for Health Quality Improvement Practice Facilitators**
 - **Vermont Health Care Innovation Project Quality Improvement Practice Facilitators**
- Transmittal Letter
- Description of the bidder's Education and Experience (please address section 4.2.2 below)
- Professional Resume & References
- Financial Proposal

The proposal should be prepared simply and economically providing straightforward, concise descriptions of the bidder's ability to fulfill the requirements of the RFP.

In addition to providing this written material, bidders will participate in an interview with State staff.

4.2.1. Transmittal Letter: To be considered, a proposal must be accompanied by a transmittal letter signed in ink by the bidder.

The transmittal letter must include the following statements:

- RFP terms are accepted
- The price was arrived at without conflict of interest.
- A statement that the bidder agrees to the standard State contract requirements in Attachments C, E and F; which are included under Section 6. Attachments.
- A statement of any limitations on the number of hours, days of the week, or weeks in the year that the bidder would be available to perform the above scope of work.
- A statement of any other considerations or limitations, if any, related to the scope of work the bidder will be expected to perform.
- A statement of any considerations or limitations, if any, related to the geographic or hospital service area that the bidder would be available to service.
- Insurance certificate: As part of the proposal packet the Bidder must provide current certificates of insurance of which may or may not meet the minimum requirements laid out in the section 4 of this document. Any questions a bidder may have concerning the necessary insurance coverage must be raised during the question and answer period set out in section 1.5 of this document. In the absence of a question, and upon contract negotiations the apparently successful bidder must provide a certificate of insurance that meets the minimum coverage specified in section 4 of this document.

In addition, a "bidder information sheet" must be attached to the transmittal letter providing the following information:

- Full name of bidder/individual
- Mailing address
- Street address (for FedEx or other mail delivery service)
- Social Security Number
- Telephone number
- Fax number (if available)

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- E-mail Address

4.2.2. Education & Experience: To qualify to bid on these proposals, bidder must have the following experience and skills:

Clinical Experience and Orientation

Experience –

- Worked in a primary care or specialty clinical practice or other health care or community service setting
- Worked in a practice or organization that provides substance abuse and co-occurring mental health treatment (for addictions and mental health programs).

Skills –

- Knowledge of the terminology and systems used in primary care, other health care or community settings, or practices providing addictions and co-occurring mental health treatment.

Professional Skills

Skills –

- Communicate effectively with diverse professionals within multi-disciplinary primary care teams or community teams
- Identify and manage conflict
- Mediate challenging relationships and divergent viewpoints
- Resilience in the face of complex demands
- Comfort with change and evolution of program priorities
- Recognition of when a facilitator should play a leadership versus a team facilitation role and ability to foster leadership among team members (direct vs. facilitative guidance)

Quality Improvement and Systems Thinking

Skills –

- Recognize the relationship between primary care providers, community service providers, substance abuse treatment and the complex system of healthcare delivery
- Apply change processes and organizational theory to improve patient outcomes and decrease costs
- Mastery of a large area of complex change content, including information about quality improvement methods and tools, the use of data to drive improvement, supporting team development, and patient centered-planned care.

Technology Proficiency

Skills –

- Proficiency in the use of technology to facilitate business processes.
- Adept and able to quickly learn to use new information technology systems and programs.

Effective Utilization of Data to Drive Change

Experience –

- Demonstrated use of data to identify the need for change and to evaluate outcomes.

4.2.3. Professional Resume and References: Bids shall include a professional resume of the bidder/individual who will perform the consultative services. Bids shall also include references as follows:

- A list of three references, including relationship, address and telephone contact number.
- Names of organizations for which you have done related work and contact information for a person at the organization who can speak about your past success including their professional title, address, email address and telephone contact number

4.2.4. Financial Proposal: The financial proposal must include:

- The proposed hourly rate or salary
- The proposed annual cost with itemization for travel, office expenses, insurance and other fringe benefits as relevant.

5. PROPOSAL EVALUATION**5.1. General Evaluation Process**

DHVA will conduct a comprehensive and impartial evaluation of proposals received in response to this RFP.

The following are the components and point system for the evaluation:

Evaluation of RFP Minimum Requirements (Pass or Fail)	0 points
Evaluation of the Bidder's Education & Experience	20 points
Evaluation of Bidder's References	20 points
Evaluation of Bidder's Interview	50 points
Evaluation of Financial Proposals	10 points
Ranking of Proposals	0 points

5.1.1. Minimum Requirements: Each proposal will be reviewed to ensure it is sufficiently responsive to the RFP to allow a complete evaluation. Failure to comply with the instructions to bidders shall deem the proposal non-responsive and subject to rejection without further consideration. The DHVA reserves the right to waive minor irregularities.

Proposals will be deemed to have either passed or failed the Minimum Requirements. The State reserves the right to reject any and all proposals.

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5.1.2. Evaluation of the Bidder's Education & Experience and References: Only those proposals passing minimum requirements will be considered.

DHVA will evaluate the education and experience of the bidder. DHVA will determine to what extent the bidder has the capabilities to take on the additional workload to be generated by the resulting Contract. References will be checked.

5.1.3. Evaluation of the Financial Proposals: The financial proposal will be examined to determine if it meets requirements and is consistent with industry pricing.

Any pricing proposal that is incomplete, exceeds \$100,000 per year, 1.0 per full time equivalent or in which there are significant inconsistencies or inaccuracies may be rejected by the State.

5.1.4. Ranking of Proposals: After the proposals have been rated, awarded points will be totaled to determine proposal rankings.

5.2. Award

Award will be made in the best interest of the state. The State's fundamental commitment is to contract for results and "best value". This RFP primarily describes the State's requirements and desired results. "Best value" is the optimum combination of economy and quality that is the result of fair, efficient, and practical business processes that meet the requirements and the State's desired results as set forth in this RFP.

6. ATTACHMENTS

- 6.1. Certificate of Compliance
- 6.2. Attachment C: State Customary Provisions for Contracts (revised: 11/7/2012)
- 6.3. Attachment E: Business Associate Agreement (revised: 9/21/13)
- 6.4. Attachment F: AHS Customary Contract Provisions (revised: 12/10/10)