

FULL – TIME

QUALITY IMPROVEMENT PRACTICE FACILITATORS FOR PRIMARY CARE PRACTICES AND PRACTICES PROVIDING SUBSTANCE ABUSE TREATMENT

Date of Issuance: March 25, 2014

Proposal Due Date: April 25, 2014 or Ongoing-until filled

Requisition Number: 03410-134-14

Location of Bid Opening: Department of Vermont Health Access (DVHA)
312 Hurricane Lane, Suite 201
Williston, Vermont

QUESTIONS AND ANSWERS:

Q If this RFP really a year out? Close date is March of 2015

A We are seeking facilitators to start as early as June or July 2014 (once a contract is in place), but we will continue to seek facilitators beyond that timeframe until all contracts are filled.

Q Page 11 in the RFP states "\$80,000" as maximum amount per year. Page 5 states "\$100,000" for total contract per FTE. Can you explain if not a print error please?

A The RFP is written for a maximum of \$100,000; however, typical facilitator contracts include \$80,000 for facilitator services with up to \$10,000 in additional funding for travel and training in the first year. As a result, facilitator contracts are typically written for \$90,000 per year.

Q 1.2 Work Time / Location; Page 3. The Blueprint for Health references a need for practice facilitators in the North East and South East region of the state for primary care facilitation. Can the applicant apply for a specific region to perform services?

A If candidates have a specific area of the state they wish to serve, they should indicate that preference in their proposals.

Q How will the designation of the territory be distributed to the vendor of choice?

A The Blueprint staff assign each facilitator an area to serve, which is generally based on the geographic location in closest proximity to their work/office location. In some cases, facilitators are requested to work outside of their service area on an as-needed basis.

Q 3.3 Payment Provisions AND 5.1.3 Proposal Evaluation ; Pages 5, 8 and 11. There are two budgets referenced in the RFP. One on page 5 reads "not to exceed \$80,000. On page 8 it reads, "salary and all expenses not to exceed \$100,000 annually." On page 11 it reads, "Any pricing proposal that is incomplete, exceeds \$80,000 per year..." Can you clarify the not to exceed budget for this RFP?

A The RFP is written for a maximum of \$100,000; however, typical facilitator contracts include \$80,000 for facilitator services with up to \$10,000 in additional funding for travel and training in the first year. As a result, facilitator contracts are typically written for \$90,000 per year.

Q 4.2.2 Clinical Experience and Orientation; Page 9. The experience lists two bullets, one specific to a primary care setting; the other in a practice setting that provides substance abuse and co-occurring mental health treatment. Can an applicant apply for one of the experience criteria? For example, experience in a primary care setting.

A Practice facilitators assist with process improvement in multiple settings, which may include primary care, specialty care, or addiction treatment centers. Facilitators typically service a geographic area and not a specific type of practice setting.

Q Are there two independent facilitator opportunities available? One for primary care and another for MH/SA?

A A single practice facilitator will cover both primary care and mental health and substance abuse organizations.

Q 1 Overview; Page 2. Currently projects are undertaken by EQuIP facilitators. What is the reason for expansion?

A After several years of service, two practice facilitators have resigned under good standing.

Q How will practices be assigned to the new facilitator?

A Practices are assigned to facilitators by geographic area or on an as-needed basis.

Q Is there a parent organization responsible for ALL EQuIP facilitators? If so, what is the parent organization?

A No. Facilitators work directly with DVHA.

Q How have EQuIP facilitators been staffed to-date?

A EQuIP facilitators work under direct contract with DVHA or under a grant to a Blueprint health service area administrative entity.

Q Are current EQuIP facilitators experienced in both general practice facilitation AND substance-abuse treatment facilitation?

A All practice facilitators are experienced working with primary care practices. A subset of facilitators also works with specialty practices that prescribe buprenorphine or with opiate treatment Hubs. It is an expectation that any practice facilitator gain the knowledge and experience to work with substance-abuse treatment facilities as needed.

Q How do EQuIP facilitators communicate and share lessons learned with one another?

A Practice facilitators use Basecamp as an online communication platform. In addition, they meet once monthly in person and once by phone. Small group meetings may occur around specific topics involving a subset of facilitators, for example those facilitating NCQA recognition of opiate treatment Hubs.

Q Who is responsible for the supervision of the “new” facilitator?

A New practice facilitators are overseen by an assigned contract manager at DVHA. In addition, each facilitator is assigned a facilitator mentor or a mentorship team.

Q Does any of the facilitation occur through virtual training?

A Generally, no, the majority of practice facilitation occurs onsite at the various practices. It is expected that the selected contractors are available in-person with practices.

Q Is all of the facilitation performed in person?

A The majority of practice facilitation occurs on site at the various practices. Facilitators meet in person with practices anywhere from once a week to once a month with the majority of practices meeting with facilitators on average every other week. In addition, facilitators connect with practice staff between meetings by email and phone.

Q How many facilitators are you seeking?

A Currently, we have 2 vacancies with a possible 3rd. In addition, if funding allows in fiscal year 2015, we may seek 2 additional facilitators for areas of the state that do not currently have an assigned facilitator.