

Agency of Human Services  
Department of Vermont Health Access (DVHA)  
312 Hurricane Lane  
Williston, VT 05495

**SEALED BID****INFORMATION TECHNOLOGY REQUEST FOR PROPOSAL  
FOR Care Management Solution Design, Development,  
Implementation and Maintenance****Expected RFP Schedule Summary:**

<b>PROCUREMENT SCHEDULE</b>	
RFP Release Date	<i>July 11, 2014</i>
Vendor Questions Due	<i>July 25, 2014</i>
Response to Vendor Questions are Posted	<i>August 6, 2014</i>
Vendor Conference	<i>August 14, 2014</i>
Letter of Intent	<i>September 9, 2014</i>
Proposals Due	<i>September 23, 2014</i>
Vendor Demonstrations/Oral Presentations	<i>November 20 – 21, 2014</i>
Site Visits	<i>December 1 – 5, 2014</i>
Tentative Award Announcement	<i>December 18, 2014</i>
Anticipated Contract Start Date	<i>February 19, 2015</i>

LOCATION OF BID OPENING: 289 Hurricane Lane, Red Room Conference Room, Williston, VT

**PLEASE BE ADVISED THAT ALL NOTIFICATIONS, RELEASES, AND AMENDMENTS ASSOCIATED WITH THIS RFP WILL BE POSTED AT: <http://www.vermontbidsystem.com>**

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## 1. General Information

### 1.1 Introduction

The Department of Vermont Health Access (hereinafter called DVHA or the State) is soliciting competitive sealed bids from qualified vendors for fixed price proposals (Proposals) for a Care Management (CM) Solution for the Agency of Human Services (AHS) that includes Software Design, Development, Implementation and Technical Support Services.

The CM Solution needs to be implemented to comply with Centers for Medicare and Medicaid (CMS) Seven Conditions and Standards and CMS' Medicaid Information Technology Architecture (MITA) 3.0. The CM Solution needs to closely integrate with Vermont's Medicaid Management Information System (MMIS), which is an integral part of Vermont's Health and Human Services Enterprise (HSE).

If a suitable offer is made in response to this Request for Proposal (RFP), DVHA may enter into a contract (the Contract) to have the selected offeror (the Vendor) perform all or part of the Work. This RFP provides details on what is required to submit a Proposal in response to this RFP, how the State will evaluate the Proposals, and what will be required of the Vendor in performing the Work.

### 1.2 Sole Point of Contact

All communications concerning this RFP will contain the Name and RFP Number in the subject line and will be addressed in writing to the attention of:

Michelle A. Mosher, Purchasing Agent

State of Vermont

DVHA Procurement

312 Hurricane Lane, Suite 201

Williston, VT 05495

Michelle A. Mosher, Purchasing Agent is the sole contact for this RFP and can be contacted at [Michelle.Mosher@state.vt.us](mailto:Michelle.Mosher@state.vt.us). Actual contact with any other State personnel or attempts by bidders to contact any other State personnel could result in the rejection of their Proposal.

### 1.3 Procurement Schedule

The following Table 1 documents the critical pre-award events for the procurement. All dates are subject to change at the State of Vermont's discretion.

Table 1. Procurement Schedule

<b>PROCUREMENT SCHEDULE</b>	
RFP Release Date	<i>July 11, 2014</i>
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#### **1.4 Letter of Intent – Mandatory**

In order to ensure all necessary communication with the appropriate bidders and to prepare for the review of proposals, it is required that one letter of intent to bid for the scope of this RFP be submitted per bidder. The letter must identify the program and requisition number for which it is intending to submit a proposal.

Letters of Intent should be submitted by September 9, 2014 3 p.m. EST to:

Michelle A. Mosher, Purchasing Agent

Department of Vermont Health Access

312 Hurricane Lane, Suite 201

Williston, VT 05495

or by email at [Michelle.Mosher@state.vt.us](mailto:Michelle.Mosher@state.vt.us)

If after submitting the mandatory letter of intent a Vendor decides not to submit a proposal, DVHA requests the Vendor send a retraction to the Purchasing Agent named above.

## 1.5 Background

### 1.5.1 State of Vermont

Spanning more than 9,600 square miles, and home to some 630,000 residents, the State of Vermont is the second least populous state in the country. The State is comprised of 14 hospitals, 800 primary care providers (PCPs) in 300 practices in 13 hospital service areas. Most PCPs participate in all plans and health care providers have a strong history of working together.

In addition, Vermont has 11 Federally Qualified Health Centers (FQHCs) with multiple sites and 12 designated agencies, supplemented by other State contracted providers, that provide mental health as well as developmental disability and substance abuse support.

### 1.5.2 Vermont Health Care Reform

In 2006, Vermont enacted a comprehensive health care reform that created over 36 separate initiatives focused on improving access (e.g., Catamount Health and premium assistance programs), increasing quality (e.g., Blueprint for Health, VCCI high risk / cost Medicaid recipients, community wellness grants, hospital report cards), and containing health care costs.

Additional legislation has been enacted in each subsequent year since 2006 to supplement these initial reforms, including the enactment of Act 48 (2011) and passage of Act 171 (H.559), signed by Governor Peter Shumlin on May 16, 2012. During the 2010 session, Vermont lawmakers passed a health care bill requiring the legislature to contract with a consultant to create three (3) design options for establishing a universal health care system. One of three plan designs to be submitted for implementation must be a single payer system, a second shall include a public option for insurance coverage, and a third design option to be determined by the consultant, according to Act 128 of 2007, the “Universal Access To Health Care Act.”

More information about these reforms can be found at: <http://hcr.vermont.gov>

### 1.5.3 Act 48 – The Vermont Health Reform Law Of 2011

Act 48 is the key enabling legislation for a vision of a single payer system in Vermont. The Act specifically:

- Establishes the Green Mountain Care Board, charged with regulating health insurers and health care providers, moving away from a fee-for-service system and controlling growth in health care costs.
- Empowers the Green Mountain Care Board to:
  - improve the health of Vermonters;

- oversee a new health system designed to improve quality while reducing the rate of growth in costs;
  - regulate hospital budgets and major capital expenditures as well as health insurance rates;
  - approve plans for health insurance benefits in Vermont's new "exchange" program as well as plan to recruit and retain health professionals; and,
  - build and maintain electronic health information systems.
- Establishes a Health Benefit Exchange as required by federal law.

The Act outlines the supporting technologies that need to be in place to migrate from the current state of business to the future, single payer system managing programs that range across the public assistance spectrum and ensuring that all Vermonters have health insurance coverage.

#### **1.5.4 Medicaid Shared Savings Program for Accountable Care Organizations**

On October 20, 2011, CMS, an agency within the United States Department of Health and Human Services (HHS), finalized new rules under the Affordable Care Act to help doctors, hospitals and other health care providers better coordinate care through Accountable Care Organizations (ACOs). ACOs create incentives for health care providers to work together to treat an individual Member across care settings—including doctor's offices, hospitals and long-term care facilities.

DVHA is working closely with the Green Mountain Care Board in the development of the Medicaid Shared Savings Program (SSP). This program creates a structure for provider organizations and other suppliers to join together under an ACO that voluntarily contracts with DVHA to care for Medicaid Members under a payment model that holds the ACO accountable for the total cost of care and quality of services provided to this population. To this end, DVHA has contracted with two (2) Medicaid ACOs, including OneCare Vermont, a part of Fletcher Allen Health Care (FAHC) – soon to become University of Vermont Medical Center – and the Community Health Centers of Vermont (CHAC), part of Bi-State/FQHCs. Medicaid ACO contracts include a requirement to partner with the Medicaid/VCCI (described in Section 1.5.5 below), which remains engaged with the high risk Medicaid population. Clear incentives for quality of care are being developed to measure improvement in the health and experience of care for individuals. Savings targets are being developed to reduce the costs to deliver services and to incentivize efficiencies in the delivery of care.

### 1.5.5 Vermont Blueprint for Health

The *Blueprint for Health* (Blueprint) is Vermont’s state-led reform initially focusing on primary care in Vermont. Originally codified in Vermont statute in 2006, then modified further in 2007, 2008, and finally in 2010 with Vermont Act 128 amending 18 V.S.A. Chapter 13 to update the definition of the Blueprint as a “*program for integrating a system of health care for patients, improving the health of the overall population, and improving control over health care costs by promoting health maintenance, prevention, and care coordination and management.*”

Under the Blueprint, Vermont’s primary care practices are supported in becoming Advanced Practice Medical Homes (APMH) through meeting the National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home (PCMH) Standards. In addition, primary care practices in collaboration with local community partners plan and develop *Community Health Teams* (CHT) that provide multidisciplinary support for PCMHs and their patients. The teams are scaled in size based on the number of patients served by participating practices within a geographic area.

The Blueprint for Health functions as a change agent to support the primary care infrastructure required to optimize care delivery and includes an integrated approach to patient self-management, community development, health care system and professional practice change, and information technology initiatives. It is mandated to become a State-wide service that will encompass pediatric care with an incentive based payment structure.

Further information about the Blueprint initiative can be found at:  
<http://hcr.vermont.gov/blueprint>

### 1.5.6 The Medicaid Vermont Chronic Care Initiative

VCCI is a healthcare reform strategy for the vulnerable Medicaid population, enabled by state legislation and administered by DVHA. VCCI is a statewide program that provides intensive case management and care coordination services to non-dually-eligible Medicaid Members with one (1) or more chronic conditions and without other CMS funded case management, focusing on improving health outcomes and reducing unnecessary utilization. The VCCI modified its approach to primarily focus on the top 5% high-utilizing Vermont Medicaid members in SFY 2012. In calendar 2012, the VCCI expanded to include Pediatric Palliative Care services, and in 2013, a High Risk Pregnancy case management service began implementation. The VCCI is funded and operated by DVHA under the Global Commitment to Health, 1115 Waiver. Because most providers and hospitals have historically been reimbursed by the state’s Medicaid program through a fee-for-service model, reductions in unnecessary spending achieved by the VCCI translate directly to savings to the state’s Medicaid program budget. The VCCI documented net savings of \$23.5 million in SFY 2013. See Section 1.6.4, Table 2 for a sample of key statistics indicating the size and scope of the VCCI member populations.

The VCCI program reaches members primarily through a team of state employed case managers and care coordinators – usually nurses or social workers – operating either as field-based agents serving a region, or as permanently embedded resources within provider organizations that serve a high volume of eligible Medicaid members. Field based staff are located in regional AHS offices, private medical practices, FQHCs and several high volume hospitals. Multiple hospitals provide the VCCI with secure data transfers daily for ‘real-time’ information on client utilization to support care transitions. The VCCI currently works with a contractor to supplement the state model to provide programmatic and clinical support. The vendor provides the technology infrastructure and performs data analytics, including reports to program staff on client utilization to help guide response activities. Population-based reports for primary care providers identify gaps in disease specific evidence-based care to supplement practice-based and VCCI intervention strategies.

The VCCI staff are members of the Blueprint for Health extended Community Health Teams and collaborate and communicate regularly about Medicaid members served through the Advanced Practice Medical Home (APMH). Members may be internally referred between programs based on the level and intensity of services needed, which prevents redundancy in care management and holistically supports member needs for sustainable change.

### **1.5.7 AHS’ Mission and Structure**

AHS is the Agency responsible for health care and human services support across the State and has the statutory responsibility for child welfare and protection, the protection of vulnerable populations, public safety, public health, public benefits, mental health and administration of Vermont’s public insurance system. The Agency also serves as the single State Medicaid Agency (SMA).

The majority of Vermont’s Medicaid program operates under the Global Commitment to Health Demonstration. The GC Demonstration operates under a managed care model that is designed to provide flexibility with regard to the financing and delivery of health care in order to promote access, improve quality and control program costs. AHS, as Vermont’s single SMA, is responsible for oversight of the managed care model. DVHA is the entity delegated to operate the managed care model and has sub-agreements with the other State entities that provide specialty care for GC enrollees (e.g., mental health services, developmental disability services).

AHS consists of the following Departments with their respective responsibilities:

- **Department for Children and Families (DCF)** – DCF provides a wide array of programs and services, including adoption and foster care, childcare, child development, child protection, child support, disability determination, and economic benefits such as: Reachup, Essential Person, General Assistance, 3SquaresVT, fuel assistance, energy assistance and health insurance.

- **Vermont Department of Health (VDH)** — VDH sets the State’s public health priorities and works with DVHA to help realize public health goals within the population served by DVHA. VDH collaborates with DVHA on clinical initiatives to reduce medical costs in the State through the agency’s Global Commitment to Health program waiver. These programs include Early Periodic Screening, Diagnosis, and Treatment (EPSDT) and dental care initiatives for children across the State.
- **Department of Corrections (DOC)** – The DOC is responsible for managing all adult prisons and community correctional sites. For incarcerated offenders, the Department is required and committed to provide basic and humane care. For offenders in the community, the Department is charged with ensuring compliance with conditions by providing or coordinating a variety of support services.
- **Department of Disabilities, Aging and Independent Living (DAIL)** — DAIL administers all community-based long-term care services for older Vermonters, individuals with developmental disabilities, traumatic brain injuries, physical disabilities, personal care/attendant services, high technology nursing, and other Medicaid services. DAIL works with DCF and DVHA to implement the Choices for Care Waiver program. The Developmental Disabilities Services (DDS) Program provides comprehensive wraparound services to approximately 2,500 Vermonters and their families who are touched by developmental disabilities.
- **Department of Mental Health (DMH)** — DMH is responsible for administering mental health services and programs for children and adults across the State. It ensures access to mental health services and works closely with DVHA and DAIL to coordinate care for individuals at risk.
- **Department of Vermont Health Access (DVHA)** – DVHA administers nearly all of the publicly funded health care programs for the State of Vermont. Funding of these programs is provided through Medicaid and is authorized under two (2) CMS approved 1115 Demonstration waivers. Several financing mechanisms are outside the 1115 Demonstration waivers and include information technology enhancements, Disproportionate Share Hospital (DSH) payments, and the State Children’s Health Insurance Program (SCHIP) services. In addition, DVHA administers the State’s health care reform efforts including health information technology (HIT) and health information exchange (HIE) activities in Vermont, the VCCI and the Blueprint for Health.

In addition to the programs listed above, Integrated Family Services (IFS) is an initiative within AHS that ensures services are provided to families in a seamless, integrated way. It encompasses programs within several departments and regionally within several community-based organizations. DCF’s Children’s Integrated Services (CIS) falls under the IFS umbrella and focuses on prenatal through six (6) years of age.

## 1.6 Project Overview

DVHA, as part of AHS, assists Members in accessing clinically appropriate health services, administers Vermont's public health insurance system efficiently and effectively, and collaborates with other health care system entities in bringing evidence-based practices, quality of care and quality of life through a holistic approach to Vermont Medicaid Members.

Vermont seeks to procure a robust contemporary Care Management Solution for early identification of member healthcare needs, coordination of care and results reporting. The solution will be built on MITA 3.0 compliant architecture meeting CMS' Seven Conditions and Standards.

### 1.6.1 Enterprise Vision and Strategic Goals for Vermont's Care Management

Today's technology allows for the support of key care management component processes — from case identification/stratification, care management intervention (wellness, health risk management, case management, care coordination and disease management) to advanced care management analytics (including predictive modeling) and reporting. Additionally, federal trends in information exchange, broader acceptance of standardized privacy management and better coordination of care through Accountable Care Organizations have created a political environment for care management across divisions, departments and organizations.

The Vermont Care Management Solution will support the Agency and Departments' vision of an 'Agency of One' – aiming to change the paradigm from a program-centered service delivery system to a person-centered service delivery system by:

- Collecting, organizing and analyzing information in a safe and secure manner; optimizing workflows; and facilitating and strengthening the State's decision-making ability on health services
- Increasing access to integrated information so that staff can work with Members to identify appropriate services and connect them with those resources
- Leveraging population approaches/stratification to identify, conduct outreach and serve Populations/Members who will benefit most from some form of care management intervention(s)
- Enabling case managers, providers, and other involved partners to coordinate care and collaborate with each other, and with the Member for improved health, safety and self-sufficiency
- Enhancing oversight of direct services as well as specific programs

- Evaluating the quality of care and cost-effectiveness of health services rendered across programs and the Agency

### 1.6.2 Vermont Care Management Target Populations

The State of Vermont provides Members with care management benefits through a variety of programs. To develop and implement a manageable scope, the Care Management Solution will initially serve the VCCI and its existing populations.

The VCCI and its populations are described below —

- **Vermont Chronic Care Initiative** — Identifies and assists Medicaid Members with chronic health conditions and/or high utilization of medical services to access clinically appropriate health care information and services; coordinates the efficient delivery of health care to this population by addressing barriers to care, bridging care gaps, and avoiding duplication of services; and educates and empowers this population to eventually self-manage their conditions. DVHA case managers are field based and are co-located in provider practices and medical facilities in several communities. They are fully integrated core members of Blueprint for Health Community Health Teams and, as stated in Section 1.5.4, are core partners with the two Medicaid ACOs. Other initiatives under the VCCI include:
  - **Pediatric Palliative Care Program (PPCP)** covers Care Coordination, Family Training, Expressive Therapy, Skilled Respite Care, and Bereavement Counseling within the home setting to children, adolescents and their families. These members are less than 21 years old, have Vermont Medicaid, live in Vermont, and are living with a serious illness or condition from which they are not expected to recover. Services are provided by home health agency partners and overseen by the PPCP case manager.
  - **High Risk Pregnancy (HRP) Program** is a new program through the VCCI. The goal of this program is to improve pregnancy outcomes for Medicaid-covered women and their babies. The HRP case management team collaborates with internal Medicaid units (e.g., Pharmacy and AHS partners including Integrated Family Services (IFS), Department for Children and Families– Children’s Integrated Services (CIS) program, the Vermont Department of Health – Maternal Child Health (MCH) unit; Substance Abuse Centers and providers (Care Alliance for Opioid Addiction model for MAT)), as well as other Agency and community partners. Goals include decreasing pre-term births and low birth weight infants and associated complications. The HRP case managers facilitate access to prenatal services and help prevent gaps in care and redundancy of services, as well as support appropriate care coordination and pharmacy risk

management among specialty service providers who may not have an obstetrics orientation/focus.

The State expects that the Care Management Solution will be built so that after implementation with VCCI it can be expanded concurrently for use by other Programs at the AHS' direction. Should AHS decide to proceed with the onboarding of other Programs, it will start with the Department of Aging and Independent Living's (DAIL) Developmental Disability Services (DDS), and by the Department for Children and Families (DCF) Children's Integrated Services (CIS) program. Ultimately, it will be expanded for use by the remaining Programs and Initiatives included in Section 3.3 of this RFP. The Vendor will be expected to validate with the State, once the contract is awarded, the information provided in Section 3.3, including target disposition.

### **1.6.3 Project Objectives**

The project objectives are to acquire, design and implement a Care Management Solution for the entire AHS enterprise to support individual and population based approaches to health management, beginning with the care management activities for VCCI.

The Solution must support Vermont AHS' core care management needs in the following areas:

- Utilize clinically relevant predictive risk modeling tools and gaps in care analysis of various Member populations for early screening, case identification and risk stratification of Medicaid Members including, but not limited to –
  - Members who will benefit most from some form of care management intervention(s) (e.g., those with high utilization patterns, multiple providers, multiple conditions, polypharmacy, care gaps; possible readmissions and those who are at risk for chronic disease sequelae)
  - Members who are not currently at risk but may become at risk in the future
  - Members whose future ED visits can be prevented and readmissions prevented
- Proactive outreach to Members who are at risk, and to their providers to offer information, guidance and support to –
  - Improve health outcomes by: closing gaps in care, increasing adherence to evidence-based care, increasing the use of preventive care, and improving self-management and provider management of chronic illnesses
  - Lower healthcare costs by minimizing redundancies and reducing utilization and expenses

- Develop, monitor, share and reassess an evidence-based care plan to ensure clinically appropriate health care information and services are provided and communicated to improve the health outcomes of Medicaid Members.
- Coordinate efficient and effective delivery of health care with Medicaid Members, their providers and community partners by removing communication barriers, bridging gaps, and exchanging relevant and timely Member information.
- Conduct real-time care management analytics that include the ability to collect multiple sources of data (including hospital census, claims data, pharmacy data, and clinical/bio-medical data from providers) to identify opportunities that a Member or provider can take to improve clinical and financial outcomes.
- Provide robust and user-friendly reporting capabilities and Web-based tools necessary to effectively conduct Vermont Care Management Programs' strategic planning, quality, and performance management including clinical, utilization and financial changes among intervened populations.
- Provide additional Care Management capabilities including:
  - Receive custom assessments, Funding, Care Plans, Services from provider Agencies for State review and authorization.
  - Communicate state authorization of funding, care plans, services and providers to provider agencies and Members
  - Conduct comparative analysis of provider agencies
  - Accept from internal and external sources (Web-based) critical Incidents. Alert state staff of critical incident reports.
  - Communicate necessary follow-up steps and actions.
  - Perform Critical Incident analysis for agency and provider trends.
  - Manage state authorized agency and provider information including Life Safety and Accessibility Inspections.
  - Interface with VT Adult Protective Service (APS) for State reporting & tracking.
  - Interface with other solutions for master Agency and Provider list (including Life safety and accessibility inspections).

#### **1.6.4 Overview of the Current Environment**

Since 2007, the DVHA's VCCI has provided statewide case management, care coordination, and health coaching services to Medicaid members with chronic health conditions using both

individual and population based approaches. The Medicaid Members that are the focus of the VCCI efforts often have complex medical, behavioral health and socioeconomic challenges. It is common for Members to have three (3) or more chronic conditions (with many having co-morbid mental health and substance abuse conditions), two (2) or more providers — e.g., a Primary Care Provider and specialist involved in their care — and at least six (6) medications prescribed for daily use, including from different providers. Concurrently, many also have unstable housing and food insecurity.

The VCCI is dedicated to holistically assisting Members who are struggling with these challenges to stabilize their socioeconomic situations and improve their personal health status. The VCCI also conducts outreach to educate providers via practice-specific disease registries to identify and reduce gaps in care, for example by providing evidence-based pharmacy recommendations if gaps are noted. Patient specific health summaries (Patient Health Briefs) offer primary care providers a consolidated view of diagnoses and associated utilization such as other prescribing providers, pharmacy treatment history, emergency department and inpatient visits, etc., to support care coordination among service providers, and identify potential care gaps with associated utilization.

The VCCI services for individual members are comprised of assessments of medical and psychosocial health, with specialty assessments done based on the clinical condition of primary concern. These assessments generate a Plan of Care (POC) based on priority psycho-social and clinical goals of the Member, with input from the primary care provider, followed by case management/care coordination interventions as indicated by the assessment and resulting POC.

The VCCI currently operates out of nineteen (19) locations statewide, including nine (9) AHS field locations from which staff may serve multi-county geographic areas (St. Albans, Burlington, St. Johnsbury, Morrisville, Rutland, Bennington, Springfield, Barre, Brattleboro), and ten (10) medical facilities in which VCCI staff are embedded, including seven (7) high volume Medicaid provider practice sites and three (3) hospitals. Further expansion is anticipated in SFY 2015. The VCCI also receives secure data transfers from hospital partners to support real time population identification and early interventions, including transitions in care.

The following tables present a sample of key statistics indicating the size and scope of the VCCI member populations. Performance data includes both DVHA and current vendor staff.

Table 2. **Vermont Chronic Care Initiative Population and Distribution**

<b>KEY STATISTICS</b>	
<b>Total Number of Medicaid Enrolled (as of October 2013)</b>	187,019
<b>VCCI Eligible Candidates</b>	103,058

<b>KEY STATISTICS</b>	
<b>Total Number in the top 5%</b>	Under 21 yrs old – 3,549
	Over 21 yrs old – 6,553
<b>Total Number of Medicaid Members Engaged via face-to-face and/or telephonic case management (SFY 2012)</b>	3,015
<b>Average Episode of Care Duration</b>	77 days
<b>Target Caseload by Case Manager</b>	Field – 25
	Embedded – 50

Table 3. **Vermont Chronic Care Initiative Distribution of Eligible Candidates by Health Service Area (HSA) as of October 2013**

<b>HSA</b>	<b>TOP 5% MEMBERS</b>
Barre	911
Bennington	816
Brattleboro	658
Burlington	1939
Middlebury	534
Morrisville	477
Newport	586
Randolph	233
Rutland	1300
Springfield	655
St Albans	917
St Johnsbury	489
White River Junction	555
Unknown	32

DVHA/VCCI case managers, which include RN case managers and social workers, provide face-to-face intensive case management to the highest cost, highest risk, and medically and socioeconomically complex Members. A small portion of the population with less complex needs receives some telephonic disease management, health education and coaching from the Department's current contracted vendor, as well as transitional care support post hospital discharge and/or emergency department event, and population based support with high volume primary care practice sites (e.g., panel support on gaps in care). Panel management and Gap in Care reports include the full Medicaid eligible population and are not limited to the top 5%.

DVHA currently contracts with an incumbent vendor providing statewide technology infrastructure and clinical support to improve VCCI case management/care coordination for Medicaid Members. This infrastructure solution accepts data from multiple sources (e.g., claims, eligibility) to support the following: population identification; innovative technology for care management; 'triggers' to alert care managers of gaps in treatment; assessment tools to support delivery of evidence-based interventions by DVHA and vendor case managers; pharmacy analysis; provider reports on gaps in care (individual member and population reports); and data analytic support for program monitoring and evaluation. The vendor provides technical assistance/training on the use of the technology and information products. Vendor staffing provides analytical expertise, vendor program management, pharmacy and clinical support, and a team of nurses and social workers who collaborate in Member and provider interventions and assist with outreach and case management/disease management. The current vendor has performance guarantees including a required Return on Investment (ROI).

The new VCCI services of Pediatric Palliative Care and High Risk Pregnancy are not part of the current vendor's technology solution. The technology requirements for these services are required as part of this procurement. The Agency's other Departments' current Care Management IT environments vary from manual to limited care management solutions.

## **1.7 Contract Information**

All contract and legal requirements are found in Template O — Terms & Conditions of this RFP and Any Resulting Contract.

*Remainder of this page intentionally left blank*

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## 2. General Instruction and Proposal Requirements

### 2.1 Questions and Comments

Any Vendor requiring clarification of any section 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 no later than July 25, 2014 at 3 p.m. Questions may be e-mailed to [Michelle.Mosher@state.vt.us](mailto:Michelle.Mosher@state.vt.us). No questions will be accepted via telephone. Any objection to the RFP or to any provision of the RFP that is not raised in writing on or before the last day of the question period is waived. Every effort will be made to have the State's responses posted by August 6, 2014, contingent on the number and complexity of the questions. A copy of all questions or comments and the State's responses will be posted on the State's website:

<http://www.vermontbidsystem.com>

### 2.2 Vendor's Conference

A pre-proposal bidders' conference has been scheduled for August 14, 2014 at 1:30 p.m. EST.

Call in number: 877 273-4202

PIN: 962-463-868

While attendance is not mandatory, interested bidders are highly encouraged to participate in this conference call. Interested firms will have the opportunity to submit questions regarding the RFP requirements during the call. A sound recording of the meeting will be distributed upon request. Substantial clarifications or changes required as a result of the meeting will be issued in the form of a written addendum to the RFP.

### 2.3 Modification or Withdrawal of Proposal

Prior to the proposal submission deadline set forth in Section 1.3, a Vendor may: (1) withdraw its Proposal by submitting a written request to the State point of contact, or (2) modify its Proposal by submitting a written amendment to the State point of contact. The State may request proposal modifications at any time.

The State reserves the right to waive minor informalities in a proposal and award a contract that is in the best interest of the State of Vermont. A "minor informality" is an omission or error that, in DVHA's determination, if waived or modified when evaluating proposals, would not give a Vendor an unfair advantage over other Vendors or result in a material change in the proposal or RFP requirements. When DVHA determines that a proposal contains a minor informality, it may at its discretion provide the Vendor with the opportunity to correct.

## **2.4 Amendments and Announcements Regarding this RFP**

The State will post all official communication regarding this RFP on its website (<http://www.vermontbidsystem.com>), including the notice of tentative award. DVHA reserves the right to revise the RFP at any time. Any changes, amendments, or clarifications will be made in the form of written responses to Vendor questions, amendments, or addenda issued by DVHA on its website. Vendors should check the website frequently for notice of matters affecting the RFP.

Any Contract resulting from this RFP will be between DVHA and the selected Vendor. Any requirements specified herein post award are specifically by and between DVHA and the selected Vendor.

## **2.5 Multiple Responses**

The Vendor may only submit one (1) Proposal as a prime Vendor. If the Vendor submits more than one (1) proposal as a prime, DVHA may reject one or more of the submissions. This requirement does not limit a Vendor's ability to collaborate with one or more Vendors as a sub-contractor submitting proposals.

## **2.6 No Joint Proposals**

The State will not consider joint or collaborative proposals that require a contract with more than one (1) prime Vendor.

## **2.7 Use of Subcontractors**

Subject to the conditions listed in this RFP, the Vendor may propose to use a Subcontractor(s) to make a complete offer to perform all services. Any prospective Subcontractor that is not a wholly owned subsidiary of the Vendor will be subject to these conditions.

The conditions for proposing to use Subcontractors include, but are not limited to, the following:

1. Prior to any communication or distribution of State confidential information to the potential Subcontractor, the Vendor must provide the State with the name of the potential Subcontractor in advance and in writing. The Vendor will also provide contact information for the potential Subcontractor.
  - a. The State must give its written approval prior to the Vendor providing any State confidential information to a potential Subcontractor or another entity.
2. If selected, the Vendor will be the prime Vendor for services provided to the State by approved Subcontractors.

3. Subcontractors will be required to agree to certain terms of the Standard State provisions for Contracts and Grants.
4. The Vendor will be ultimately responsible for the provision of all services, including Subcontractor's compliance with the service levels, if any.
5. Any Subcontractor's cost will be included within the Vendor's pricing and invoicing.

No subcontract under the Contract must relieve the Vendor of the responsibility for ensuring the requested services are provided. Vendors planning to subcontract all or a portion of the work to be performed must identify the proposed Subcontractors.

## **2.8 Interpretive Conventions**

Whenever the terms "must," "shall," "will" or "is required" are used in this RFP in conjunction with a specification or performance requirement, the specification or requirement is mandatory. Failure to address or meet any mandatory requirement in a Proposal by a Vendor may be cause for DVHA's rejection of the Vendor's Proposal.

Whenever the terms "can," "may," or "should" are used in this RFP in conjunction with a specification or performance requirement, the specification or performance requirement is a desirable, but not mandatory, requirement. Accordingly, a Vendor's failure to address or provide any items so referred to will not be the cause for rejection of the Proposal, but will likely result in a less favorable evaluation.

## **2.9 Instructions for Submitting Proposals**

### **2.9.1 Number of Copies**

The bid must include a Technical Proposal and a separate Cost Proposal. The Vendor is required to submit one (1) clearly marked original Technical Proposal and fifteen (15) identical copies of the Technical Proposal, including all sections and exhibits, in three-ring binders, and one (1) electronic copy on a portable medium such as a compact disk. The Vendor is required to submit one (1) clearly marked original Cost Proposal and one (1) identical copy of the Cost Proposal, including all sections and exhibits, in three-ring binders, and one (1) electronic copy on a portable medium such as a compact disk.

The State will not accept e-mailed and facsimile proposals. Any disparities between the contents of the original printed Proposal and the electronic Proposal will be interpreted in favor of the State.

## 2.9.2 Submission

All bids must be sealed and addressed to:

Department of Vermont Health Access (DVHA)

Michelle A. Mosher, Purchasing Agent

312 Hurricane Lane, Suite 201

Williston, VT 05495-2087

Michelle.Mosher@state.vt.us

(o) 802-878-7957

**BID ENVELOPES MUST BE CLEARLY MARKED 'SEALED BID' AND SHOW THE REQUISITION NUMBER AND/OR PROPOSAL TITLE, OPENING DATE AND NAME OF BIDDER.**

All bidders are hereby notified that sealed bids must be received and time stamped by the DVHA Contracting Unit located at 312 Hurricane Lane – Williston, VT 05495 by the time of the bid opening. Bids not in possession of the DVHA at the time of the bid opening will be returned to the Vendor, and will not be considered.

DVHA may, for cause, change the date and/or time of bid openings or issue an addendum. If a change is made, the State will make a reasonable effort to inform all bidders by posting at: <http://www.vermontbidsystem.com>

The bid opening will be held on September 23, 2014 3 p.m. EST at 289 Hurricane Lane, Williston, VT 05495 and is open to the public. Typically, the State will open the bid and read the name and address of the bidder. No further information that pertains to the bid will be available at that time. Bid results are a public record. However, the bid results are exempt from disclosure to the public until the award has been made and the Contract is executed with the apparently successful bidder.

### 2.9.2.1 Delivery Methods

**U.S. MAIL:** Bidders are cautioned that it is their responsibility to originate the mailing of bids in sufficient time to ensure bids are received and time stamped by the DVHA Contracting Unit prior to the time of the bid opening.

**EXPRESS DELIVERY:** If bids are being sent via an express delivery service, be certain that the RFP designation is clearly shown on the outside of the delivery envelope or box. Express delivery packages will not be considered received by the State until the express delivery package has been received and time stamped by the DVHA Contracting Unit.

**HAND DELIVERY:** Hand carried bids shall be delivered to a representative of the Division prior to the bid opening.

**E-MAIL:** E-mailed bids will not be accepted.

**FAXED BIDS:** Faxed bids will not be accepted.

### **2.9.2.2 Proposal Submission Requirements**

Vendors must strictly adhere to the following response submission requirements:

1. Failure to follow any instruction within this RFP may, at the State's sole discretion, result in the disqualification of the Vendor's Proposal.
2. The State has no obligation to locate or acknowledge any information in the Vendor's Proposal that is not presented under the appropriate outline according to these instructions and in the proper location.
3. The Vendor's Proposal must be received, in writing, at the address specified in this RFP, by the date and time specified. The State WILL NOT BE RESPONSIBLE FOR DELAYS IN THE DELIVERY OF DOCUMENTS. Any proposal received after proposal opening time will be returned unopened.
4. Proposals or alterations by fax, e-mail, or phone will not be accepted.
5. Original signatures are required on one copy of the Submission Cover Sheet and Template O, and Vendor's original submission must be clearly identified as the original.
6. The State reserves the right to reject any proposals, including those with exceptions, prior to and at any time during negotiations.
7. The State reserves the right to waive any defect or irregularity in any proposal procedure.
8. The Vendor must not alter or rekey any of the original text in this RFP. If the State determines that the Vendor has altered any language in the original RFP, the State may, at its sole discretion, disqualify the Vendor from further consideration. The RFP issued by DVHA through the State of Vermont is the official version and will supersede any conflicting RFP language submitted by the Vendor.
9. To prevent opening by unauthorized individuals, all copies of the Proposal must be sealed in the package. A label containing the information on the cover page must be clearly typed and affixed to the package in a clearly visible location.

10. The Vendor acknowledges having read and accepting all sections by signing Templates A and O

It is the responsibility of the Vendor to clearly identify all costs associated with any item or series of items in this RFP. The Vendor must include and complete all parts of the Cost Proposal in a clear and accurate manner. Costs that are not clearly identified will be borne by the Vendor.

***Omissions, errors, misrepresentations, or inadequate details in the Vendor's Proposal may be grounds for rejection of the Vendor's Proposal.***

### **2.9.3 Additional Information or Clarification**

The State reserves the right to request additional information or clarification of a Vendor's Proposal. The Vendor's cooperation during the evaluation process in providing DVHA staff with adequate responses to requests for clarification will be considered a factor in the evaluation of the Vendor's overall responsiveness. Lack of such cooperation may, at DVHA's discretion, result in the disqualification of the Vendor's Proposal.

1. Vendors may request additional information or clarifications to this RFP using the following procedures:
  - a. Vendors must clearly identify the specified paragraph(s) in the RFP that is/are in question.
  - b. Vendors must deliver a written document to the sole point of contact as identified in Section 1.2 of this RFP.
  - c. This document may be delivered by hand, via mail or e-mail. The State WILL NOT BE RESPONSIBLE FOR DELAYS IN THE DELIVERY OF QUESTION DOCUMENTS.
  - d. It is solely the responsibility of the Vendor that the clarification document reaches the State on time. Vendors may contact the sole point of contact to verify the receipt of their documents. Documents received after the deadline will be rejected. All questions will be compiled and answered and a written document containing all questions submitted and corresponding answers will be posted on the State's website <http://www.vermontbidsystem.com>

Unsolicited clarifications and updates submitted after the deadline for Responses will be accepted or rejected at the sole discretion of the State.

## 2.10 Proposal Instructions

Proposals must address all the requirements of the RFP in the order and format specified in this section. Each RFP requirement response in the Proposal must reference the unique identifier for the requirement in the RFP.

It is the Vendor's responsibility to ensure its Proposal is submitted in a manner that enables the Evaluation Team to easily locate all response descriptions and exhibits for each requirement of this RFP. Page numbers should be located in the same page position throughout the Proposal. Figures, tables, charts, etc. should be assigned index numbers and should be referenced by these numbers in the Proposal text and in the Proposal Table of Contents. Figures, etc. should be placed as close to text references as possible.

Unless otherwise specified, Proposals shall be on 8-1/2" x 11" white bond paper with no less than 1/2" margins and eleven (11) point font. Pages shall be consecutively numbered within the bottom or top margin of each page, including attachments, such that if the document became separated, it could easily be put back together. Hard copy Proposals are to be assembled in loose-leaf, three-hole punch binders with appropriate tabs for each volume and section. Do not provide Proposals in glue-bound binders or use binding methods that make the binder difficult to remove.

At a minimum, the following should be shown on each page of the Proposal:

1. RFP #
2. Name of Vendor
3. Page number

Proposals in response to this RFP must be divided into two (2) appropriately labeled and sealed packages marked Technical Proposal and Cost Proposal. All Proposal submissions must be clearly labeled with the RFP number.

The contents of each package must be as follows:

1. **Package 1 – Technical Proposal**

Technical Proposal addressing all requirements specified in the RFP using the response forms provided in Templates A – M, and O.

2. **Package 2 – Cost Proposal**

Cost Proposal provided using the form supplied in Template N.

### 2.10.1 Proposal Format

The Proposal must be structured in the following manner and must consist of all the sections, separated into two (2) packages as listed below:

#### **Package 1 – Technical Proposal**

This package of the Vendor's response must include Sections A – M, and O as described below. Each Section corresponds to the Template designated with the same letter.

#### ***Section A. - RFP Cover Letter and Executive Summary***

This section of the Vendor's Technical Proposal must include a cover letter and executive summary stating the Vendor's intent to bid for this RFP.

The Vendor's response must include a transmittal (cover) letter; table of contents; executive summary; Vendor contact information and locations; fulfillment of minimum mandatory qualifications.

Submission for this section must be compliant with the instructions detailed in Template A Cover Letter and Executive Summary.

#### ***Section B. - Vendor Experience***

This section of the Vendor's Technical Proposal must include details of the Vendor's Experience.

The Vendor's Technical Proposal must include Vendor organization overview; corporate background; Vendor's understanding of the HHS domain; Vendor's experience in public sector; certifications and other required forms. If the Proposal includes the use of Subcontractor(s), provide projects completed in the last five (5) years.

Submission for this section must be compliant with the instructions detailed in Template B Vendor Experience.

#### ***Section C. - Vendor References***

This section of the Vendor's Technical Proposal must include Vendor's References.

The Vendor's Technical Proposal must include at least three (3) references from projects performed within the last five (5) years that demonstrate the Vendor's ability to perform the Scope of Work described in the RFP. If the Proposal includes the use of Subcontractor(s), provide three (3) references for each. The State has strong preference for references that demonstrate where the Prime and Subcontractors have worked together in the past.

Submission for this section must be compliant with the instructions detailed in Template C Vendor References.

***Section D. - Organization and Staffing***

This section of the Vendor's Technical Proposal must include a narrative of the Vendor's proposed Organization and Staffing approach.

The Vendor's Technical Proposal must include the proposed approach to: organization plan; organization chart; key staff; Subcontractors; staff contingency plan; staff management plan; staff retention and the Vendor's approach to working with the Care Management project staff.

Submission for this section must be compliant with the instructions detailed in the Template D Vendor Project Organization and Staffing Time Commitment.

***Section E. - Staff Experience***

This section of the Vendor's Technical Proposal must include a narrative of the Vendor's Staff Experience.

The Vendor's Technical Proposal must include the proposed approach to: roles and responsibilities; summary of skill sets; total years of experience in the proposed role; qualifications and resumes.

Submission for this section must be compliant with the instructions detailed in Template E Staff Experience.

***Section F. - Functional Requirements***

This section of the Vendor's Technical Proposal must include a response to the Functional Requirements provided in Template F Functional Requirements. The objective of the Functional Requirements response is to provide the Care Management Solution team with a method to develop an understanding regarding the degree to which each Vendor's solution has the potential of meeting the State project requirements.

Submission for this section must be compliant with the instructions detailed in Template F Functional Requirements. The 'Response Columns' within each tab of the Functional Requirements matrix must be completed by the Vendor as detailed in Template F Functional Requirements.

***Section G. - Functional Requirements Approach***

This section of the Vendor's Technical Proposal must include narrative of the Vendor's proposed Functional Requirements approach. In response to Template G Functional Requirements

Approach, the Vendor is requested to provide a narrative overview of how the proposed Solution will meet the State's requirements. The Vendor must complete this response section as a part of its response.

Submission for this section must be compliant with the instructions detailed in Template G Functional Requirements Approach.

#### ***Section H. - Non-Functional Requirements***

This section of the Vendor's Technical Proposal must include a response to the Technical Requirements provided in Template H Non-Functional Requirements. The following section provides Vendor instructions for preparing the response.

The objective of the Technical Requirements response is to provide the Care Management Solution team with a method to evaluate the degree to which each Vendor's solution satisfies the Care Management Solution Technical Requirements.

The 'Response Columns' within each tab of the Non-Functional Requirements matrix must be completed by the Vendor as described in the instructions detailed in Template H Non-Functional Requirements.

#### ***Section I. - Technical Requirements Approach***

This section of the Vendor's response to the RFP must include a narrative of the Vendor's proposed Technical Requirements approach. Submission for this section must be compliant with the instructions detailed in Template I Technical Requirements Approach.

#### ***Section J. - Implementation Requirements***

This section of the Vendor's Technical Proposal must include a narrative of the Vendor's proposed Implementation approach. Submission for this section must be compliant with the instructions detailed in Template J Implementation Requirements Approach.

The Vendor's response must detail the approach to meet the various Implementation Requirements including: project management methodology; detailed requirements document; system design; software installation and configuration; development methodology; user, administrator and developer training; testing; conversion planning and support; deployment and go-live support; and change management.

#### ***Section K. - Maintenance Requirements***

This section of the Vendor's Technical Proposal must include a narrative of the Vendor's proposed Warranty, Software Maintenance and Operations Support approach. Submission for

this section must be compliant with the instructions detailed in Template K Maintenance Requirements Approach.

The Vendor's response must detail the approach to meet the various Warranty, Software Maintenance and Operations requirements including: defect removal; corrective maintenance; warranty requirements; adaptive maintenance; availability of staff; lead time for on-boarding of staff; staff due diligence process; knowledge transfer and documentation processes.

#### ***Section L. - Work Plan***

This section of the Vendor's Technical Proposal must include a Work Plan that will be used to create a consistent and coherent management plan. This Work Plan will demonstrate that the Vendor has a thorough understanding for the Scope of Work and what must be done to satisfy the project requirements. Submission for this section must be compliant with the instructions detailed in Template L Work Plan.

The Work Plan must include detail sufficient to give the State an understanding of how the Vendor's knowledge and approach will:

- Manage the Work;
- Guide Work execution;
- Document planning assumptions and decisions;
- Facilitate communication among stakeholders; and
- Define key management review as to content, scope, and schedule.

#### ***Section M. - RFP Response Checklist and Supplements***

This section of the Vendor's Technical Proposal must include the completed checklist verifying that all the RFP response requirements as part of Templates A through O and the RFP Attachments have been completed. Submission for the Proposal Checklist and Supplements must be compliant with the instructions detailed in Template M RFP Response Checklist.

#### ***Section O. - Terms & Conditions of this RFP and Any Resulting Contract***

This section of the Vendor's Technical Proposal includes the completed signed legal and contracting requirements.

The Vendor must sign and review Template O- Terms & Conditions of this RFP and Any Resulting Contract in order to note Vendor's acknowledgment, intent of compliance, and/or exceptions to the following: (1) RFP Terms & Conditions; (2) Mandatory Contract Terms; (3) Standard State Provision for Contracts and Grants; and (4) General Terms & Conditions.

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**Package 2 – Cost Proposal**

This package of the Vendor’s response must include Template N Cost Workbook as described below.

***Section N. - Cost Proposal Instructions***

The Cost Proposal must include a response through the submission of Template N Cost Workbook. Vendors must complete this workbook as instructed and place it in a separate, sealed package, clearly marked as the Cost Proposal with the Vendor’s name, the RFP number, and the RFP submission date.

Vendors must base their Cost Proposals on the Scope of Work described in Section 3.0 and associated sections of this RFP. The Cost Proposals must include any business, economic, legal, programmatic, or practical assumptions that underlie the Cost Proposal. The State reserves the right to accept or reject any assumptions. All assumptions not expressly identified and incorporated into the Contract resulting from this RFP are deemed rejected by the State.

Vendors are responsible for entering cost data in the format prescribed by the Cost Workbook. Formulas have been inserted in the appropriate cells of the worksheets to automatically calculate summary numbers, and should not be altered. Further instructions for entering cost data are included in the worksheets. It is the sole responsibility of the Vendor to ensure that all mathematical calculations are correct and that the Total Costs reflect the Bid Amount for this RFP.

Completion of the Cost Workbook and worksheets is mandatory. Applicable purchase, delivery, tax, services, safety, license, travel, per diem, Vendor’s staff training, Project facility, and any other expenses associated with the delivery and implementation of the proposed items must be included in the Vendor’s costs and fixed Hourly Rates.

The Cost Proposal MUST BE A SEPARATE SUBMISSION. No Cost Information can be contained in the Technical Proposal submission. If there is Cost Information included in the Technical Proposal submission, the Vendor can be disqualified from consideration.

The Care Management Solution must include Implementation, Software Maintenance and Operations (M&O) Support, Software, and Hardware. The Vendor must include all one-time and ongoing costs in the Cost Proposal. Total Costs are required by the State for evaluation and budget purposes, while additional detail of costs is required for the State’s understanding of the costs. Costs must be based on the terms and conditions of the RFP, including DVHA’s General Provisions and Mandatory Requirements of the RFP (not the Vendor’s exceptions to the terms and conditions). The Vendor is required to state all other assumptions upon which its pricing is being determined in the Template N Cost Workbook. Cost assumptions must not conflict with

the RFP terms and conditions including DVHA’s General Provisions or Mandatory Requirements of this RFP.

Vendors are required to provide costs for the implementation of all functional and non-functional requirements in Templates F and H, including the onboarding of the VCCI program which must be firm-fixed price (FFP) with payments based on deliverables as proposed by the Vendor. The ongoing Software Maintenance payments must be monthly (based on hours invoiced) for the number and type of Vendor Software Maintenance staff positions to be specified by the Vendor throughout the Agreement period. The Vendor must provide fixed Hourly Rates to the State for work to be performed during implementation separately from work to be performed during the Software Maintenance period. In addition, fixed Labor rates must be available for the State to use for Unanticipated Tasks if necessary and for onboarding other Programs if the State determines to do so. The Vendor is required to provide costs for Packaged Software and Hardware. The Vendor must provide costs for the DDI Hosting and Disaster Recovery Services.

### 2.10.2 Proposal Crosswalk — Mandatory Templates

The table below lists the Mandatory templates that the Vendor will submit as part of its Technical and Cost Proposal Packages.

Table 4. **Mandatory Response Templates**

<b>RESPONSE TEMPLATE</b>	<b>TEMPLATE / ATTACHMENT ELEMENTS</b>
Template A	Cover Letter and Executive Summary
Template B	Vendor Experience
Template C	Vendor References
Template D	Vendor Project Organization and Staffing Time Commitment
Template E	Staff Experience
Template F	Response to Functional Requirements
Template G	Response to Functional Requirements Approach

RESPONSE TEMPLATE	TEMPLATE / ATTACHMENT ELEMENTS
Template H	Response to Non-Functional Requirements
Template I	Response to Technical Requirements Approach
Template J	Response to Implementation Requirements Approach
Template K	Response to Maintenance Requirements Approach
Template L	Work Plan
Template M	RFP Response Checklist
Template N	Cost Workbook
Template O	Terms & Conditions of this RFP and Any Resulting Contract

### 2.10.3 Order of Precedence

Once a final contract is executed between the Vendor and the State, it shall represent the entire agreement between the parties on the subject matter. All prior agreements, representations, statements, negotiations and understandings shall have no effect except to the extent expressly set forth in the Contract.

### 2.10.4 Procurement Library

The following table describes the documents that are available in the Procurement Library for reference purposes.

Table 5. Procurement Library

FILE #	PROCUREMENT LIBRARY ITEM FILE NAME
1	Health and Human Services Enterprise Architecture
2	VT DII Strategic Plan 2013 – 2018
3	Vermont AHS Software Products 2013
4	DVHA Organization Chart

FILE #	PROCUREMENT LIBRARY ITEM FILE NAME
5	VCCI Service Summary
6	Vermont Demographics Slide
7	DVHA VCCI Current Staffing and Eligible Population Map
8	Integration of Blueprint Community Health Team and DVHA
9	Blueprint Level of Service
10	Diabetes Assessment (Sample)
11	Diabetes Action Plan (Sample)
12	Diabetes Pharmacy Call Guide (Sample)
13	Diabetes Patient Health Registry (Sample)
14	Diabetes Patient Health Brief (Sample)
15	Provider Population Report
16	DVHA Staff Performance Snapshot Report
17	Hospital Service Area Data for Providers
18	Care Management Developmental Disabilities Services Program Summary
19	Children’s Integrated Services: Annual Performance Report FY2011
20	Children’s Integrated Services Timelines
21	VCCI To-Be Workflows (Draft)
22	Pediatric Palliative Care Program Overview
23	High Risk Pregnancy Program Overview
24	Vermont Health Connect Policies and Standards
25	Children’s Integrated Services Contract Performance Measures
26	VT HSE Current State Architecture
27	Vermont Data Dictionary for Blueprint Clinical Registry -
28	Blueprint To Do List Report
29	Blueprint SASH Performance Dashboard Reports
30	Blueprint Visit Comment Report
31	Blueprint Performance Dashboard Reports
32	Blueprint UDS Reports_ Excerpt of UDS Tables 6B and 7

FILE #	PROCUREMENT LIBRARY ITEM FILE NAME
33	2013 Instructions for 6 Band 7 Measures_Blueprint UDS Reports
34	User Story for Requirements Workstreams
35	CIS July 2013 Statewide Semi Annual Rpt-Internal
36	CIS Annual Performance Report April 2014
37	AHS Limited English Proficiency Policy
38	Health Service Enterprise (HSE) Vermont Enterprise Architecture Framework (VEAF) Health Services Enterprise Platform (HSEP) Overview and Strategies (April 2014)
39	HSE Platform Reuse Guidance for MMIS

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### **3. Overview and Scope of Work**

#### **3.1 Overview**

Care Management technical operations are part of the State's Medicaid Operations and are administered by DVHA. Through this procurement, the State is acquiring Care Management technology for the AHS enterprise, including predictive modeling, risk stratification, and clinical/health analytics. AHS programs provide direct care management services to Vermonters, and also oversee and monitor services provided through contracted providers. The enterprise solution will replace the current VCCI stand-alone technical contract and add contemporary capabilities to best serve all care management needs of AHS. It will support VCCI operations followed by the Department of Aging and Independent Living's (DAIL) Developmental Disability Services (DDS), and by the Department for Children and Families (DCF) Children's Integrated Services (CIS). Ultimately, the State expects additional Programs and Initiatives included in Section 3.3 of this RFP to leverage this technology.

The State's expectation through this procurement is to have no interruption of VCCI services during and after the transition to the new Vendor.

#### **3.2 Health and Human Services Enterprise Overview**

Innovation is where creativity and passion intersect with opportunity, and Vermont continues to be at the forefront of innovation in health care transformation. Vermont's Health and Human Services Enterprise (HSE) vision is a multi-year, multi-phased approach that reshapes and integrates current business processes, improves public-private sector partnerships, enhances the utilization of information, modernizes our IT environment, and results in an end-to-end transformation of the health care experience for the Vermont populace.

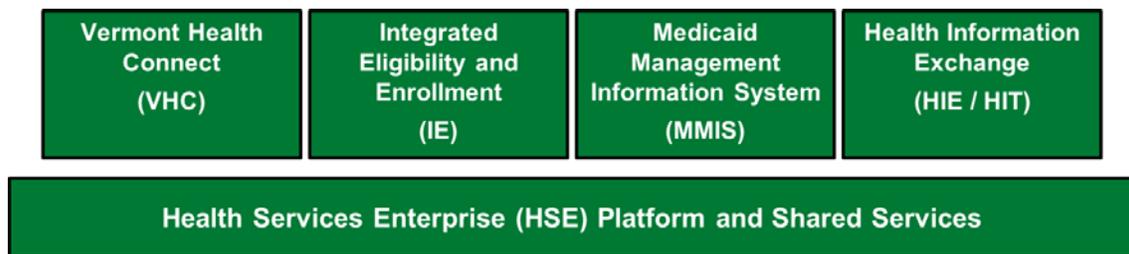
Vermont's aggressive agenda for change is built on providing Vermonters with improved access to their personal health data in a secure, timely and effective manner, enabling services and solutions that result in improved life situations and better health outcomes implemented in conjunction with enhanced access to health care benefits. The HSE strategy is to invest in new and upgraded components and technology that serve the current and near-term needs, and form the technical foundation on which the State can continually evolve to an integrated enterprise within a strategic timeframe. At the same time, these components will help the State transition to support Vermont's envisioned public-private universal health care system. As such, the HSE represents a holistic approach to innovation.

The HSE is the comprehensive collection of Health Information Technology (HIT) and Health Reform Information Technology systems. Three (3) key components of the HSE are the Vermont Health Connect (VHC) online health insurance marketplace, the Integrated Eligibility (IE) system,

and the MMIS. These strategic components are incrementally deployed upon Vermont’s new service-oriented architecture (SOA) that allows for a modular, flexible, interoperable and learning computing environment leveraging shared services, common technology, and detailed information. The new environment is designed to be consistent with CMS’ MITA 3.0 and Seven Standards & Conditions to ensure the State’s ability to meet the goals of increasing electronic commerce and transition to a digital enterprise.

As an enduring and seldom amended rule and guideline, enterprise architecture frameworks use Principles to set about how the enterprise platform fulfills its mission for the business. A fundamental principle followed by the State of Vermont is “Design for Reusability.” This principle states that applications developed across the enterprise are preferred over the development of similar or duplicative applications. This principle aligns with CMS’ “Leverage Condition” standard which states “solutions should promote sharing, leverage, and reuse of Medicaid technology and systems within and among state.”[1] Therefore, the State of Vermont requires vendors to use as much of the current HSE-Platform applications for re-use. See HSE Platform Reuse Guidance for MMIS in the Procurement Library of this RFP.

The CM Solution is part of the overall MMIS component of the HSE. As depicted in Figure 1, the Vermont HSE is a combination of building blocks, using the HSE Platform as a foundation. The Platform provides the infrastructure services and functional components that each solution shares.



**Figure 1. Health and Human Services Enterprise Overview**

### **3.2.1 Current Related Initiatives**

This integrated investment in functional solutions and standard computing platform are the key enablers for the State of Vermont to adopt an Enterprise approach, and achieve true innovation in health care for the general population. The expected responsible parties for the components of the enterprise are shown in the following table:

Table 6. Vermont Agency of Human Services' Health and Human Services Enterprise

ENTERPRISE KEY MILESTONE	RESPONSIBILITY
Health and Human Services Enterprise Platform (Oracle 11 GR SOA Suite)	VHC Solution Vendor
Vermont Health Connect (implemented in October 2013)	VHC Solution Vendor
Vermont Integrated Eligibility Determination	IE Solution Vendor

The State is also procuring additional MMIS technologies and services to replace existing, aging capabilities. The overall MMIS Procurement is broken down into three (3) work streams to meet the scope and schedule objectives of DVHA. The structure of the overall procurement is show in Figure 2 below and the targeted dates for implementation completion are shown in the following Table 7.

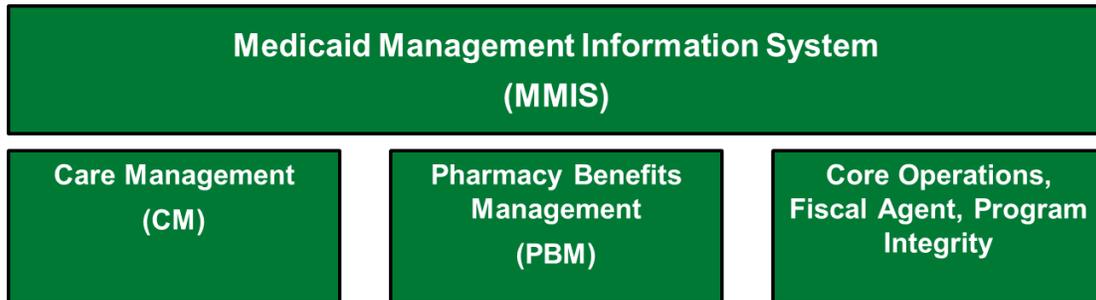


Figure 2. Medicaid Management Information System (MMIS)

Table 7. MMIS Milestone Dates

Key Milestones	Responsibility	Key Full Implementation Completion Date
Care Management	Vendor To Be Determined (TBD)	VCCI: July 2017 All Programs: February 2017
Pharmacy Benefits Management	Goold Health Services (GHS)	December 2014

Key Milestones	Responsibility	Key Full Implementation Completion Date
Core Operations	Vendor TBD	December 2016

The State has made extensive investments and plans to make further investments in technologies and services as part of the Health and Human Services Enterprise (HSE). It is the State’s expectation that the procured Care Management Solution will leverage the investments the State has made, either through reuse of technologies already owned, or through use of Web services available in the Oracle-based SOA-compliant HSE Platform, as possible and appropriate. The following Table 8 provides an overview of the future HSE Platform services and capabilities.

Table 8. **HSE Platform Services and Capabilities**

<b>Identity Management</b>	Ensure individuals are identified across the range of roles that they play and human services programs that they interact with, and have access only to information and functionality for which they are authorized
<b>Consent Management</b>	Ensure that appropriate information is shared with only individuals that are authorized and have a need for access to it
<b>Portal</b>	Provide a consistent user interface and access to information and functionality
<b>Enterprise Information Exchange</b>	Also referred to as a gateway, or service bus, will provide a standards based mechanism for integrating with and sharing information among the full range of human services and administrative applications
<b>Master Data Management</b>	Includes Master Person Index, Identity Management, and Master Provider Index to ensure a common view and single version of the “truth” across Vermont’s HHS programs
<b>Rules Engine</b>	Define and manage the business rules which will drive eligibility assessments across human services programs
<b>Eligibility Automation Foundation</b>	Provide HSE Platform shared functionality for eligibility screening, application and determinations services for Vermont Health and Human Services programs

<b>Content Management</b>	Allow management of and access to a wide range of information and media
<b>Analytics and Business Intelligence Tools and Repositories</b>	Create reports and dashboards to shed light on and manage current operations, and to develop analytical and predictive analyses for future planning and policy development
<b>Collaboration Capabilities</b>	These include: Service Coordination (Secure Messaging and Shared Case Notes), Client and Provider Look-Up and Query, Referral Management (Create Referral and Manage Referral), and Alerts and Notifications
<b>SOA</b>	Architected services that are composed of discrete software agents that are loosely coupled to other enterprise components. These services are re-usable for the construction of additional applications.
<b>Universal Customer Management</b>	Ensure individual (member) data is managed holistically. This is generally serviced by CRM applications that touch multiple areas of a customer (member) activity. Services to be used include CRM 2.0 capabilities thus offering bi-directional communications and exchanges.
<b>Enterprise Content Management and Customer Communication Management</b>	Allow for the management of structured and un-structured data across the enterprise. The customer communication management part refers to notifications constructed by the business to formally communicate with members by way of the enterprise.
<b>Business Process Management</b>	A SOA supported system that generates, stores, and re-uses business processes required to perform the necessary business requirements of the target solution.

### 3.3 Care Management Overview

Care Management is provided by multiple departments and programs within AHS. The State is procuring a Care Management Solution to replace the current VCCI solution, and to provide technology support for the enterprise and meet the care management needs of the Agency.

The State envisions the implementation of the Care Management solution as follows:

1. **Implementation of full Care Management Solution and onboarding of VCCI** — The State expects the Vendor to propose a release timeline for the implementation of all functional requirements. The goal is to implement all of the requirements documented in Templates F and H and identified as Immediate (by no later than June 2015) and Future (up to 24 months from contract award by February 2017). Immediate requirements are those needed to support VCCI including Pediatric Palliative Care and High Risk Pregnancy.
2. **Additional on-boarding of other AHS Programs** – The State anticipates the implementation of additional programs as outlined in Table 9 below. The Vendor must ensure that the technology is robust and extensible to meet the State’s future needs. It is envisioned that the Vendor will begin the onboarding task, through contract amendment, starting with DAHL’s Developmental Disability Services (DDS) and DCF’s Children’s Integrated Services (CIS) program. The Vendor is expected to work closely with the State to determine the final list of programs and define the roll-out of these other programs thereafter.

The Vendor is required to propose a phased implementation approach for early and frequent functionality releases (example: in intervals of 3– 6 months) of functionality to the users, while optimizing the delivery of overall functionality over the life of the project. The Vendor is required to include, in its Proposal, its recommended phasing approach to meeting the entirety of the Care Management functional requirements scope, starting with ensuring uninterrupted VCCI operations. The Vendor will ensure the minimum functionality as outlined in the Functional and Non-Functional Requirements Tracing Matrices in Template F and Template H, respectively, is addressed by its approach, but may propose additional functionality and technology components.

Table 9. Agency of Human Services Departments, Programs and/or Initiatives to Utilize the Care Management Solution

DEPARTMENT / INITIATIVE	PROGRAM(S)	Estimated Population Served	Estimated Supporting Staff	PROGRAM INFORMATION
<b>Department of Vermont Health Access (DVHA)</b>	Blueprint for Health including: <ul style="list-style-type: none"> <li>• Community Health Teams</li> <li>• Support and Services at Home</li> <li>• Tobacco Cessation Counselors</li> <li>• Self-Management Support Program leaders</li> </ul>	522,000	250	<a href="http://hcr.vermont.gov/blueprint">http://hcr.vermont.gov/blueprint</a>
	Clinical Operations Unit (Concurrent Review; Prior Authorization, Breast Cancer Program)	14,000	11	<a href="http://ovha.vermont.gov/">http://ovha.vermont.gov/</a>
	Vermont Chronic Care Initiative including Pediatric Palliative Care Program and High-Risk Pregnancy	See RFP Narrative	32	<a href="http://dvha.vermont.gov/for-consumers/vermont-chronic-care-initiative-vcci/">http://dvha.vermont.gov/for-consumers/vermont-chronic-care-initiative-vcci/</a>
	Quality Improvement (Behavioral Health Concurrent Review Care Management, Team Care)	1,850	4	<a href="http://ovha.vermont.gov/">http://ovha.vermont.gov/</a>
<b>Department for</b>	Children’s Integrated Services (CIS)	5,000-6,000	13	<a href="http://dcf.vermont.gov/cdd/cis">http://dcf.vermont.gov/cdd/cis</a>

DEPARTMENT / INITIATIVE	PROGRAM(S)	Estimated Population Served	Estimated Supporting Staff	PROGRAM INFORMATION
<b>Children and Families (DCF)</b>	Children’s Protective Services	5,000	13	<a href="http://dcf.vermont.gov/fsd">http://dcf.vermont.gov/fsd</a>
<b>Department of Mental Health (DMH)</b>	Adult	7,000	17	<a href="http://mentalhealth.vermont.gov/services#adult">http://mentalhealth.vermont.gov/services#adult</a>
	Pediatric	10,000	7	<a href="http://mentalhealth.vermont.gov/services#cafu">http://mentalhealth.vermont.gov/services#cafu</a>
<b>Department of Disabilities, Aging &amp; Independent Living (DAIL)</b>	Choices for Care	5,000	20	<a href="http://www.ddas.vermont.gov/ddas-programs/programs-cfc/">http://www.ddas.vermont.gov/ddas-programs/programs-cfc/</a>
	Developmental Disability Services (DDS)	See RFP Narrative	14	<a href="http://ddas.vt.gov/ddas-programs/programs-dds/programs-dds-default-page">http://ddas.vt.gov/ddas-programs/programs-dds/programs-dds-default-page</a>
	Traumatic Brain Injury (TBI)	75	2	<a href="http://ddas.vt.gov/ddas-programs/tbi/programs-tbi-default-page">http://ddas.vt.gov/ddas-programs/tbi/programs-tbi-default-page</a>
<b>Vermont Department of</b>	Children with Special Health Needs (CSHN)	3500	18	<a href="http://healthvermont.gov/family/cshn/cshn.aspx">http://healthvermont.gov/family/cshn/cshn.aspx</a>

DEPARTMENT / INITIATIVE	PROGRAM(S)	Estimated Population Served	Estimated Supporting Staff	PROGRAM INFORMATION
Health (VDH)	Care Alliance for Opioid Addiction/ MAT Health Homes	5,000	24	This Program is a joint venture between Blueprint/DVHA and ADAP/VDH. Hubs (specialty opioid treatment centers using predominantly methadone) are overseen by ADAP/VDH. <a href="http://healthvermont.gov/adap/documents/HUBSP_OKEBriefingDocV122112.pdf">http://healthvermont.gov/adap/documents/HUBSP_OKEBriefingDocV122112.pdf</a>
	Ladies First	1,000	6	<a href="http://healthvermont.gov/prevent/ladies_first.aspx">http://healthvermont.gov/prevent/ladies_first.aspx</a>
	Divisions of Maternal and Child Health and Office of Local Health: Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	63,015	18	

### **3.4 Project Approach**

The State intends to award a single Contract to a Vendor or a team of Vendors for the new CM Solution. The State is interested in proposals that demonstrate an integrated team approach with a single Prime Vendor and additional Vendors subcontracted to the Prime if indicated.

Through its response to this RFP, the Vendor is expected to demonstrate an approach and solution that will –

- Be flexible, robust and interoperable to meet the CM enterprise-wide needs of the State
- Fit within the State’s Care Management vision of providing holistic/patient centered services to its population, and
- Align with the State’s enterprise approach to technology for Vermont’s health and human services programs and for the benefit of individuals and populations receiving care management services.

### **3.5 Proposed Solution**

#### **3.5.1 Overview**

This RFP requests services for the proposed technology solution in two (2) work streams that are defined in the following sections.

- CM Solution Design, Development and Implementation
- CM Hosting with Maintenance and Operations

#### **3.5.2 Summary of Functional Requirements**

The State intends to select a Vendor that demonstrates a complete understanding of the Care Management requirements. The Vendor will have demonstrated the capability to develop, implement and maintain a CM Solution that embraces the MITA 3.0 goals and objectives and CMS’ Seven Conditions and Standards, and addresses all of the requirements included in the RFP.

The State has a strong preference for a vendor solution that provides the technical requirements that will allow State programs to secure certification in Case Management by national certifying bodies such as the National Committee for Quality Assurance (NCQA) or the Utilization Review Accreditation Commission (URAC).

The Vendor is required to understand and provide the most effective and efficient approach to meeting each requirement for the requested solution as a whole.

The Functional Requirements for the technology being sought by the State of Vermont are detailed in the following business areas. Each of these sections is to be discussed by the Vendor in Template F – Functional Requirements Matrix and Template G – Functional Requirements Approach as described in the RFP instructions.

The Vendor shall provide the State with a CM Solution that contains, at a minimum, the nine (9) functional capabilities described below:

1. Population and Candidate Identification, Risk Stratification, and Predictive Modeling
2. Member Outreach, Case Creation and Case Assignment
3. Member Assessments and Plan of Care Development
4. Case Management
5. Referral Management and Case Transition
6. Population Health Management
7. Registry Management
8. Business Intelligence and Shared Analytics/Reporting
9. General Requirements – Requirements that are common to any of the functional capabilities described above.

### **3.5.3 Summary of Non-Functional Requirements**

The State has developed and documented a set of Non-Functional Requirements for the CM Solution. These Non-Functional Requirements are independent of any particular service provider's solution type and are intended to better align the Vendor's offering(s) with the overall AHS vision for integrated health and human services and the enterprise technology infrastructure being deployed.

The Vendor will respond to the Non-Functional Requirements (NFR) and its approach to meeting them in Template H – Non-Functional Requirements, Template I – Technical Requirements Approach, Template J – Implementation Requirements Approach, and Template K – Maintenance Requirements Approach.

The NFRs are organized under the following categories:

- 
- (i) **General System Behavior Requirements:** Requirements that are identified for each individual business activity and apply to a wide variety of such activities (e.g., performance, usability, etc.).
- G1. Usability
  - G2. Audit / Compliance
  - G3. Service Levels and Performance
  - G4. Interface List
  - G5. General
- (ii) **Technology Requirements:** Requirements that drive how systems should be designed and built in a way that provides for long-term use and reuse and related standards (e.g., architecture, adopted standards, MITA 3.0 and the CMS “Seven Conditions and Standards”).
- T1. Interoperability / Interfaces
  - T2. Scalability and Extensibility
  - T3. Regulatory and Security
  - T4. HSE Platform Alignment
- (iii) **Change Process Requirements – Implementation:** Requirements that drive how systems and services are designed, implemented, and supported to reduce risks and promote quality (e.g., project management, Software Development Life Cycle (SDLC), quality control).
- I1. Project Management
  - I2. Environment Installation and Configuration
  - I3. Knowledge Transfer & Training
  - I4. Design, Development & Customization
  - I5. Deployment
  - I6. Quality Management
- (iv) **Change Process Requirements – Operations:** Requirements that drive how systems and services are operated and supported to reduce risks and promote quality

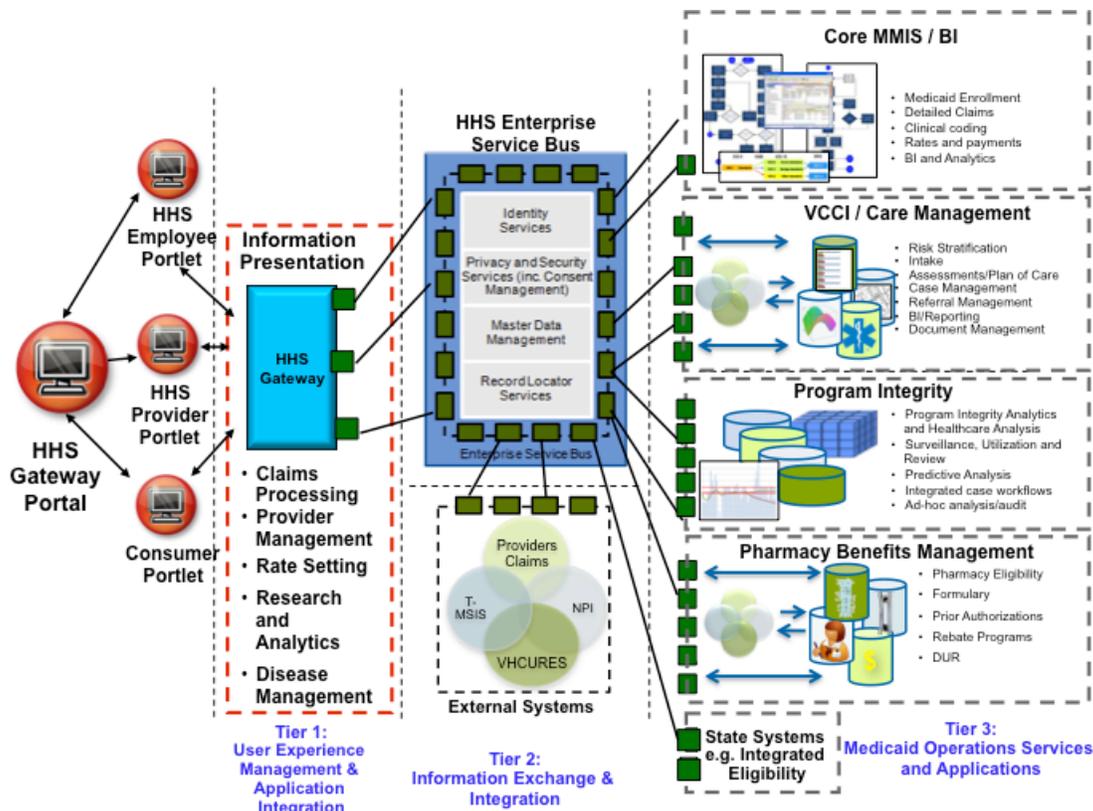
- ❑ O1. Production Support & Transition
- ❑ O2. Defect Resolution and Solution Acceptance
- ❑ O3. System Administration
- ❑ O4. System Management

### 3.5.4 Solution Architecture Guiding Principles

The State is seeking the implementation of innovative, flexible and interoperable solutions that provide the key capabilities required for meeting Vermont’s objectives. Figure 3 below provides a high-level conceptual model of the Vermont HSE solution architecture. The Solution Architecture Conceptual Model diagram presented below is separated into three (3) major architecture tiers:

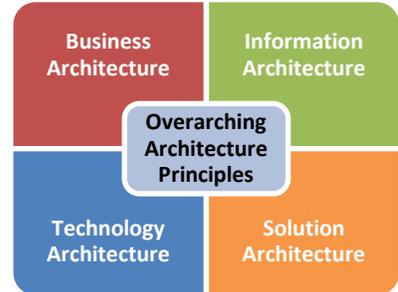
- Tier 1 – User Experience Management and Application Integration
- Tier 2 – Information Exchange and Integration
- Tier 3 – Medicaid Operations Services and Applications

**Figure 3. Vermont HSE Solution Architecture Conceptual Model**



A key objective of the Vermont Enterprise Architecture (EA) framework for the HSE Program is to organize the Enterprise Architecture content and define the desired future state capabilities. Vermont has defined a series of architectural principles that describe the desired future state Enterprise Architecture for the Vermont HSE Program. The Vendor is expected to align its solution with these principles in its overall solution approach.

The Vermont Health and Human Services Enterprise Architecture consists of four (4) key domains:



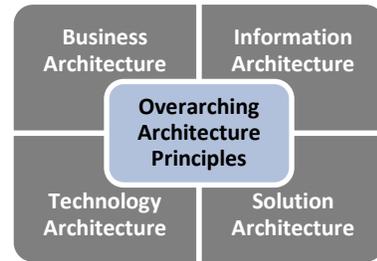
- **Enterprise Business Architecture** – Defining the drivers and strategy for the future program/policy framework for Vermont’s integrated and enterprise approach to health and human services and identifying the implications for enabling IT and developing a functional model of the enterprise from which information and technical architectures can be derived
- **Enterprise Information Architecture** – Identifying the data and information that will be required to anticipate, support and validate key decisions through the lifecycle of Vermont’s health and human services programs/services and how that data/information must flow through the State’s legacy systems.
- **Enterprise Technology Architecture** – Defining the required technology infrastructure and standards (ONC, National HIT Standards, Software/Hardware Standards, etc.) as well as the system management, operations and security mechanisms that are required to achieve the vision and provide for a sustainable, extensible, lifecycle of Vermont’s AHS Programs and Services
- **Solution (Application) Architecture** – Defining the solution pattern that will be required, such as: common front-end one-stop portal; enterprise information exchange/enterprise service bus; consolidation / modernization / retirement of legacy applications; enterprise data warehouse/mart and business intelligence tools, etc.

### Architectural Principles by Domain

Architectural principles provide guidance for decision-making in support of the vision of the future state. The principles describe the consistent decision-making biases and are intended to provide logical consistency across multiple areas. The principles also articulate how to deal with change, drive behavior, and affect individual decision-making events. These principles are not policies, but often do drive the policy requirements. These principles articulate top-level decision-making biases at Vermont.

The following overarching **HSE Architecture** principles support the Vermont HSE Platform:

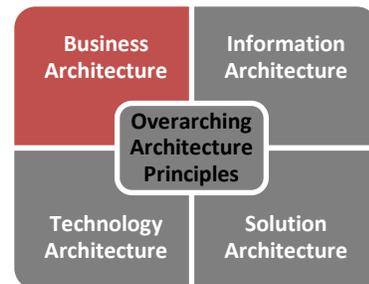
- **Sustainability:** The Health and Human Services Enterprise Architecture must include essential actions and resources to ensure the endurance of the Vermont Health and Human Services Enterprise. This requires committed leadership, effective governance and the continuity of funding and knowledgeable resources with the critical skills to sustain the architecture



- **Open Process:** Establish an open and inclusive process for defining the Enterprise Architecture, identifying the needs of the community (providers, payers, government, etc.) and the Business, Information and Technology architecture
- **Accountability and Transparency:** There must be clearly defined ownership and governance for the architecture. Roles and responsibilities must be delineated unambiguously and shared openly. Defined responsibilities should include: providing input to the decision making process, analyzing alternatives, formulating proposals, making determinations and review and approval
- **Simplicity and Consistency:** Enterprise Architecture governance processes must serve to avoid unnecessary complexity and redundancy in the management of risks and controls across the Enterprise by developing a single, unified approach
- **Broad Participation:** The Agency has identified a need for broad stakeholder representation and involvement in Enterprise Architecture Governance
- **Aligned and Comprehensive:** The value of Enterprise Architecture will depend in large measure on how well it supports program requirements in all respects

The following **Enterprise Business Architecture** principles support the Vermont HSE Platform:

- **Support the Enterprise Mission and Objectives:** All business processes should be optimized to support overall AHS strategic objectives
- **Focus on User Needs:** Applicants, Members, State Staff and Trading Partners will be able to use systems that provide content rich and user friendly interfaces via multiple channels and task-appropriate devices aligned with the State’s model of practices
- **Enable Data Sharing:** The Vermont HSE Platform will enable enterprise-wide data sharing and also provide flexible data access for Residents and Trading Partners



- **Ensure Privacy and Confidentiality:** The Vermont HSE Platform will ensure the privacy and confidentiality of health data including compliance with all laws and regulations
- **Enhance Decision-support:** The Vermont HSE Platform will provide timely, accurate, and complete decision support information to users through applications and shared services that minimize the labor intensity to enter, access and manipulate data and also anticipate, support and validate key public health and client service activities and decisions
- **Utilize Advanced Data Analytics:** The Vermont HSE Platform will collect and marshal a wide variety of health data that will be able to be analyzed to create knowledge that informs evidence-based strategies to create actionable results for meeting the needs of Vermont residents
- **Create a Real-Time Integrated Enterprise:** The Vermont HSE Platform will allow all users to have current and up-to-the-second information regarding all client's interactions with Vermont's HHS Programs

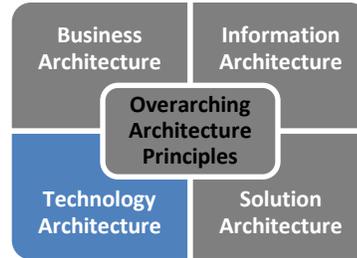
The following **Enterprise Information Architecture** principles support the VT HSE Platform:

- **Manage Information as an Enterprise Asset:** Coordinate the collection, consolidation, and consumption of enterprise information to support strategic initiatives requiring the consistency and dependability of data across multiple business processes and throughout the entire lifecycle of the information
- **Enable Data Sharing via Standards-Based Approach:** Vermont's HHS Agencies will provide and benefit from consistent and accessible data sharing, internally and externally, using appropriate Health IT standards for naming, messaging, and data exchange
- **Data Governance will be Transparent and Consistent:** The Vermont HSE Platform will ensure that data governance processes decisions are consistently implemented across the organization to ensure that data integration is as effective as possible
- **Establish a Single Data Source approach to Client and Provider Information:** The Vermont HSE Platform will use enterprise-wide tools to provide reliable and cost-effective data sources for the records managed by each Agency and its partners
- **Continuously Improve Data Quality:** Data will be continuously reviewed and there will be a relentless focus on ensuring the highest quality of data content with specified data owners accountable for quality and establishing standards for data stewardship — addressing data definition, transformation, integrity and quality issues

- **Enforce Data Confidentiality and Legal Requirements:** AHS will ensure that all rules and regulations that govern data collection, storage and use are rigorously applied

The following **Enterprise Technology Architecture** principles support the Vermont HSE Platform:

- **Integrated and Accessible Architecture:** Information captured across the program silos needs to be integrated and accessible



- Leverage data across systems and processes, taking into account security, privacy and confidentiality considerations

- Maintain consistent definitions and a single authoritative source of record for data

- **Robust Infrastructure Capabilities:** Enhance infrastructure capabilities for standardized approach to health information

- Need to deploy IT infrastructure for user driven access to and analysis of information

- **Privacy and Security Compliance:** Ensure privacy and security of participant information in accordance with legislative mandates (e.g., HIPAA) and community preferences

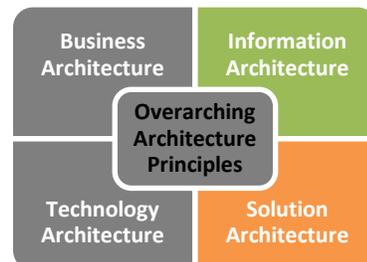
- Improve and enforce the Security standards around Identity and Access Management (IAM)

- **Technology Solutions Aligned to Agency Requirements:** Design technology solutions to accommodate appropriate agency requirements consistent with enterprise architecture and standards while minimizing the number of departmental applications (eliminating duplication and overlap wherever possible)

The following **Enterprise Solution Architecture** principles support the Vermont HSE Platform:

- **Service-Oriented:** The target architecture should consist of a number of services that are compliant with industry standards for service-oriented architecture to facilitate reuse, adaptability and interoperability

- **Interoperability Standards:** Build upon Federal standards and implementation efforts including CDC, NHIST, the ONC HIT Standards Committee and those for the NHIN and comply with emerging national interoperability standards for content exchange, vocabulary/notation and privacy/security



- **Investment Protection:** Provide the ability to integrate with existing public health system platforms and health information exchanges
- **Independence:** Keep architecture skills separate from product and implementation vendors' dependencies to maintain vendor and technology neutrality in the development of architecture
- **Scalable and Extensible:** Provide incremental expansion of functionality over time on a base that is scalable to accommodate additional users and extensible in expanding capabilities to meet future business needs and federal and state mandates
- **Legacy System Access Through Modernized Interfaces:** Provide the platform, design patterns and disciplines required to facilitate access to the existing application portfolio and data sets leveraging modern interface architecture approaches

### 3.5.5 State of Vermont Enterprise Considerations

The State of Vermont has a largely decentralized technology structure with most large Agencies and Departments having their own IT resources. The Department of Information and Innovation (DII) serves as the Enterprise IT organization for the State of Vermont hosting various enterprise applications like email and Microsoft Office SharePoint Server (MOSS). DII includes the Enterprise Project Management Office (EPMO) and the Office of the Enterprise Architect/CTO. The Commissioner of DII is the State CIO. DII also manages the State's WAN and all Telecommunications resources.

The Vendor's proposed Solution shall ideally be "enterprise capable" and will be evaluated, in part, for its ability to serve a broader purpose across the State enterprise. While it may not be possible to find a "one size fits all" solution, the State will, to the extent possible, seek a Solution with the broadest applicability possible.

Ideally, the State would like to enter into an enterprise Contract and licensing terms that can serve the immediate needs of the VCCI and can also be expanded to any other agencies or departments that could utilize the Solution. Part of the enterprise goal is to achieve whatever economies of scale are possible in software license costs, support and maintenance costs, infrastructure costs and combining implementation and training costs across entities where feasible.

### 3.5.6 Interfacing Requirements

The new Care Management Solution will need to interact with a number of other State systems to function effectively. The interface requirements are described in Template H – Non-Functional Requirements and Template I – Technical Requirements Approach.

### 3.5.7 Required Project Policies, Guidelines and Methodologies

The Vendor shall be required to comply with all applicable laws, regulations, policies, standards and guidelines affecting information technology projects, which may be created or changed periodically. It is the responsibility of the Vendor to insure adherence and to remain abreast of new or revised Laws, regulations, policies, standards and guidelines affecting project execution. Agency specific confidentiality and privacy policies, such as Health Insurance Portability and Accountability Act (HIPAA) may apply. These may include, but are not limited to:

- The State's Information Technology Policies & Procedures at:  
[http://dii.vermont.gov/Policy\\_Central](http://dii.vermont.gov/Policy_Central)
- The State's Record Management Best Practice at: <http://vermont-archives.org/records/standards/pdf/RecordsManagementBestPractice.pdf>
- The State Information Security Best Practice Guideline at: [http://vermont-archives.org/records/standards/pdf/InformationSecurityBestPractice\\_Eff.20090501.pdf](http://vermont-archives.org/records/standards/pdf/InformationSecurityBestPractice_Eff.20090501.pdf)
- The State Digital Imaging Guidelines at <http://vermont-archives.org/records/standards/pdf/ImagingGuideline2008.pdf>
- The State File Formats Best Practice at [http://vermont-archives.org/records/standards/pdf/FileFormatsBestPractice\\_Eff.20071201.pdf](http://vermont-archives.org/records/standards/pdf/FileFormatsBestPractice_Eff.20071201.pdf)
- The State File Formats Guideline at <http://vermont-archives.org/records/standards/pdf/FileFormatsGuideline2008.pdf>
- The State Metadata Guideline at <http://vermont-archives.org/records/standards/pdf/MetadataGuideline2008.pdf>

### 3.5.8 Proposed Solution Approach

#### 3.5.8.1 Approach to Security Related Regulations and Standards

The proposed Solution will, at a minimum, provide a mechanism to comply with System security requirements and safeguard requirements of the following federal and State agencies / entities:

- Health & Human Services (HHS) Center for Medicare & Medicaid Services
- Administration for Children & Families (ACF)
- NIST 800-53 and DOD 8500.2
- Security Related Regulations and Standards; MARS-E

- Federal Information Security Management Act (FISMA) of 2002
- Health Insurance Portability and Accountability Act (HIPAA) of 1996
- Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009
- Privacy Act of 1974
- e-Government Act of 2002
- Patient Protection and Affordable Care Act of 2010, Section 1561 Recommendations
- Vermont Statute 9 V.S.A. § 2440. Social security number protection (<http://www.leg.state.vt.us/statutes/fullsection.cfm?Title=09&Chapter=062&Section=02440>)
- Vermont Statute 9 V.S.A. § 2435. Notice of security breaches (<http://www.leg.state.vt.us/statutes/fullsection.cfm?Title=09&Chapter=062&Section=02435>)

### **3.5.8.2 Approach to Data Privacy**

The Vendor will agree to comply with state and federal confidentiality and information disclosure laws, rules and regulations applicable to work associated with this RFP including but not limited to:

- United States Code 42 USC 1320d through 1320d-8 (HIPAA);
- Code of Federal Regulations, 42 CFR 431.300, 431.302, 431.305, 431.306, 435.945, 45 CFR 164.502 (e), 164.504 (e) and Part 2

Based on the determination that the functions to be performed in accordance with this RFP constitute Business Associate functions as defined in HIPAA, the Vendor shall execute a Business Associate Agreement in the form set forth in Template O of this RFP, as required by HIPAA regulations at 45 CFR §164.501.

The Vendor acknowledges its duty to become familiar with and comply, to the extent applicable, with all requirements of HIPAA, 42 U.S.C. § 1320d et seq. and implementing regulations including 45 CFR Parts 160 and 164. The Vendor also agrees to comply with the Vermont Privacy regulations.

Protected Health Information as defined in the HIPAA regulations at 45 CFR 160.103 and 164.501 means information transmitted that is individually identifiable; that is created or received by a healthcare provider, health plan, public health authority, employer, life insurer, school or university, or healthcare clearinghouse; and that is related to the past, present, or

future physical or mental health or condition of an individual, to the provision of healthcare to an individual, or to the past, present, or future payment for the provision of healthcare to an individual. The definition excludes certain education records as well as employment records held by a covered entity in its role as employer.

### **3.5.8.3 Approach to Capacity Planning**

The Vendor is required to propose a robust approach to capacity planning. The Care Management Solution design and implementation approach must be responsive to three (3) core dimensions of capacity planning: 1) business capacity planning, 2) service capacity planning, and 3) IT component capacity planning.

- (i) **Business Capacity Planning:** Ensures that the future business capacity requirements (e.g., desired outcomes, anticipated number and type of Participants, etc.) are considered and understood, and that sufficient IT capacity to support the new System is planned and implemented within an appropriate timeframe
- (ii) **Service Capacity Planning:** Helps estimate the end-to-end performance, usage, workloads and resources of the System, and ensures that the performance of the System as detailed in the capacity section of the non-functional requirements document, is monitored and measured and that the collected data is recorded, analyzed, and reported
- (iii) **IT Component Capacity Planning:** Helps predict the performance, utilization, and capability of individual IT technology components. It also ensures that all components within the required IT infrastructure with finite resources are monitored and measured and that the collected data can be recorded, analyzed, and reported

The State's new systems and their databases need to support the Agency's caseloads (active and inactive Participants and historical participant data) and future caseload increases. Participant Medicaid growth is estimated at 2-5% year over year, but is impacted by Vermont legislative changes.

### **3.5.8.4 Approach to System Migration and Data Conversion**

The Vendor is expected to describe the migration approach and methodology to be used for the Care Management Solution. The Vendor will incorporate the migration approach and data conversion plan (if appropriate) into a comprehensive Migration Plan. The State anticipates considerable collaboration with the Vendor in the plan's construction.

### **3.5.8.5 Approach to Integration**

The Care Management Solution is expected to interface with a number of other State systems using the HSE Integration infrastructure.

The Solution must be able to support Application to Application (A2A) synchronous and asynchronous messaging using Web services. The messaging capabilities will be able to support a wide variety of A2A patterns including, but not limited to, the following:

- Data look-up and retrieval
- Data look-up with services provided by other applications
- Simple bulk data transfer to/from other Systems

It is anticipated that all integration will be through Vermont's HSE Integration infrastructure.

#### **3.5.8.6 Approach to Testing**

The Vendor is required to propose a robust and integrated methodology for testing of the proposed Solution, including testing with VCCI data. The Vendor's testing approach and plan must, at a minimum, include the following areas:

- Test philosophy including objectives, required levels or types of testing, and basic testing strategy
- Procedures and approach to ensure the testing will satisfy specific objectives and demonstrate that the requirements are met
- Procedures and approach to ensure that each phase of the testing is complete, and how formal reports/debriefings will be conducted for each phase of testing
- Approach to define tested workload types (performance testing) and test data
- Overview of testing facilities, environment and specific testing tools to be used
- Overview of processes and procedures that will be used by the Vendor for releasing testing results and review of test results
- Processes and procedures for tracking and reporting of results / variances / defects

#### **3.5.8.7 Approach to Implementation**

The Vendor must employ, maintain, and execute a project management methodology that complies with the Project Management Institute (PMI) standards or equivalent.

The Vendor is expected to propose a project management approach and methodology to be used for all service configuration and deployment project lifecycles. The Vendor will develop and follow a Project Management Plan (PMP) conforming to the Project Management Body of Knowledge (PMBOK). The PMP will incorporate the following PMBOK knowledge areas:

- Project Integration Management
- Project Scope Management
- Project Time Management
- Project Cost Management
- Project Quality Management
- Project Human Resource Management
- Project Communications Management
- Project Risk Management
- Project Procurement Management

The Vendor must develop (in cooperation with the State) and execute a Knowledge Transfer and Training Plan. The Knowledge Transfer and Training Plan must include, at a minimum:

- Training goals/standards and the specific plan for training any Vermont technical personnel and end users
- Administrative training on CRM for business managers. CRM aspects will be provisioned through proper IAM
- Size of population and types of roles that need training
- Strategy for providing training early in the project to allow the training goals to be implemented throughout the project life phase
- Tasks, deliverables and resources necessary to complete the training effort and identify tools and documentation that will be necessary to support proposed effort
- Types of training, the specific courses and course materials, the training approach for both technical personnel and end users, and how training effectiveness will be measured and addressed

#### **3.5.8.8 Approach to Usability (User Interface)**

The Vendor is expected to describe its proposed approach to providing a User Interface that adheres to documented Industry best practices and is simple, consistent, and uses familiar terminology.

### **3.5.8.9 Approach to Business Intelligence, Analytics and Reporting**

The Vendor is expected to propose an approach to support the Business Intelligence (BI) functions that should deliver a balanced set of capabilities to the internal State users across three (3) areas: information delivery, analysis, and development. Additionally, the description must include the reporting approach for both canned and ad-hoc reports and the ability of the proposed Solution to provide dashboard capabilities to the State users.

The reporting audience for VCCI includes 10 Management Staff, VCCI Staff (25) and primary care practices (approx. 65).

### **3.5.8.10 Approach to Regulatory Policies and Audit Compliance**

The Vendor is expected to describe its approach to adhering to regulatory policies as well as achieving audit compliance.

### **3.5.8.11 Approach to Audit Trail**

The Vendor is expected to propose an approach to support an audit trail of all pertinent events, giving due consideration to storage space and performance constraints. Examples of these events include:

- System start-up and shutdown
- Successful and unsuccessful login attempts
- User actions to access various Solution components (successful and unsuccessful attempts)
- Actions taken by system administrators and security personnel
- All administrative actions performed on the Solution
- Permission changes
- Creation of users and objects
- Deletion and modification of any system files
- Changes, additions or deletions to data (including operational and security data)
- Out of normal Solution operations usage or user access

### **3.5.8.12 Approach to Disaster Recovery**

The Vendor is expected to propose an approach to reestablishing operations in the event of a catastrophe. Provide an overview of the facilities, hardware and software components utilized by the proposed Solution.

### **3.5.8.13 Approach to IT Service Desk**

The Vendor is expected to propose an approach for providing a professional Service Desk to be physically located in the United States. The IT Service Desk will enable the central management of service delivery and provides the functions and oversight of Vendor's support services including but not limited to:

- Incident Management
- Problem Management
- Change Management
- Service Requests

Service support management represents a core support center that handles and manages the resolution of Incidents, Problems and Changes. This set of services manages events as they occur, and assures escalation, ownership and closure of these events. The Service Desk should follow best practices based on ITIL v3 standards.

The following activities shall be addressed during Service Operations:

- **Production Support** — Supporting production, addressing system interruptions focusing on identifying and fixing system faults quickly or crafting workarounds enabling later root cause analysis and problem remediation. On call support will be used for any Severity 1 maintenance requests
- **Maintenance Support** — Making changes to existing functionality and features that are necessary to continue proper system operation. This includes routine maintenance, root cause analysis, applying change requirements, software upgrades, business need changes, State rule changes, infrastructure policy impacts, and corrective, adaptive or perfective maintenance, as appropriate
- **Enhancement Support Analysis** — Analyzing the functional and non-functional requirements for adding new functionality/features to the proposed System on prioritized requests from the user community. This includes interpreting any rules changes and other critical business needs from a technical and logistical standpoint

- **User Support** — Providing application-specific support coordinated through the IT Service staff as well as conducting System research and inquiries
- **Helpdesk Platform** – The IT Helpdesk shall utilize a dedicated implementation of industry standard service desk software suite to be hosted and used by the State
- **Database Support** – This includes both DB support as well as refactoring the proposed System to enhance database efficiency in storage and query response time and coordinating with system administrators to enable ideal hardware

#### ***3.5.8.14 Approach to Software Configuration Management***

As part of the proposed Care Management Solution, Software Configuration Management includes the identification and maintenance of system software components and the relationships and dependencies among them. These activities include:

- Automatic capture and storage of IT Service to Application, Application-to-Component and Component-to-Component relationships
- Maintenance of the history of those relationships and any transformation required to appropriately manage and document (e.g., source control, version control, profiles, security plans) configuration changes affecting the application and its processing environment

The Vendor is required to propose specific tools and infrastructure for software configuration management.

#### ***3.5.8.15 Approach to Change and Release Management***

As part of the proposed Care Management Solution, Change and Release Management activities include services required to appropriately manage and document (e.g., impact analysis, version control, library management, turnover management, build management, parallel development) changes to the application and any of the constituent components being developed. Change and Release Management also includes services required to appropriately manage and document changes to the underlying application development environment components. These include the following:

- **Library Management**—The classification, control, and storage of the physical components of the application
- **Version Control**—The maintenance, tracking, and auditing of modifications to an application’s components over time, facilitating the restoration of an application to prior development stages

- **Turnover Management**—The automated promotion of software changes across different phases of the lifecycle (e.g., development, unit test, systems test, and production), including management of the approval process, production turnover, and software migration control

The Vendor shall propose a centralized solution to automate and control the software change and release management process.

- This software change and release management process will control migration patterns (i.e., how a given set of code moves from one environment to another)
- This software configuration management process will control versioning, access controls, data quality, etc., for each environment

#### ***3.5.8.16 Approach to Data Retention and Archiving***

The Vendor is expected to propose an approach to Data Retention and Archiving designed to support multiple layers of data backup protection using a combination of both disk based and tape based technologies to meet the proposed system backup and recovery (BUR) requirements.

#### ***3.5.8.17 Approach to Solution Hosting with Maintenance and Operations***

The Vendor is expected to propose an approach to Solution Hosting with Application and Infrastructure Maintenance and Operations that will best meet the requirements described in this RFP in the event that the best option is for the System to be hosted at a site other than at the State of Vermont.

- The selected Vendor shall be required to agree to terms acceptable to the State regarding the confidentiality and security of State data. These terms may vary depending on the nature of the data to be stored by the Vendor. If applicable, the State may require compliance with State security standards, IRS requirements, HIPAA, HITECH and/or FISMA compliance and/or compliance with State law relating to the privacy of personally identifiable information, specifically Chapter 62 of the Vermont Statutes. Further, a selected Vendor hosting a State system may be a “data collector” for purposes of State law and shall be required to (i) comply with certain data breach notification requirements; and (ii) indemnify the State for any third party claims against the State which may occur as a result of any data breach.
- The selected Vendor must agree to host the State’s Solution within the continental United States of America.

- The State reserves the right to periodically audit the Vendor (Prime or Subcontractor) application infrastructure to ensure physical and network infrastructure meets the configuration and security standards and adheres to relevant State policies governing the System.
- The State reserves the right to run non-intrusive network audits (basic port scans, etc.) randomly, without prior notice. More intrusive network and physical audits may be conducted on or off site with 24 hours’ notice.
- The Vendor will have a third party perform methodology-based (such as OSSTM) penetration testing quarterly and will report the results of that testing to the State.
- The selected Vendor shall agree to cause an SSAE 16 Type II audit certification to be conducted annually. The audit results and the Vendor’s plan for addressing or resolution of the audit results shall be shared with the State.
- The selected Vendor shall agree to terms acceptable to the State regarding system backup, disaster recovery planning and access to State data.
- The selected Vendor shall be required to agree to disclose the hosting provider which shall be acceptable to the State for purposes of the data to be stored and shall not change the hosting provider without the prior written consent of the State.
- The selected Vendor shall be required to guarantee the service level terms of any hosting provider.
- The selected Vendor shall agree to apply service level credits for the failure to meet service level terms.

### 3.5.9 Performance Measures and Associated Remedies

To ensure the State of Vermont’s goals and objectives for the Care Management Solution are met, the Vendor is expected to meet the following system performance Service Level Requirements (SLRs):

Table 10. System Performance Measures and Measurement Criteria

SLR NAME	SERVICE LEVEL REQUIREMENT	MEASUREMENT OF NONCOMPLIANCE	FREQUENCY OF MEASUREMENT
<b>Virus Contamination</b>	All software developed and delivered by the Vendor must be free of viruses.	Each virus that is included in software developed and delivered by the Vendor.	Monthly after deployment of VCCI Go-Live Date

SLR NAME	SERVICE LEVEL REQUIREMENT	MEASUREMENT OF NONCOMPLIANCE	FREQUENCY OF MEASUREMENT
<b>On-line Availability</b>	The components of the Solution under Vendor control as delivered into production shall be available at a level agreed to in the Contract (the contracted target level of availability). This will be chosen from one (1) of the three (3) availability levels shown in Table 3 Levels of Availability of the future Case Management System**.	Each tenth of percentage point less than the contracted level of availability.	Monthly after deployment of VCCI Go-Live Date
<b>On-line Search and Lookup queries Response Times</b>	The System response time during operations will be 5 seconds or less for 95 percent of the search and lookup queries (does not include ad hoc queries and analytics). Maximum response time will not exceed 15 seconds except for agreed to exclusions. Response time is defined as the time elapsed after depressing an ENTER key (or clicking on a button that submits the screen for processing) until a response is received back on the same screen.	Each .5 second that the monthly average response time exceeds the maximum response time.	Monthly after deployment of VCCI Go-Live Date
<b>Dashboard Report Response Times</b>	The System will return a Dashboard report within 5 seconds or less, 95% of the time.	Each .5 second that the monthly average response time exceeds the maximum response time.	Monthly after deployment of VCCI Go-Live Date
<b>Static Standard Report Response Times</b>	The System will return a Static Standard report within 5 seconds or less, 95% of the time.	Each .5 second that the monthly average response time exceeds the maximum response time.	Monthly after deployment of VCCI Go-Live Date
<b>Parameter-based Report Response Times</b>	The System will return a parameter-based report within 20 seconds or less.	Each .5 second that the monthly average response time exceeds the maximum response time.	Monthly after deployment of VCCI Go-Live Date

SLR NAME	SERVICE LEVEL REQUIREMENT	MEASUREMENT OF NONCOMPLIANCE	FREQUENCY OF MEASUREMENT
<b>On-line Application Response Times</b>	The System will achieve performance for interactive transactions other than the reporting-related transactions above, conforming to the minimum acceptable performance standard of 5 seconds response time, for 95% of interactions.	Each .5 second that the monthly average response time exceeds the maximum response time.	Monthly after deployment of VCCI Go-Live Date
<b>Software Maintenance Request Resolution Times:</b>  <b>*Severity 1 — Emergency</b>	The service provider must resolve Severity 1 Maintenance requests within 4 hours.	Each hour beyond the requirement for resolving Severity 1 Maintenance requests.	Monthly after deployment of VCCI Go-Live Date
<b>Software Maintenance Request Resolution Times:</b>  <b>*Severity 2 — Urgent</b>	The service provider must resolve Severity 2 Maintenance requests within 8 hours.	Each hour beyond the requirement for resolving Severity 2 Maintenance requests.	Monthly after deployment of VCCI Go-Live Date
<b>Software Maintenance Request Resolution Times:</b>  <b>*Severity 3 — Important</b>	The service provider must resolve Severity 3 Maintenance requests within 3 calendar days.	Each calendar day beyond the requirement for resolving Severity 3 Maintenance requests.	Monthly after deployment of VCCI Go-Live Date
<b>Quality of Code Delivered to UAT</b>	All priority 3 or higher defects (testing defects) resulting from software development activities shall be resolved by the Vendor prior to the software being delivered for User Acceptance Testing (UAT) and prior to deployment to production.	Each priority 3 or higher defect that is uncovered in UAT.	Monthly after start of the UAT phase of each implementation release

SLR NAME	SERVICE LEVEL REQUIREMENT	MEASUREMENT OF NONCOMPLIANCE	FREQUENCY OF MEASUREMENT
<b>UAT Defect Resolution Times:</b>  <b>Response to *Priority 1 test defect</b>	The Vendor must respond to priority 1 test defects within 1 hour.	Each instance that a response is not provided within the required timeframe for each test defect.	Monthly after start of the UAT phase of each implementation release
<b>UAT Defect Resolution Times:</b>  <b>Response to *Priority 2 test defect</b>	The Vendor must respond to priority 2 test defects within 4 hours.	Each instance that a response is not provided within the required timeframe for each test defect.	Monthly after start of the UAT phase of each implementation release
<b>UAT Defect Resolution Times:</b>  <b>Response to *Priority 3 test defect</b>	The Vendor must respond to priority 3 test defects within 8 hours.	Each instance that a response is not provided within the required timeframe for each test defect.	Monthly after start of the UAT phase of each implementation release
<b>UAT Defect Resolution Times:</b>  <b>Response to *Priority 4 test defect</b>	The Vendor must respond to priority 4 test defects within 5 days.	Each instance that a response is not provided within the required timeframe for each test defect.	Monthly after start of the UAT phase of each implementation release
<b>UAT Defect Resolution Times:</b>  <b>Response to *Priority 5 test defect</b>	The Vendor must respond to priority 5 test defects with each reporting phase (timeframe to be determined with State).	Each instance that a response is not provided within the required timeframe for each test report.	Monthly after start of the UAT phase of each implementation release

SLR NAME	SERVICE LEVEL REQUIREMENT	MEASUREMENT OF NONCOMPLIANCE	FREQUENCY OF MEASUREMENT
<b>Disaster Recovery RTO</b>	The System's Recovery Time Objective (RTO) will be within 4 hours. In case of a disaster that affects the Care Management operations, the entire service will be restored within 4 hours.	For each 10 minutes longer than the 4 hours it takes to restore the entire service.	Annual review of any disaster incidents.
<b>Disaster Recovery RPO</b>	The System's Recovery Point Objective (RPO) will be no more than 1 hour of data loss. In case of a disaster that affects the Care Management operations, 1 hour of data inputs to the System (but no more) may be lost and needs to be re-entered.	For each 10 minutes more than 1 hour of data loss.	Annual review of any disaster incidents
<b>Record Retention</b>	<p>The System will include the capability to maintain all data according to State-defined records retention guidelines (i.e., record schedule). General schedules can be found at: <a href="http://vermont-archives.org/records/schedules/general/">http://vermont-archives.org/records/schedules/general/</a>. Specific retention disposition orders can be found at: <a href="http://vermont-archives.org/records/schedules/orders/">http://vermont-archives.org/records/schedules/orders/</a>.</p> <p>In general, record retentions range from 3 to 10 years. In addition to the above, note that case records including Child Support-related data must be retained for a minimum of 3 years after Case closure and the youngest child in the case is 18 years old.</p>	Each record instance the System fails to achieve compliance with the agreed schedule for the class or type of records.	Annual review of record retention.

SLR NAME	SERVICE LEVEL REQUIREMENT	MEASUREMENT OF NONCOMPLIANCE	FREQUENCY OF MEASUREMENT
<b>Document Retention</b>	The System will include the capability to maintain all images and electronic documents according to State-defined document retention guidelines (i.e., record schedule). General schedules can be found at: <a href="http://vermont-archives.org/records/schedules/general/">http://vermont-archives.org/records/schedules/general/</a> . Specific retention disposition orders can be found at: <a href="http://vermont-archives.org/records/schedules/orders/">http://vermont-archives.org/records/schedules/orders/</a>  In general, document retentions range from 3 to 10 years.	Each document instance the System fails to achieve compliance with the agreed schedule for the class or type of documents.	Annual review of document retention.
<b>On-line Case Retention</b>	The System will provide on-line access of all active cases and up to 12 months for closed cases.	Each case instance the System fails to achieve compliance with the agreed schedule for the cases.	Annual review of online case retention.

Table 11 below shows possible levels of availability that Vermont expects the Vendor to propose at differing price levels. For the Contract, one (1) level of availability will be chosen (the contracted target level of availability).

Table 11. **Levels of Availability of the Future Care Management System**

AVAILABILITY %	DOWNTIME PER YEAR	DOWNTIME PER MONTH	DOWNTIME PER WEEK
99.9% ("three nines")	8.76 hrs	43.2 min	10.1 min
99.95%	4.38 hrs	21.56 min	5.04 min
99.99% ("four nines")	52.56 min	4.32 min	1.01 min

### 3.6 Proposed Project Organizational Approach

The Care Management Solution is part of the broader Medicaid Operations Solution Procurement that has a governance structure in order to provide direction and help ensure it has the resources required to successfully execute the project.

The sections below outline the responsibilities of the separate organizations.

### 3.6.1 State of Vermont Project Roles and Responsibilities

The State of Vermont Care Management project team will coordinate overall project management responsibilities including the availability of State resources as required to support tasks and retain acceptance and approval authority. Specifically, during both the design, implementation and maintenance and operations phases, the State will at least:

- Define the goals and objectives of the Vermont Care Management programs and services throughout implementation and ongoing operations
- Communicate the goals, objectives, and ongoing status of the project and program to all stakeholders
- Work with stakeholders to identify and monitor project and program risk and appropriate mitigation strategies
- Monitor the project management approach that will govern the project
- Review the draft deliverables and final deliverables developed by the Vendor and provide feedback and required changes for the Vendor to make until the State is satisfied with the resulting deliverable
- Review and approve or reject final deliverables developed and revised by the Vendor
- Provide access to State management and Subject Matter Experts (SMEs) for the approval of the deliverables required to meet the goals and objectives of the project
- Provide for the access and archiving of project artifacts in a secured repository
- Manage the procurement of additionally required resources necessary for program success, including (but not limited to) obtaining CMS pre-approval
- Monitor Vendor performance for purposes of determining Contract compliance, provide improvement requests, and approve or reject invoices as detailed in the final Contract

Key State Roles are listed below —

- **Care Management Executive Sponsor(s)**- Responsible for the highest level of program review and approval
- **Care Management Steering Committee**- Responsible for approving Contract change orders prior to execution by DVHA Procurement Office
- **Care Management Project Manager**- Responsible for the oversight and monitoring of the Vendor's performance for contract compliance. The Project Manager will act as the primary point of contact for obtaining State resources required for the project. The Project Manager shall be responsible for the overall coordination of the State — Vendor Project Team, as well as ensuring that the Project governance and reporting structure

are complied with and that issues are resolved, either through direct resolution with the Vendor's Project Manager or through the defined escalation process.

- **State of Vermont Enterprise Architecture Office** — Responsible for the architecture and technical direction, oversight, monitoring and approval of the future CM Solution

If the Vendor believes that certain work will be performed by the State's Care Management team or functional experts, and that work is not included in the Vendor's firm fixed price, the Vendor must identify the nature and associated hours of that work and include it as an attachment to the cost Proposal.

### **3.6.2 Vendor Roles and Responsibilities**

The Vendor will provide the resources to complete the following activities:

- Completion of the project in a timely fashion, without any unresolved functional and operational deficiencies and within budget
- Full documentation of the CM Solution, including but not limited to requirements specifications, architecture, design, configuration and operational environment
- Training of State staff
- Provision of predictive modeling and stratification tools and associated work effort to set up and run reports
- In consultation with the State, prepare, submit and obtain approval for individual project management approaches and plans
- In consultation with the State, and subject to State approval, execute and maintain individual project management approaches and plans
- Prepare and submit the draft deliverables for State review and comment in accordance with the Contract
- Prepare and submit the final deliverables for State review and approval in accordance with the Contract
- Abide by the goals, objectives and requirements of the resulting Contract
- Confirm the understanding of the goals, objectives and requirements of the resulting Contract
- Prepare and conduct requirements confirmation sessions with all necessary State management, SMEs and other designated vendors
- Prepare and submit to the State for approval the project management plans for meeting the goals and objectives of the Care Management solution

- Manage all activities defined in the approved project management plans
- Submit for review and approval all changes to the approved project management plans
- Participate with other designated vendors (such as the existing VCCI Vendor), the MMIS Vendor, State management and SMEs in the creation of the Care Management integrated project management plan
- Review and confirm roles and responsibilities that the Vendor has which are part of any other business process which are the responsibility of other vendors or the State
- Define quality measures to monitor the Contractually required service levels
- Manage all business processes using a continual improvement approach and submit improvements to the State for review and approval
- Comply with all laws, policies, procedures, and standards dictated by the State in meeting the goals and objectives of the Care Management Solution
- Provide an estimate of the number and type of State resources required, recognizing that the Vendor shall remain responsible for the successful implementation of the project

### **3.6.2.1 Vendor Key Project Personnel Roles**

The term “Key Project Personnel,” for purposes of this procurement, means Vendor personnel deemed by the State as being both instrumental and essential to the Vendor’s satisfactory performance of all requirements contained in this RFP. The State expects that these Key Project Personnel will be engaged throughout the Implementation (design, implementation and maintenance and operations) and Operations periods. The State will consider suggestions for alternative alignment of duties within the submitted bid offerings. Changes to the proposed positions and responsibilities will only be allowed with prior written permission from the State, unless a specific exemption is granted. If the Vendor believes that an alternative organizational design could improve service levels or decrease costs, discuss these options and their benefits within the response templates for this RFP.

Key Project Personnel are to be full-time and dedicated solely to the Vermont Medicaid account unless the Vendor provides alternative solutions that meet State’s approval.

The Vendor must include names and resumes for proposed Key Project Personnel as part of its Proposal. The Vendor must ensure Key Project Personnel have, and maintain, relevant current license(s) and/or certification(s).

The Vendor shall seek and receive State approval before hiring or replacing any Key Project Personnel. The Vendor shall remove Key Project Personnel, if requested by the State, as well as

develop a plan for the replacement of that Key Project Personnel, all within two (2) weeks of the request for removal.

The Vendor must provide the State with written notification of anticipated vacancies of Key Project Personnel within two (2) business days of receiving the individual’s resignation notice, the Vendor’s notice to terminate an individual, or the position otherwise becoming vacant. Replacements for Key Project Personnel shall have qualifications that meet or exceed those specified in this section and will be subject to approval by the State. The Vendor shall provide the State with status update reports every thirty (30) days on the progress of the replacement candidate recruiting process until a qualified candidate is hired. The Vendor shall have in place a qualified replacement within ninety (90) calendar days of the last day of employment of the departing Key Project Personnel. Vendor shall agree to provide the first thirty (30) days of a replacement resource with equivalent skill at no charge.

The following table provides Key Project Personnel positions for the Implementation Phase, corresponding roles and responsibilities for the project, and minimum qualifications for each. Other positions may be proposed at the Vendor’s discretion.

Table 12. **Vendor Key Project Personnel for the Care Management Solution**

TITLE	ROLES AND RESPONSIBILITIES	QUALIFICATIONS
<b>Account / Project Director</b>	<ul style="list-style-type: none"> <li>■ Primary point of contact with the State’s Contract Administrator, Care Management Director and other State Executive Sponsors for activities related to contract administration, overall project management and scheduling, correspondence between the State and the Vendor, dispute resolution, and status reporting to the State for the duration of the Contract</li> <li>■ Authorized to commit the resources of the Vendor in matters pertaining to the implementation performance of the Contract</li> <li>■ Responsible for ensuring all vendor-required resources identified by Project Manager are staffed on time</li> <li>■ Responsible for addressing any issues that cannot be resolved with the Vendor’s Project Manager</li> </ul>	<ul style="list-style-type: none"> <li>■ Minimum of 5 years of direct project oversight and authority over projects in excess of 10 million dollars</li> <li>■ Special consideration will be given to those who have previously managed MMIS accounts that have included both development and systems operations and maintenance phases, and have experience working with HIPAA Privacy and Security Rules</li> </ul>
<b>Project Manager</b>	<ul style="list-style-type: none"> <li>■ Provide onsite management of the project and is the chief liaison for the State for design, development, and implementation</li> </ul>	<ul style="list-style-type: none"> <li>■ Minimum of 5 years of project management experience for a</li> </ul>

TITLE	ROLES AND RESPONSIBILITIES	QUALIFICATIONS
	<p>project activities as well as the project’s maintenance and operational phase</p> <ul style="list-style-type: none"> <li>■ Authorized to make day-to-day project decisions</li> <li>■ Responsible for facilitating the project by using the project management processes, organizing the project, and managing the team work activities consistent with the approved work plan</li> <li>■ Responsible for scheduling and reporting project activities, identifying resource requirements well in advance, coordinating use of personnel resources, identifying issues and solving problems, and facilitating implementation of the System</li> <li>■ Expected to host bi-weekly onsite status meetings, monthly milestone meetings, as well as interim meetings. Will assign Vendor staff to those meetings as appropriate. Will provide an agenda and develop minutes for each meeting</li> <li>■ Senior business expert in the area of Care Management systems with a strong understanding of the Vendor’s business application</li> <li>■ Provide expert guidance ensuring that Care Management policy and business rules as defined by the State are correctly implemented in the Vendor’s Solution</li> <li>■ Advises the State regarding best practices and recommends modifications to business processes, which improve the overall Care Management program</li> </ul>	<p>government or private sector health care payer, including a minimum of 3 years of Medicaid systems experience in a state similar in scope and size to Vermont</p> <ul style="list-style-type: none"> <li>■ Possess current Project Management Professional certification from the Project Management Institute</li> <li>■ Possess a working knowledge of Care Management programs</li> </ul>
<p><b>Data / Health Informatics Analyst</b></p>	<ul style="list-style-type: none"> <li>■ Responsible for all State data requirements and reporting needs including those that exceed the standard reporting package and the information available through the decision support tool provided by the Vendor</li> <li>■ Provide ad hoc reporting, predictive modeling and risk stratification reporting as requested by AHS staff and other Program</li> </ul>	<ul style="list-style-type: none"> <li>■ Extensive knowledge of data management, clinical data, care management practices, and the Vermont Medicaid program</li> <li>■ Deep familiarity with data structures of the Vendor’s technology</li> </ul>

TITLE	ROLES AND RESPONSIBILITIES	QUALIFICATIONS
	staffs (once onboarded) <ul style="list-style-type: none"> <li>■ Management of procedures associated with systems change orders</li> <li>■ Ensure the integrity of data used for Care Management predictive modeling, risk stratification, etc.</li> </ul>	

### 3.6.3 Additional Vendor Staff Roles for Care Management Technical Solution Implementation

The State expects the Vendor to propose a staffing model to achieve the project roles. The following list provides a guideline for the various Vendor staff roles the Vendor may propose to support the project:

- Architect
- Business Analyst/Functional Lead
- Programmer
- Privacy/Security Specialist
- Change Management Lead
- Communication/Network Specialist
- Database Administrator
- Test Lead/Manager
- Tester
- System Administrator
- Training Lead/Manager
- Training Specialist

The Vendor must propose a suitable engagement and partnership model with the Care Management team to ensure proper knowledge transfer throughout the life of the project. This will include “shoulder-to-shoulder” work with identified State resources so that DVHA Staff becomes fully familiar with the design, development and implementation of the new System.

This structure must provide a shoulder-to-shoulder partnership with key Vendor and State staff, for example: Architect; Business Analyst and Functional Lead; Database Administrator; Service Desk Specialist.

The Vendor should propose a structure that will best meet this requirement. The final configuration of this organizational structure requirement will be defined during Project Initiation and Planning.

### 3.6.4 Location of Contracted Functions and Personnel

The Vendor Key Project Personnel associated with the Care Management Solution implementation must be in the Burlington, VT area. The State will not provide facilities for Vendor Key Project Personnel. To the extent the vendor proposes to perform services for the State in a location other than the continental United States, this information must be included in Template B (Section 2.6).

Vendor staff must be available to participate in project-related meetings as scheduled by the State. On-site work must be performed during normal business hours, Monday through Friday 8:00 AM until 5:00 PM Eastern Time.

The State and the Vendor will establish appropriate protocols to ensure that physical property / facility security and data confidentiality safeguards are maintained.

## 3.7 Proposed Solution Project Schedule

The State anticipates an iterative implementation approach to the project with multiple releases as described in Section 3.3. The State expects that the Vendor will work with the incumbent vendor to ensure that there is no disruption of service during the implementation and transition periods.

Key project schedule assumptions are described in the table below:

Table 13. **Proposed Solution Project Schedule Assumptions**

DATE	Assumptions
February 2015	<p><b>Expected Vendor(s) start date:</b></p> <p>The State expects the awarded Vendor to begin implementation of the project in parallel operations with the incumbent vendor until the transition period is completed. The State expects that the Vendor will work with the incumbent vendor to ensure that there is no disruption of service during the implementation and transition periods.</p>

DATE	Assumptions
Early June 2015	<p><b>VCCI Go-live date:</b></p> <p>Given multiple dependencies on the VCCI operations, the State has a strong preference for requirements identified as “Immediate” to be fully implemented and VCCI to go-live by early June 2015, and all remaining requirements identified as “future” requirements to be implemented up to 24 months from contract award. The State is interested in the Vendor's ability to achieve these milestones and will work with the Vendor to prioritize and plan for a progressive roll-out of the required functionality.</p>
February 2017	<p><b>Full System Implementation date:</b></p> <p>Vendor must have the full system (all functional requirements) operational by this date</p>
July 2015 – December 2017	<p><b>Onboarding of additional programs as users of the System</b></p>

### 3.8 Proposed Solution Scope of Work

The following sections capture the deliverables the State of Vermont expects the Vendor to produce during the implementation phase and after the System and processes are operational.

#### 3.8.1 Recurring Project Deliverables

The following table provides a list of recurring deliverables that will be created by the Vendor during the life cycle of the project execution.

Table 14. **Recurring Deliverables**

TASK	DELIVERABLE
Task 0 - Project Monitoring and Status Reporting	Deliverable 0 - Project Status Reporting (recurring throughout the length of the project, frequency to be determined with State)

#### 3.8.2 Task Related Deliverables

The following table provides a list of deliverables that will be created by the Vendor during implementation and maintenance and operations. These deliverables are defined in Section 3.8.4 – Detailed Scope of Work.

The State encourages Vendors to use industry best practices for project management and describe their recommended approach. For purposes of the State Contract, all of the following deliverables will be identified with functional CM Solution payment milestones which shall be determined during Contract negotiations. In the event the State and the Vendor cannot agree on appropriate functional deliverables and associated payment milestones, the State may terminate contract negotiations and proceed to negotiate with another Vendor. The Contract shall provide that Vendor shall not be paid until the State has reviewed and approved each functional deliverable.

Table 15. **Task Related Deliverables**

<b>TASK</b>	<b>DELIVERABLE</b>	<b>PAYMENT MILESTONE</b>
Task 1 – Project Initiation and Planning	Deliverable 1 – Project Kick-off Presentation	
	Deliverable 2 – Project Management Plan	
	Deliverable 3 – Project Work Plan and fully resourced Schedule	X
	Deliverable 4 – Requirements Analysis, System Design and Development Strategy	
	Deliverable 5 – System Implementation Strategy	
	Deliverable 6 – Master Testing Strategy	
	Deliverable 7 – Requirements Traceability Plan	
Task 2 – Requirements Analysis and System Design	Deliverable 8 – Functional Specification and System Design Document	X
	Deliverable 9 – Data Integration and Interface Design Document	X
	Deliverable 10 –System Architecture	X
	Deliverable 11 – Technical Design Document	X
Task 3 –	Deliverable 12 – System Implementation Plan	

TASK	DELIVERABLE	PAYMENT MILESTONE
System Configuration and Development	Deliverable 13 – Data Integration and Synchronization Plan, including multiple test files (MMIS/claims, PBM, eligibility, VCCI legacy, etc.)	
	Deliverable 14 – System Maintenance Support Plan	
Task 4 – Testing	Deliverable 15 – Test Plan	X
	Deliverable 16 – Test Scenarios, Test Cases and Test Scripts	
	Deliverable 17 – Documented System Test Results	
Task 5 – Training	Deliverable 18 – Training Plan	X
	Deliverable 19 – Training Manuals, End-User Guides and Materials	X
	Deliverable 20 – Documented Evidence of Successful End-User Learning	X
Task 6 - Deployment	Deliverable 21 – Deployment Plan	
	Deliverable 22 – System Incident and Defect Resolution Report	X
	Deliverable 23 – Completed Detailed Functional and Technical Specifications Traceability Matrix	X
	Deliverable 24 – System Source Code and Documentation	X
	Deliverable 25 – Performance SLAs	
Task 7 – Phase and Project Closeout	Deliverable 26 – Phase and Project Closeout	X

TASK	DELIVERABLE	PAYMENT MILESTONE
Task 8 – CMS Certification Planning	Deliverable 27 – CMS Certification Planning and Documentation	X
Task 9 – System M&O	Deliverable 28 – System Incident Reports – M&O	X
	Deliverable 29 – Adaptive Maintenance Reports	X
	Deliverable 30 – System Enhancement Reports	X
	Deliverable 31 – Operations and system administration procedures manual	X
	Deliverable 32 – Tier 2 Service Desk Plan	X

### **3.8.3 Deliverables Expectations Document (DED)**

The Vendor must develop Deliverables Expectations Documents (DED’s), in an approved State form and format; project deliverables need to adhere to the information within the DED. No work will be performed by the Vendor on any deliverable until the DED has been approved in writing by the State. As each project deliverable is submitted, the Vendor must include a copy of the associated Deliverable Expectation Document.

#### **3.8.3.1 Acceptance**

All Vendor deliverables are subject to review by the State prior to final approval, acceptance, and payment.

Acceptance of all Vendor deliverables will be completed via a Deliverables Acceptance Document (DAD) to be drafted by the State.

The State will have ten (10) working days to complete its review of the deliverables. The State will accept or reject the deliverables in writing using Controlled Correspondence (Section 3.8.3.2) and the Deliverables Acceptance Document. In the event of the rejection of any deliverable, the Vendor shall be notified in writing via Controlled Correspondence, giving the specific reason(s) for rejection. The Vendor shall have five (5) working days to correct the rejected deliverable and return it to the State via Controlled Correspondence.

Deliverables must be tracked in a tracking tool approved by State.

### **3.8.3.2    *Controlled Correspondence***

In order to track and document requests for decisions and/or information, and the subsequent response to those requests, the State and the Vendor shall use Controlled Correspondence.

Each Controlled Correspondence document shall be signed by the State Project Manager (or designee) and the Vendor Project Manager (or designee). No Controlled Correspondence document shall be effective until the signatures of both are attached to the document.

The Controlled Correspondence process may be used to document mutually agreeable operational departures from the specifications and/or changes to the specifications. Controlled Correspondence may be used to document the cost impacts of proposed changes, but Controlled Correspondence shall not be used to change pricing.

Controlled Correspondence shall not be the basis of a claim for equitable adjustment of pricing. Any changes that involve a change in pricing must be by a Purchase Order Change Notice.

Controlled Correspondence documents will be maintained by both parties in ongoing logs and shall become part of the normal status reporting process.

### **3.8.4        *Detailed Scope of Work***

The following sections define the application Design, Development and Implementation (DDI) services and the application warranty services that are required for the proposed new Care Management System.

The services are applicable to the scope information provided earlier in this document regarding the Functional and Technical Requirements and the proposed solution architecture. The Vendor must provide appropriate Labor Rates, Hours and Costs for its portion of the services, as specified in the Cost Proposal.

#### ***3.8.4.1 TASK 0 — Project Monitoring and Status Reporting***

Project status will be tracked and reported on an ongoing basis. Regularly scheduled status meetings between the State Project Management Team and the Vendor Project Manager will be held to discuss project progress, issues, resolutions and next steps. The following standard reporting mechanisms will be used:

3.    Status reports
4.    Issues lists
5.    Risk management updates

In addition, a Project Information Library (PIL) must be developed and maintained, by the Vendor and overseen by the Project Manager in a single repository used to store, organize, track, control and disseminate all information and items produced by, and delivered to, the project. The PIL must include a file structure with defined access and permissions. It must also include an interface, such as a Web page or portal, where individuals can obtain project information, the latest documentation, and input issues or comments to the Project Team.

The State shall be the owner of all the documents available in the PIL.

At a minimum, the following deliverables must be completed by the Vendor. The Vendor may propose additional deliverables as needed to achieve project goals.

**3.8.4.1.1 Deliverable 0: Project Status Reports (Recurring Deliverable)**

This deliverable must be a recurring deliverable for the entire length of the project. The deliverable must at a minimum include periodic reporting of the following activities:

1. Graphical status of scope, schedule, and budget (red, yellow, or green)
2. Status of work completed against the Project Work Plan
3. Objectives for the next reporting period
4. Client responsibilities for the next reporting period
5. Recovery plan for all work activities not tracking to the approved schedule
6. Projected completion dates compared to approved baseline key dates
7. Escalated risks, issues (including schedule and budget), and action items
8. Disposition of logged issues and risks
9. Important decisions
10. Actual/projected Project Work Plan dates versus baseline Project Work Plan milestone dates
11. Budgeted to actual budget figures, and estimated cost at completion (or similar forecast of remaining costs)
12. One-page graphical summary of the Project Work Plan status of all major tasks and subtasks for each Phase in a Project Plan

### ***3.8.4.2 TASK 1 — Project Initiation and Planning***

At a minimum, the following subtasks must be completed by the Vendor. The Vendor may propose additional tasks as needed to achieve the task goals.

#### **3.8.4.2.1 Deliverable 1: Project Kickoff Presentation**

This deliverable is a presentation to familiarize project team members with the project. The presentation includes the following topics:

1. Project Overview
2. Project Schedule (high level)
3. Objectives and Definitions
4. Process (including change management, change control, and issue/risk management)
5. Artifacts
6. Roles and Responsibilities
7. Keys to Success
8. Next Steps
9. Questions and Answers (Q&A)
10. Resources

#### **3.8.4.2.2 Deliverable 2: Project Management Plan**

The Vendor shall provide a set of documents that, when taken together, constitute the Care Management Project Management Plan that describes how project objectives shall be met and provides a road map for executing the project to meet the State's preference for VCCI to be fully operational no later than early June 2015. The approach shall be consistent with the Project Management Institute (PMI) Project Management Methodologies stated in the Project Management Body of Knowledge (PMBOK) or equivalent. This plan will encompass the entire project contract lifecycle from start up through acceptance, operations, and turnover.

The Care Management Project Management Plan shall address the initiating, planning, executing, controlling, and closing processes. The Project Management Plan should at a minimum consist of the following sub-plans:

- Scope Management Plan — This plan documents the project vision and goals, items that are in-scope and out-of-scope and their prioritization, dependencies between the scope

items, and risks associated with the inclusion and removal of items from scope. The plan also defines the process used to modify project scope.

- **Cost Management Plan** — The Vendor is responsible for developing a plan that indicates how project costs/budget will be incurred, controlled, and reported. The plan must include the finalized cost and budget for the project. Cost-related progress report formatting will be developed and included by the Vendor, consistent with AHS requirements and format, with inputs from State team members, and must include a tracking of costs to the project budget baseline.
- **Risk Management Plan** — Development of a Risk Management Plan is required. The Vendor, with the support of State team members, must submit a baseline Risk Assessment to the State's Project Manager within one (1) month of the project initiation.
- **Quality Management Plan** — The Vendor's plan must have the following elements:
  - Defined quality assurance responsibilities
  - Detailed definition of all deliverables by project phase and associated acceptance criteria
  - Defined deliverable review process
  - Disciplined deliverable review process
  - Regularly scheduled reviews of key project phases and milestones
  - Identified target performance areas and proposed methods of measurement; establish the baseline metrics for the agreed upon goal areas; and assist the State in determining the level of achievement of the performance goals.
- **Human Resource Management Plan** — The plan for this initiative will be tied to the proposed project timeline and phases. The Vendor is responsible for proposing the potential roles and responsibilities for staffing the different activities, articulating what the Vendor will need to provide and what the State should provide.
- **The Schedule Management Plan** – The plan developed by the Vendor must include the following:
  - How the project schedule will be monitored for variances
  - What types of corrective actions will be taken to address schedule variances during the life of the project
  - The process, roles, and responsibilities involved in making changes to the project schedule.
- **Communication Management Plan** — The plan must detail the varying levels and needs of the project's stakeholders for information regarding the project, status, accomplishments, impact on stakeholders, etc.

As part of Communication Management, issues must be logged and reported bi-weekly and the plan must detail the escalation mechanisms for issue resolution.

- Closure Approach — Upon the completion of the Base and Extension Operations Periods, the Vendor will perform all activities necessary to close out the Project. This includes:
  - Performing formal contract closure
  - Updating process documentation and transferring this to the State
  - Transitioning any relevant process and/or solution responsibilities over to the State Project team, or to another contracted vendor
  - This includes updating and transferring all solution documentation, performing formal contract closure, and transitioning any relevant solution responsibilities over to the State Project team.
- Change Management Plan — The Vendor must adhere to the Change Management Plan, which will be jointly developed by the Vendor and the State. The plan describes how the Change Control Board (CCB) will manage the process for review, acceptance and rejection of change requests. For any decisions that cannot be made by the CCB or project management team, the decision will be escalated.

In the Change Management Plan, change requests will be:

- Drafted by the Vendor
- Reviewed and edited by the State Project Manager
- Approved or rejected by the CCB with direction from State management, as necessary
- Implemented by the Vendor, as necessary

The Vendor must perform updates to the project schedule and cost estimates when change requests are approved.

#### **3.8.4.2.3 Deliverable 3: Project Work Plan and Schedule**

The Vendor shall deliver a Baseline Project Work Plan and Schedule, including a Work Breakdown Structure (WBS), Gantt chart(s), and a Project calendar in Microsoft Project. The Vendor shall document any work plan or schedule changes from the plan submitted with the Vendor's original Proposal.

The Vendor shall provide a Project Work Plan and Schedule to include identification and integration of all Phases of the Project, the sequences of the Phases, the duration of the Phases, and the duration of the Project. The Project Schedule shall identify the resources to be provided by both the Vendor and the State, together with the scheduled dates those resources will be required. It shall take into account State holidays, holidays that will be observed by the Vendor staff, periods during which the State has advised that data processing systems will be unavailable to the Vendor, and the resources that the State has committed to providing in the Contract. The Project Work Plan and Schedule, once accepted by the State, will form the Baseline Work Plan and Schedule for the overall Care Management Project.

As part of the Project Work Plan and Schedule, the Vendor shall prepare and submit a WBS that encompasses all activities from Project Initiation and Planning to Project Closeout. The WBS shall define the Project's overall objectives by identifying all Project tasks and Deliverables.

The Vendor shall maintain and update applicable portions of the Project Schedule no less than bi-weekly to reflect the current status of the Project with a comparison made to the Initial (as provided in response to this RFP) and Baseline Project Schedules. The Project Schedule shall be consistent with available State and contracted project resources. The State resources will be identified by the State and communicated to the Vendor prior to Schedule development. The State shall have direct electronic access to the Project Schedule as well as all Deliverables and working papers for immediate review and coordination of schedules and plans.

**3.8.4.2.4 Deliverable 4: Requirements Analysis, System Design and Development Strategy**

Prior to the creation of detailed design or the start of any development, the Vendor shall develop and provide to the State a comprehensive Requirements Analysis, System Design and Development Strategy document, based on the requirements in the Contract and interviews with State management and line staff. The purpose of this strategy document is to demonstrate that the Vendor has a strong understanding of the Care Management Solution requirements and a well-defined vision of how the Care Management Solution should be designed, developed, and implemented. This Document shall include all System requirements that have been included in this Scope of Work and address how the Solution will be designed and developed.

The Vendor shall provide a Requirements Analysis, System Design and Development Strategy Document that includes, at a minimum, a description of:

- The business processes and the functionality that the Care Management Solution will provide. Please note, the State prefers that business processes for the Care Management Solution be generated using a Business Process Management tool that will ensure the business processes will be stored and re-used by the State as needed.
- The methodology that will be used to:
  - Analyze and validate requirements
  - Select, configure and develop the components of the Solution
  - Create a coherent and integrated system design
- The intended use of Commercial Off The Shelf (COTS) software in the creation of the solution

#### **3.8.4.2.5 Deliverable 5: System Implementation Strategy**

The Vendor shall provide the State with a System Implementation Strategy.

The document shall include the strategy for the implementation of all functional requirements, starting with VCCI go-live through full solution implementation, to ensure that all functionality required of the Care Management System is implemented..

The Implementation Strategy must provide a phased approach where pre-defined success criteria for each release provide input to key “go-no go” decision points.

The System Implementation Strategy shall also identify any technical challenges (which, if any, are the sole responsibility of the Vendor to resolve) and include the deployment schedule of the releases.

The Vendor shall provide a System Implementation Strategy document to include, at a minimum, the following components:

- Project implementation plan
- Target end-user population included in the Project
- VCCI Go-Live and Full Implementation success criteria, by release
- Deployment schedule by release
- Workflow analysis and documentation
- Technology components required for the Project, by release
- Identification of the source systems to be integrated, by release
- Identification of technical challenges the Vendor must overcome to implement the System

#### **3.8.4.2.6 Deliverable 6: Master Testing Strategy**

The purpose of the Master Testing Strategy is to ensure that the Vendor has identified the major system testing activities and associated deliverables required to be performed by the Vendor. A separate and complete set of testing as outlined below shall be required for each Phase or module of functionality that will be put into production. Complete testing shall also be required for every System interface that is built and put into production. The testing functions of the Project shall be iterative and span the entire length of the Project.

The Vendor will employ a robust test methodology based on standards set by one of the following organizations in the execution of the required system testing activities:

- Software Engineering Institute (SEI), such as the Capability Maturity Model (SEI CMM)
- International Standards Organization, such as ISO9000
- Institute of Electrical and Electronics Engineers (IEEE), such as IEEE 829 Standard for Software and System Test Documentation and related standards

The Vendor shall be responsible for populating the test system(s) with the data necessary to ensure the validity of the testing for all phases of testing. State staff shall not be required to manually enter data to pre-populate the test environment for any test phase. The Vendor shall use an automated test management tool suite to manage, assess, track, and perform the required test and deployment support activities. The Vendor shall have a software-based defect tracking system capable of providing an acceptable level of detail and reporting and, at a minimum, facilitating the following functions:

- Capture – Details about each defect will be recorded when the defect is discovered, including a description, symptoms, sequence of steps to re-create it, type, and severity.
- Review and Assignment – Project management shall be able to review all open issues and assign a priority level and resources responsible for resolution.
- Estimate and Resolution – Those assigned to resolve the defect shall be able to record an estimated duration and delivery date, and provide adequate explanation upon resolution.
- Track status and history – A complete history of each defect shall be maintained so that the life cycle of each defect can be tracked and reported on.
- Management reporting – The defect tracking system shall provide recurring reports to Project management throughout the Project.

The Vendor shall provide the Master Testing Strategy deliverable that shall include:

- The test methodology to be employed for overall system testing
- The automated method of populating the test systems with data
- Identification of the software-based tracking system that will be employed

Additionally, the Strategy document shall also identify and include the strategy for testing each Project Phase:

- Unit and Integration Testing
- System Testing

- End-to-End Testing
- User Acceptance Testing
- Performance and Load Testing
- System Regression Testing
- Security Testing

#### **3.8.4.2.7 Deliverable 7: Requirements Traceability Plan**

The Vendor shall provide a Requirements Traceability Plan to detail the methodology for tracking the specific Functional and Non-Functional requirements of the Project. The Requirements Traceability Plan shall identify the methods, tools and technologies used to capture, catalog and manage the System requirements to ensure traceability to the process workflows and detailed requirements identified in the Contract.

The Vendor shall provide a Requirements Traceability Plan document to include the approach and method of capturing and maintaining requirements traceability throughout the development and deployment process. The plan shall, at a minimum, include:

- The process the Vendor will use that identifies how the requirements traceability matrix will be developed, validated, and maintained throughout the life cycle of the project
- How requirements are validated
- How any new requirements (if any), as approved through the State's Change Control Process, are analyzed and managed
- How the State team works with the Vendor to ensure traceability of requirements to the delivered Care Management Solution
- Identification and implementation of the tool to be used to perform requirements traceability
- Approach and methodology to track the Project requirements including:
  - Mapping the requirements to a unique identifier in the tool
  - Mapping the requirements to the individual test events
  - Mapping the requirements to the individual test cases, scripts and procedures
- Approach for updating the status of the requirements based on the results of each test event

- Identification of the requirements by status (e.g., satisfied, waived)
- Identification of the reports to manage and validate the requirements, including Test Coverage by test event

### ***3.8.4.3 Task 2 – Requirements Analysis and System Design***

System design includes requirements analysis, system design, interface design, and information exchange design. Detailed and logical system design documents produced by the Vendor shall direct the System development efforts. The design shall be driven by the outputs of the requirements validation. These documents provide the framework essential to ensure that the System is constructed consistently, with appropriate software development methodologies and includes all the functionality required by the Contract.

#### **3.8.4.3.1 Deliverable 8: Functional Specifications and System Design Document**

In order to ensure that the Vendor fully understands the System requirements, the Vendor must lead and facilitate the process for reviewing and validating the detailed Functional and Non-Functional Requirements documentation (Template F – Functional Requirements and Template H – Non-Functional Requirements of this RFP). The Vendor shall also conduct Joint Application Development (JAD) sessions to fully explore and understand the functional requirements for the Care Management Solution, and to identify any gaps that the Vendor shall address in order to comply with the requirements identified in this RFP and the Contract. Based upon the outcome of the JAD sessions, the Vendor shall document in detail the design and development actions necessary to fully meet DVHA’s requirements. The Vendor shall lead and facilitate the process for developing the Functional Specifications and System Design Document.

The Vendor shall develop and provide to the State the Functional Specifications and System Design Document, including at a minimum:

- A comprehensive list of functional specifications to implement the functionality detailed in Template F – Functional Requirements, that assures no interruption of VCCI services
- Recommendations on how to close specific gaps that require changes to the State’s business processes
- Business rules definition
- Reporting capabilities and prebuilt reports
- User profiles and security role permissions
- System functionality traceable back to the Requirements Traceability Matrix

- System overview diagrams illustrating which Solution components provide what functionality, linking back to the functional capabilities
- Domain model
- Data Integration/Interface Design Document – Vendor will gather data specifications from internal/external hosted systems, servers, applications that will be used in the CARE target architecture
- Use Cases – a list of workflows mapped to business processes mapped to System requirements
- User Interface screens for the System
- Identification of functions or user roles that initiate workflow, receives the workflow, and any processes that occur as a result of the workflow
- List of assumptions made during the design as well as recommended next steps and required actions that shall be confirmed by the State before the development

**3.8.4.3.2 Deliverable 9: Data Integration and Interface Design Document**

The Vendor must deliver to the State a Data Integration and Interface Design Document, or its equivalent, reflecting the required interfaces for operation. This document must be developed based on outputs from the design sessions conducted with the Vendor and the State. The Data Integration and Interface Design Document must include the following components:

- Entity Relationship Diagrams
- Data Flow Diagrams
- Data Dictionary
- Data Transformation and Loading
- Processing controls
- Data Test plans
- Conversion Testing results
- Processes to manage System installation and configuration
- Data backup procedures

The Data Integration and Interface Design Document must include, at a minimum, the interface definitions and design.

The Vendor must conduct a walkthrough of the final Data Integration and Interface Design Document with the Care Management Solution Project team to validate the contents, the incorporation of all information from the design sessions, and the incorporation of all Non-Functional Requirements. Approval of the Data Integration and Interface Design Document is required before development can begin.

### **3.8.4.3.3 Deliverable 10: System Architecture**

The Vendor shall develop a System Architecture, which details the SOA model-driven framework being used across all the domains (e.g., services, trust and security, infrastructure) that enables the development of service-oriented models to facilitate the interaction and communication of technologies. This document shall describe the set of technologies that support Care Management Solution operations, incorporating the industry best practices and standards. It shall detail the COTS package components, design patterns, information architecture, technology infrastructure and the conceptual, logical and physical architectures for the targeted baseline System.

The Vendor shall provide the System Architecture deliverable incorporating details of any COTS packages that are part of the Solution. This System Architecture shall define and document:

- A conceptual architecture that will produce a design to fulfill Care Management stakeholder's functional expectations.
- A logical architecture that identifies the SOA layers, Vendor, Service Customers, Service Broker(s), and object dependencies. To complete the logical design model, the Vendor shall define the interfaces for each service, and include data field definitions and their validation rules.
- A physical architecture that defines the various services of the System and how they shall be implemented. This shall also include details around the integration layers, potentially using Web Services, and various other integration technologies.
- A detailed list of all the proposed production environment platforms, including Hardware, OS, Networking, and all COTS and third party systems/tools/ utilities, etc.
- The details of Security, Privacy and Consent management for Care Management
- The technical approach to satisfy the following:
  - Network segmentation

- Perimeter security
- System security and data sensitivity classification
- Intrusion management
- Monitoring and reporting
- Host hardening
- Remote access
- Encryption
- State -wide active directory services for authentication
- Interface security
- Security test procedures
- Managing network security devices
- Security patch management
- Secure communications over the Internet
- Detailed diagrams depicting all security-related devices and subsystems and their relationships with other systems for which they provide controls.
- The High Availability and Disaster Recovery approach and plan describing how the System will enable the State to provide information to its customers in the event of a disaster.
- How the architecture design features ensure that the System can scale as needed for future transaction volumes, storage requirements, and System usage expands over the next 10 years.
- How the System will ensure performance based on expected data and user loading, target source systems and target platforms. Areas that shall be addressed are expected System performance during peak transaction volumes and key critical business activities.
- How the System will meet capacity requirements, including:
  - A description of how System capacity and capacity requirements were calculated, including all formulas and calculations used in capacity planning for the State. This shall include:

- Business Capacity Management
- Service Capacity Management
- IT Component Capacity Management
- Capacity Management Processes
- Capacity Management Tools Infrastructure
- Descriptions of how capacity utilization will be monitored and capacity thresholds will be established
- A description of corrective and escalation processes that will be used in the event any capacity thresholds are reached

#### **3.8.4.3.4 Deliverable 11: Technical Design Document**

The Vendor must deliver to the State a Technical Design Document (TDD), or its equivalent, reflecting the final requirements for System configuration and operation. This document must be developed based on outputs from the technical design sessions conducted with the Vendor and the State.

The Technical Design Document must include the following components:

- Detailed description of System architecture
- Entity Relationship Diagrams
- Data Flow Diagrams
- Data Dictionary
- Data steward and data governance approach to the solution
- Business processes as mapped to enterprise platform components
- Processing controls
- Processes to manage System installation and configuration
- Data backup procedures
- Security controls
- Availability and resilience controls such as load balancing, failover capabilities, and fault tolerance

The Vendor may propose alternatives to any of these components, but they must be clearly justified and have the prior approval of the Care Management Solution Project team.

The Technical Design Document must include, at a minimum, the interface definitions and design (including XML/SOAP specifications for file formats), the new System design based on reviewing existing class diagrams, sequence diagrams, updated object models that represent the internal workings and designs of the containing subsystems that will expose the services, and the component specification (details of the component that will implement the service) and service assignment to each layer defined in the System architecture.

The Vendor must conduct a walkthrough of the final TDD with the State to validate its contents, the incorporation of all information from the design sessions, and the incorporation of all non-functional requirements. Approval of the TDD is required before development can begin. The final TDD, once formally approved by the State, will, together with the approved Functional Specifications and Design Document, constitute the complete System definition for the new Care Management Solution. These two (2) deliverables will constitute the agreement between DVHA and the Vendor regarding the functionality and operation of the new Care Management Solution. The two (2) documents will be the documentation used by the Vendor during System development and use cases, and will be the basis for the development of the User Acceptance Test (UAT).

#### ***3.8.4.4 Task 3 – System Configuration and Development***

System configuration and development efforts shall be guided by the Deliverables accepted by the State during the System Design phase. This ensures that the Care Management Solution is built according to the documented functional and technical specifications. Unless otherwise agreed to, in writing by the State, the Vendor shall not initiate the System Development activities until the State has formally accepted the Functional Specifications and Design Document and the TDD Deliverables.

The Vendor shall configure and develop the Care Management Solution in accordance with the System Development Strategy. The goal of each release is to incrementally deliver the functional capabilities and valuable business outcomes to the VCCI and to the other AHS Departments/Programs and Initiatives.

During System Development, the Vendor shall fully document all software components. This documentation shall support knowledge transfer to the State. Documentation shall be NIEM conformant and follow the requirements and recommendations as given by ISO/IEC standard 11179.

#### **3.8.4.4.1 Deliverable 12: System Implementation Plan**

The Vendor shall develop a System Implementation Plan document that incorporates the final Design Documents for system implementation. This document shall be developed based on outputs from the planning and design sessions conducted with the Vendor and the State. The plan shall at a minimum include detail on the following components:

- Description of functionality for each implementation release (starting with VCCI capacity to go-live)
- Releases from VCCI go-live through full implementation
- Roll-out/implementation schedule for each release
- Points-of-contact to include individual names and contact information for each member of the implementation team, Vendor and State
- Major tasks
- Security and privacy
- Implementation support
- Hardware, software, facilities and materials for all Environments
- Personnel and staffing requirements
- Outstanding issues and the mitigation plan for each
- Implementation impact and organizational change issues
- Performance monitoring
- Configuration management interface
- Risks and contingencies
- Implementation verification and validation
- Definitions of the criteria for both success and failure of the System Implementation for each release
- Exit plan and strategy addressing portability of Solution in the event the State wants to bring the Solution back in-house

The Vendor will provide a separate System Implementation Plan for each major functionality release of the project, to include the elements outlined above and the following components:

- Project implementation roadmap
- Target end-user population included in the implementation
- Deployment schedule for the release
- Technology components required for the Project release
- Identification of the source systems to be integrated for the release

#### **3.8.4.4.2 Deliverable 13: Data Integration and Synchronization Plan**

The Care Management Solution shall address the State's need for integration of real-time operational data of the State's relationship with a Member during service delivery, as well as integration and aggregation of data from a variety of siloed source systems into operational data stores, data warehouse and data marts. This data shall be usable for operational and performance reporting (static / canned and ad hoc), shared analytics, and State-wide alerts.

The Vendor shall perform the necessary data integration and synchronization work to implement the Care Management Solution in compliance with the requirements of the Statement of Work. The Vendor shall develop a detailed plan to validate all integration and synchronization routines, as well as the accuracy and integrity of all data integrated from the source systems or otherwise generated.

The Vendor shall design, develop, and implement the technology infrastructure required to enable the Data Integration in the functional and technical specifications of this RFP and integration of operational data residing in the existing siloed State systems. Operational Data Integration shall focus on combining select data elements from a variety of existing data sources to present a dynamic / temporary view of authorized and relevant Member information, as well as the State's relationship with that individual across all Departments and programs within the scope of the Care Management project.

The Vendor shall provide an analytical data integration infrastructure that includes consistent data across the Enterprise to meet the analytics needs for each Program. This data must be available in a form suitable for the required analytics and reporting functionality defined in this RFP and available to authorized users.

The Vendor shall provide a Data Integration and Synchronization Plan to include, at a minimum, all the elements of operational and analytical data integration described above.

#### **3.8.4.4.3 Deliverable 14: System Maintenance and Support Plan**

The Vendor shall provide a written plan for the Maintenance and Operations support of the Care Management Solution into the Production Environment.

The following documentation, at a minimum, shall be prepared by the Vendor and included in the System Maintenance and Support Plan provided to the State:

- Development of a System support structure and organization, including estimates of manpower requirements to support operation and maintenance of the System
- System Installation and Administration Manual
- Completed Code
- Operating Procedures Manual: Includes Diagnostic procedures, backup and restore procedures, and disaster recovery procedures
- Maintenance Manual: Information to aid in analyzing and debugging the software, apart from information already available in other delivered documentation
- Maintenance and repair policies and procedures
- Updated system architecture diagrams and inventory (systems, servers, etc.) that clearly identify what is in the pilot and in production use
- Care Management Solution Database Schema
- Complete Data Dictionary
- System “Run Book” as defined by the State

The Vendor shall provide a System Maintenance and Support Plan to include the elements defined above.

#### ***3.8.4.5 Task 4 – Testing***

The Care Management System must undergo a series of System and User Acceptance Tests (UAT) prior to deployment. This includes emphasis on testing new or changed functionality, as well as regression testing of already accepted functionality to ensure that changes to software have not adversely affected existing code. Each phase of testing requires the execution of the previously developed Test Plan, including test cases, scripts, data sheets, and expected results. The tests that are developed must be repeatable and must be directly traceable to the requirements.

System testing and UAT must be driven by Requirements and Design, and must adhere to detailed test plans and test scripts. The State and Vendor have significant roles in the testing process. The Vendor must thoroughly test the software itself before the State UAT team begins its work. This includes System/integration testing, volume and stress testing, performance testing, and load balancing testing prior to User Acceptance Testing. When the Vendor test

results are validated by the State, UAT can commence. Upon the completion of the UAT, overall readiness will be assessed and a decision made (“go” / “no-go”) regarding deployment.

#### **3.8.4.5.1 Deliverable 15: Test Plan**

The Vendor will be responsible for the development of a Detailed Test Plan, which includes the following testing events:

- Unit and Integration Testing – The Vendor shall perform Unit and Integration testing as necessary during the configuration/development process. The State will require the presentation of Unit and Integration test plans and results during scheduled development review meetings.
- System Testing – The System testing is aimed at proving that the System meets the stated requirements and objectives by validating the total system in a real world scenario. This testing shall be performed by the Vendor and supported by a limited number of State subject matter experts/power-users (not end-users) at the sole discretion and to the limit deemed appropriate by the State Project Manager. System testing will be combined into a single test phase to provide streamlined testing without compromising the testing objectives.
- Entry Criteria – The feature set, although largely defined and static, may still not be completely finalized. The software has been unit tested, and there is a high level of confidence the completed Care Management software is ready.
- System Test Execution – The System Test shall utilize “real” data, and shall be performed by the Vendor or a third party. The System test shall be intended to demonstrate the critical business functions of the System and the overall effectiveness of the user-facing aspects. The Vendor shall provide and the State shall accept the System Test Plan before it is executed. At a minimum, the Vendor shall incorporate the following activities during System Testing:
  - Demonstrate Critical Business Function Scenarios (as defined by and approved by the State) – data and processes must be fully integrated across functional areas and that integration fully demonstrated
  - Transaction Testing (as defined by and approved by the State)
  - Error Message Testing
  - Documentation Testing (as defined by and approved by the State)
  - Help Systems Testing (as defined by and approved by the State)

- Demonstrate the Complete Sequence of Functional Business Tasks (as defined and approved by the State)
  - End-to-end business process testing (as defined and approved by the State)
  - Report Generation and Printing
  - Interface Testing (All Interfaces included in the module/system)
  - Demonstrate the Complete Sequence of Functional Business Tasks (as defined and approved by the State)
  - Usability/Interface Testing
  - Reliability Testing
  - Performance Testing (stress, load testing)
  - Security Testing
  - System Recovery and Restoration Testing
  - Regression Testing
  - Integration Testing
  - Integrity Testing
- Exit Criteria – The results of the System Test are to be presented to the State for approval before the development System status can be promoted to UAT stage for end user testing. This presentation shall take the form of a live demonstration of System functionality as outlined below. The State shall define, no less than 20 business days before the start of System Test phase, the criteria necessary for State approval of test results, including requirements for presentation of the results to the State and timeframes for State review.
- User Acceptance Testing – The purpose of User Acceptance Testing is to confirm that the System is developed according to the State’s business functionality, performance, and technical requirements and that it is ready for enterprise deployment and operational use. During UAT, selected State end-users will compare the System’s functionality, features, and performance to the State’s System Requirements Documents, Design documents and State documented UAT exit criteria.
- Entry Criteria – Prior to moving from System Testing to UAT, the System’s feature set shall be fully defined and static. The Code shall be complete and frozen. The

final release version shall have been built from source control. This final version shall have passed a formal Vendor QA acceptance test, which also covers “installation” instructions on how to update the server and end user documentation.

- ❑ Pre Test – The Vendor shall perform the following activities prior to User Acceptance Testing (UAT):
  - Build the UAT System release
  - Develop and document the software build instructions for UAT
  - Install and configure the UAT release System components and database(s) on the State’s testing environment
  - Develop and provide the required UAT Test documentation (e.g., end user guides, systems administration manuals, user help files) and provide to the State for approval for use during UAT activities
  - All Engineering Change Requests (ECRs) completed
  - Load database(s) with complete and validated production-ready dataset
  - Develop comprehensive UAT Scripts that test each and every requirement as specified in this SOW in a logical and business process-oriented manner
- ❑ Conduct UAT – There are a number of activities that the Vendor and the State must perform for the completion of the UAT. At a minimum, the following activities shall be performed:
  - Identification of the required State and Vendor resources to support UAT activities
  - Provide Vendor resources to support UAT activities
  - Development of the defect resolution management plan (Vendor)
  - Review and acceptance of the defect management plan (State)
  - Development of the overall UAT Test Plan and schedule (Vendor)
  - Development of required UAT Test Cases (Vendor)
  - Each requirement identified in the RFP shall be tested by at least one Test Case. One Test Case may provide for the testing of multiple requirements.

- Review and acceptance of UAT Test Cases (State)
- Compilation of all relevant data needed to permit State to validate that the System meets all functional, operational, performance, and support requirements. This shall include:
  - » The Project Statement of Work (State)
  - » Systems Requirements Documents (State)
  - » Software Requirements Document (State)
  - » Requirements Tractability Matrix (Vendor)
  - » Systems Configuration Management Data (Vendor)
  - » End-user Documentation (user manuals, systems administration procedures, and training documents) (Vendor)
  - » State Approved UAT Test Plan (State)
- Compiling and evaluating the UAT Test results (Vendor)
- State approval of the UAT results and corrective actions (State)
- State acceptance of the overall System and its readiness for production deployment (State)
- All problem/error reports shall be responded to within two (2) business days by the Vendor. Any Severity 1 (causing the System to fail to perform a basic business function) problem shall be responded to within two (2) hours. The acceptability of remedial fixes will depend on the nature of the problem, but shall be solely at the State's discretion. When UAT tests are rerun, the reruns shall be treated as any other UAT test activity and documented accordingly.
- Software shall be feature complete. Changes taking place must be considered by State a low risk to the underlying stability of the software. The software shall have been rigorously tested by the Vendor's QA and the original software developer's QA. There shall be a high level of confidence the software is working as customers will expect.
- Exit Criteria – The requirements for release from UAT are zero Severity 1 and zero Severity 2. The default State requirement for Severity 3 is zero. However, if actual Severity 3 defects are greater than zero, the Release Committee will

review the defects and make a recommendation to the State whether to release to production or not. The State and Vendor Project Managers will meet and mutually agree on an acceptable level of Severity 4-5 defects in order to move forward. Defect levels of severity are as defined above.

- All known problems are to be reviewed by the Release Committee. No outstanding problems should affect overall customer expectations for the System. Supporting materials such as release notes, user manuals and training manuals shall be in final form and shall also have been verified by the Vendor's QA or other appropriate reviewers. Customer support (if applicable) shall be fully prepared to support the product at this point.
- The Vendor shall present in person the results of the completed User Acceptance Testing process to the State. The Vendor shall also prepare a report detailing any remaining defects of all severities and the expected impacts of each, and deliver the Report at the same time as the presentation. The State will review the results and approve or reject the completion of the UAT phase.
- Performance Testing – The Vendor shall perform Performance Testing. Performance Testing shall include both Stress and Load Testing to verify System performance in accordance with the SLRs and Performance in Template H - Non-Functional Requirements.
- System Regression Testing – The Vendor shall perform Regression Testing throughout the testing process to verify System integrity after functional improvements or fixes have been made as a result of System Integration and User Acceptance test activities. Regression testing shall be designed to confirm that fixes have not created any new problems and that the results are as planned. The results will also define the System baseline configuration to be released to the State. The Vendor team shall document all tests performed. It shall be the responsibility of the Vendor to ensure all automated test scripts have been assessed to ensure their proper function.

The Vendor shall provide a Test Plan that includes the elements outlined above and a detailed schedule for each of the activities to be completed within the test phase, including the individuals (named and role) responsible for the completion and/or approval of each activity. Activities in the Test Plan shall include at a minimum:

- Definition of the Test Phase and Objectives
- Entrance Criteria for the Test Phase
- Exit Criteria for the Test Phase

- Key milestones (i.e., relationship in terms of timeframes days / weeks / months, to predecessors and successor tasks) associated with each Testing Phase, including:
  - Test Case Approval
  - Test Environment Readiness
  - Test Start and End dates
  - Code Baseline Configuration Established
  - Code Freeze Date(s)
  - Required Approval Dates for Test Cases, Entrance and Exit Criteria, etc.
  - Regression Testing start and end dates
  - Test Results Review Meeting Completion
  - Code Promotion Go/No-Go Decision

#### **3.8.4.5.2 *Deliverable 16: Test Scenarios, Test Cases and Test Scripts***

The Vendor shall develop comprehensive Test Scenarios, Test Cases and Test Scripts that test each requirement in a logical and business process-oriented manner. The Test Scenarios, Test Cases and Test Scripts will cover all test events defined above and will be co-developed with SOV staff involved. The Test Scenarios, Test Cases and Test Scripts will also be supported by Vendor-developed data sheets that reference the test cases to the Requirements to ensure comprehensive coverage of each test event specified in this RFP.

To ensure that the System has been thoroughly tested, the Vendor shall provide Test Scenarios, Test Cases and Test Scripts as well as data sheets to include all of the elements defined above to ensure comprehensive test coverage of each and every requirement as specified in this RFP. The Test Scenarios, Test Cases, Test Scripts and data sheets will map to the unique identification numbers assigned to all requirements in the Requirements Traceability Matrix.

#### **3.8.4.5.3 *Deliverable 17: Documented System Test Results***

The Vendor shall provide comprehensive Documented System Test Results for each test event identified in this RFP for State review and approval.

The Vendor shall provide Documented System Test Results that include all of the test activities identified above, with the following components for each test event:

- Test Coverage Matrix for each Test Phase identified above (excluding Unit and Integration Testing)
- Completed Systems Requirements vs. Functionality Tested Matrix for each phase and for the Final System Delivery
- Defect Reports
- Monthly Test Issues and Mitigation Reports
- Test Phase Final Results Report and Corrective Action(s) Plan

#### ***3.8.4.6 Task 5 – Training***

The overall objective of the State training is to provide all staff with the skills, knowledge, and incentives that will enable them to provide Care Management service delivery using the system in the most productive manner. The Care Management training must provide the following benefits, at a minimum, to the State:

- Build adoption of person-centered service delivery to support the objectives of Vermont’s ‘Agency of One’ vision
- Increase collaboration and coordination among programs through use of the Care Management Solution for activities such as service referrals and collaborative case management
- Enable authorized System users to be self-sufficient in the use and extension of the System through the various configuration and parameter change capabilities
- Provide the State the ability to efficiently and effectively assume training responsibilities subsequent to implementation

The Vendor shall engage professional training staff specializing in business systems training to work with State staff to develop and implement a Training Plan for the Project, deliver initial training, develop ongoing training curricula and material, develop reinforcement training material, and evaluate the effectiveness of the Care Management training. A “Training Team” consisting of training specialist, Vendor, and State staff, shall participate in various Phases of the Project to gain an understanding of System design and functionality. The Team shall have direct access to the Project test systems in order to map workflows and copy system screens, outputs, and other materials needed to produce the documentation necessary for staff training. The professional training staff engaged by the Vendor shall provide all user training specified in this Contract.

Although State staff will participate in decisions on Training Plans and materials, the Vendor is solely responsible for creating those plans and materials, implementing the Training Plan, and delivering the training for the duration of the Contract.

The Vendor shall:

- Provide effective training on the required knowledge, skills, and abilities necessary to use the Care Management Solution to deliver services using a person-centered model
- Provide timely training, which ensures transition from training to actual operations and application to staff work
- Provide necessary reinforcement training following initial training
- Ensure that there is easy access to training on the part of trainees
- Be responsible for the development of user training curricula, schedules, training materials and training evaluation materials in accordance with the accepted Training Plan
- Be responsible for assisting the State with the setup and maintenance of an on-line training environment that allows trainees to access the new System.
- Be responsible for conducting face-to-face, hands-on, user training in logical groupings at locations determined by the State, and for managing all training planning and logistics in coordination with the State
- Develop on-line instruction material for State customers regarding access to their service information and features in the Care Management Solution

The user training, in addition to focusing on the navigation and functional use, shall also focus on how the System is integrated into the day-to-day work of end users, including new business processes and/or workflows related to the State's new Model of Practice. To the fullest extent possible, the training classes shall consist of trainees with similar job duties and materials and approach should reflect a user-specific focus, including the use of user-specific case scenarios. User engagement and behavior change is critical to the achievement of the State's objectives for the Care Management implementation. As such, Vendor shall organize training in an interesting, non-technical manner to keep the trainees' attention. Innovative training aides, case studies, scenarios, humor, gamification, and other learning tools that will engage the users and support information retention are encouraged.

If implementation of Care Management Solution in a State office or program is delayed after initial training has been completed, Vendor shall provide refresher training.

### **3.8.4.6.1 Deliverable 18: Training Plan**

The purpose of the Care Management Solution Training Plan is to identify the activities and define the curricula the State needs to support its long-range plans to implement person-centered service delivery supported by the Care Management Solution and specific transactional training requirements. Vendor shall include in the Training Plan delivery of user training as well as training State staff so that State may assume ongoing training responsibilities.

The Vendor shall provide a Training Plan that meets the requirements described above and, at a minimum, the following components:

- Overview stating the purpose and scope of the Training Plan that meets the requirements of this RFP
- Training Curricula:
  - Detailed description of the training model for adult learners
  - Flow diagrams and detail for the training curriculum for each functional area and integration into the end-to-end business process
  - Specific training curricula targeted and delivered to the different users in a manner that meets their specific needs including, but not limited to Care Management Solution User training focusing on hands-on Care Management Solution usage to enable users to accomplish their day-to-day activities including performance management through business analytics and reporting
- Training Materials Development Plans
  - Role of the 'Training Team'
  - Documentation style standards for the development of training material (e.g., document format, references, acronyms, font)
  - Plan for review of training material
  - Approach to prototyping and testing training materials with training customers
  - Approach to modifying or adjusting training materials based on the results of the Evaluation of Training
  - Training Equipment Plans: Vendor shall provide all training facilities and equipment.
- Training Methodology and Delivery Plans:

- Identification of the training mix including, but not limited to: Web-based learning in-person learning, learning-labs, and informal learning. Because of the constraints related to scheduling staff out of the office for multiple training sessions, Vendor shall develop a training mix that leverages use of on-line training tools and self-guided learning material that is supported by in-person training.
- Identification of plan to motivate and engage Care Management Solution users to learn about and use the System and complete the training
- The logistical plan for preparing and delivering the training solution
- Training Schedule: Schedule and timeline of training development, delivery, and evaluation

#### **3.8.4.6.2 Deliverable 19: Training Manuals, Guides and Materials**

The Vendor shall develop training materials in such a way as to allow for the capability of training to continue beyond initial deployment. This construction includes the ability to modularize the material. All training material shall have a consistent look and feel and shall be provided in a soft copy format so that the State may easily make modifications to the materials. All training materials shall be maintained to reflect the latest version of the Care Management Solution and the changes resulting from evaluations and use during acceptance, pilot testing, and implementation. All training material shall be maintained in a centralized on-line repository.

The Vendor shall be responsible for developing and providing training materials and for training State staff on System operations. The Vendor shall employ professional training staff (not technical staff) to conduct training sessions and to prepare training and user materials. The State shall have approval over Vendor-provided staffing used for training and over the format/content of the training to be given. The State and Vendor staff shall work together to develop the format/content for the training and user materials that the Vendor shall produce. These materials shall be provided to the State in both hard and soft copy. The State must accept these materials before they are distributed to State staff for use.

Training Manuals, Guides, and Materials shall include, but is not limited to:

- Instructor/Trainer Guides shall provide the ability for State staff to perform the training on a continuing basis.
- Trainee Packages shall provide the trainees exercises and usable examples with which to practice the lessons provided during formal training.

- System User Manual shall provide Care Management Solution information. It should be as non-technical as possible and emphasize program collaboration, and related business functions in the explanation of Care Management Solution features, specific workflows, functions, modules and tools and the detailed procedures for using the Care Management System. The System User Manual shall be designed for ease of use so that any user, regardless of his or her function, can readily locate, identify, understand and use the information. The manual shall include a description of the problems and issues that may arise in using the Care Management Solution and the procedures for resolution. The manual shall include copies of all screens with instruction on the use and function of each, including the definition of all data elements. System User Manual shall include a catalog of all reports, forms, letters, and other system-generated documents (generated either automatically by the System or by the user). This catalog shall include, at a minimum, a copy of each report, form, letter, or document together with a description of its contents and step-by-step instruction on how to produce it.
- Desk Aids shall provide, at a minimum, quick access to solutions and information that users most frequently need.
- User tips, which shall be designed as short messages that can be sent to recent trainees with reminders about short-cuts, features, and other relevant information to promote end-user adoption and use of the Care Management Solution.

**3.8.4.6.3 Deliverable 20: Documented Evidence of Successful End-User Training**

The Vendor shall provide Documented Evidence of Successful End-User Training at the end of each phase of training. Evidence shall include at a minimum:

- Tracking of trainee attendance and completion of training courses and modules
- Actions addressing any deficiencies in the proficiency of the current cohort of trainees based on the results of the evaluation of training effectiveness
- An action plan to adjust or modify future training based on the evaluation outcomes

***3.8.4.7 Task 6 – Deployment***

The Vendor shall produce a detailed and thorough plan for deployment of the planned functionality for each release.

#### **3.8.4.7.1 Deliverable 21: Deployment Plan**

The Vendor shall provide a detailed Deployment Plan that documents all the activities that need to be accomplished to successfully migrate the Care Management Solution from the testing environment to the production environment. The Plan shall provide a detailed schedule of activities with key “go” / “no-go” decision points identified throughout the deployment process. In addition, the plan shall detail a back-out and recovery process to be triggered in the event the turnover to production fails.

#### **3.8.4.7.2 Deliverable 22: System Incident and Defect Resolution Report**

The Vendor shall document all incidents and defects that occur during System Deployment that are part of the System scope and communicate with the Care Management Project Manager within a reasonable, agreed upon time frame, on a regular basis. The System Incident Report must contain the priority of the incident, a description of the incident, incident resolution status, and the proposed course of action for remedying all open incidents.

All defect resolution requests that are part of the System scope that occur during the Warranty period must be documented and communicated with the Care Management Project Manager within a reasonable, agreed upon time frame, on a regular basis. The Defect Resolution Report must contain the description of the maintenance request, resolution status, and the proposed course of action for remedying all open defect resolution requests.

All changes and fixes will be implemented based on a mutually agreed upon schedule. All changes will go through all phases of testing by the Vendor and the State Project Team. The Vendor shall document the test results and provide to the State for approval before a decision is made to put the new release into production. The Vendor shall update all required System documentation as appropriate and provide to the State at the conclusion of any System changes.

#### **3.8.4.7.3 Deliverable 23: Completed Detailed Functional and Technical Specifications Traceability Matrix**

After completion of each release and upon final system delivery, the Vendor shall assemble, update, and provide an updated Complete System Design, Requirements, and Specifications document to the Care Management Project. The document components shall include at a minimum:

- Updated Functional Requirements with disposition in the Functional Specifications and Design Document (see Deliverable 8)
- Updated Technical Specifications with disposition in the Technical Design Document (see Deliverable 11)

#### **3.8.4.7.4 Deliverable 24: System Source Code and Documentation**

At the completion of the Project, the Vendor shall conduct a review with the State and identify any documentation that must be updated as a result of changes during the three-year warranty period. The three-year warranty period starts after the full scope of the Project is released into production. The Vendor will be required to update the documentation and provide it to the State for review and Final Acceptance.

The following shall be updated and provided to the Care Management Project Manager at the completion of the Project:

- Functional Specifications and Design Documentation
- System Architecture
- Technical Design Documentation
- Data Management and Synchronization Plan
- Test Cases and Test Scripts
- Training Manuals, End-User Guides, and Materials
- Final versions of the System software files

The Vendor shall also transfer all finalized required documentation to the State. The format and the medium of transfer will be at the discretion of the State.

#### **3.8.4.7.5 Deliverable 25: Performance Service Levels**

The Vendor shall provide ongoing compliance monitoring and reporting for the Service Levels summarized in Section 3.5.9 (Performance Measures and Associated Remedies) above and included in detail in Template H - Non-Functional Requirements.

#### **3.8.4.8 Task 7 – Phase and Project Closeout**

The purpose of the Phase and Project Closeout task is to identify the conclusion of a Project Lifecycle Phase and the Project Closeout and gather the required approver signatures. This document will signify that all required deliverables for the Project Phase being closed have been completed and approved with the date of approval for each deliverable indicated. The document shall also list the status of each of the Exit Criteria for the Project Phase and the Project Closeout.

### **3.8.4.8.1 Deliverable 26: Phase and Project Closeout**

The Vendor shall provide documentation to support Phase and Project Closeout to include, at a minimum, the elements described above and the following components:

- State validation that all deliverables for the Phase have been provided, accepted, and placed in the Project repository
- State validation that all Exit Criteria for the Phase have been met
- State validation that all deliverables for the Project have been provided, accepted and placed in the Project repository
- State validation that all Exit Criteria for the project have been met

### **3.8.4.9 Task 8 – CMS Certification Planning**

The Vendor must participate in and support all planning activities associated with Federal certification of the MMIS Solution. Planning activities will ensure that Vermont's Medicaid Enterprise meets all CMS requirements and performance standards to qualify for the highest eligible Federal Financial Participation (FFP) rate retroactive to the first day of operation. While certification application activities will occur post-implementation of the Core MMIS, the Vendor should start preparation at the beginning of the project and continue through each step of the design, development, testing and implementation of the Care Management Solution.

### **3.8.4.9.1 Deliverable 27: CMS Certification Planning and Documentation**

At the time of full MMIS certification, the Vendor is responsible for:

- Develop a CMS Certification Checklist, based on the CMS Certification Toolkit for more information (<http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/MECT.html>), for those processes supported and impacted by the Care Management Solution
- Support the State in all discussions with CMS regarding certification related to the Care Management solution
- Develop and execute required and suggested remediation efforts to achieve certification
- Assist the State in preparing certification documents and reports related to the Care Management solution

The Vendor is responsible for preparing all documentation and operational examples to demonstrate relevant criteria are met and Care Management solution operations address all

business functions and performance standards and business model expectations for certification. See the CMS Certification Toolkit for more information

<http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MMIS/MECT.html>)

### **3.8.4.10 Task 9 – System Maintenance and Operations (M&O)**

At a minimum, the Vendor must complete the following services. The Vendor may propose additional deliverables as needed to achieve the task goals of System Maintenance and Operations:

- System Incident Resolution – Maintenance and Operations of the System includes software faults that are not a part of the scope of the original development effort. All incidents that occur as part of ongoing operations must be addressed and resolved within a reasonable time frame as per the SLAs described in this RFP.
- Adaptive Maintenance – All changes and fixes will be implemented based on a mutually agreed upon schedule. All changes will go through all phases of testing by the Vendor and the State. The test results must be documented and provided to the State for approval before a decision is made to put the new release into Production. All relevant system documentation will be updated and provided to the State at the conclusion of any System changes.
- System Enhancements – If the State determines that System enhancements are required, it will submit a request for those modifications to the Vendor. The Vendor will analyze the changes and provide a cost estimate for performing those changes to the Care Management Solution. These cost estimates will be negotiated based on rates proposed and agreed to in Template N - Cost Workbook. The State can then decide whether it wishes to move forward with the requested enhancements, which will be incorporated as a change order to the Contract.

#### **3.8.4.10.1 Deliverable 28: System Incident Reports – M&O**

All incidents that occur during the Base and Optional Extension M&O periods must be documented and communicated with the State within a reasonable, agreed upon timeframe, on a regular basis. The System Incident Report must contain the severity of the incident, a description of the incident, incident resolution status, and the proposed course of action for remedying all open incidents.

#### **3.8.4.10.2 Deliverable 29: Adaptive Maintenance Report**

All adaptive maintenance requests that occur during the M&O period must be documented and communicated with the State within a reasonable, agreed upon timeframe, on a regular basis.

The Adaptive Maintenance Report must contain the description of the maintenance request, resolution status, and the proposed course of action for remedying all open maintenance requests.

**3.8.4.10.3 Deliverable 30: System Enhancement Report(s)**

All system enhancement requests (changes requiring 200 or more hours of effort) that occur during the M&O period must be documented and communicated with the State within a reasonable, agreed upon timeframe, on a regular basis. The System Enhancement Report must contain the description of the enhancement request, progress, and the test results and outcome of each request.

**3.8.4.10.4 Deliverable 31: Tier-2 Service Desk Plan**

The Vendor is responsible for developing a Tier 2 Service Desk Plan that indicates how support will be provided and how escalated incidents are resolved. The Service Desk shall use ITIL v3 compliant Incident and Problem Management processes. The plan must include a proposed organizational structure, service level commitments related to the resolution of logged incidents (based on issue priority or severity), and metric reporting for monitoring the System and Service Desk performance. The Service Desk shall use an ITIL v3 compliant COTS IT Service Desk solution and shall electronically interface with the Vendor's defect and quality management tools.

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## 4. Proposal Evaluation

The State will use a formal evaluation process to select the successful Vendor(s). The State will consider capabilities or advantages that are clearly described in the proposal, which may be confirmed by key personnel interviews, oral presentations, site visits, demonstrations, and references contacted by DVHA. DVHA reserves the right to contact individuals, entities, or organizations that have had dealings with the Vendor or proposed staff, whether or not identified in the proposal.

The State will more favorably evaluate proposals that offer no or few exceptions, reservations, or limitations to the terms and conditions of the RFP, including the State’s General Provisions.

### 4.1 Evaluation Criteria

The State will evaluate proposals based on the following best value Evaluation Criteria:

Table 16. Evaluation Criteria

Evaluation Criteria	Evaluation Sub-criteria
<b>Vendor Experience</b>	<ul style="list-style-type: none"> <li>• Relevant Vendor Experience</li> <li>• Customer References</li> </ul>
<b>Project Staff and Project Organization</b>	<ul style="list-style-type: none"> <li>• Project Organization</li> <li>• Key Project Personnel Experience</li> </ul>
<b>Business Solution</b>	<ul style="list-style-type: none"> <li>• Functional</li> <li>• Generalized System Behavior / Technology</li> <li>• Implementation Approach</li> <li>• Ongoing Operations Approach</li> </ul>
<b>Cost</b>	<ul style="list-style-type: none"> <li>• Initial Implementation</li> <li>• Ongoing Operations</li> </ul>

### 4.2 Initial Compliance Screening

The State will perform an initial screening of all proposals received. Unsigned proposals and proposals that do not include all required forms and sections are subject to rejection without further evaluation. DVHA reserves the right to waive minor informalities in a proposal and award contracts that are in the best interest of the State of Vermont.

Initial screening will check for compliance with various content requirements and minimum qualification requirements defined in the RFP. The State through DVHA also reserves the right to request clarification from Vendors who fail to meet any initial compliance requirements prior to rejecting a proposal for material deviation from requirements or non-responsiveness.

### **4.3 Minimum Mandatory Qualifications**

If the Vendor (Prime and/or Subcontractor) does not maintain these credentials or cannot demonstrate compliance with all of these requirements to the State, the Vendor's proposal may be rejected.

- The Vendor (Prime only) must have at least three (3) years' experience with projects of similar size and scope to the State's that includes design, configuration, implementation, and operation of a Care Management Solution in the healthcare or behavioral health domain. The State has a strong preference for vendor organizations that can demonstrate this experience with projects implemented in compliance with all federal and state regulations.
- The Vendor (Prime only) must submit at least three (3) references using Template C to verify that Vendor has experience in the design, development and implementation of at least three (3) solutions similar in size, complexity and scope to this procurement in the past five (5) years.
- The Care Management Solution proposed by the Vendor must have been previously implemented successfully in a commercial or U.S. government environment. The State has a strong preference for vendor organizations that have previously implemented successfully in a U.S. government environment and demonstrated ability to meet CMS requirements (e.g., Seven Standards and Conditions and CMS Certification). A successful implementation is defined as one in which the Care Management Solution provides risk stratification, nationally recognized screening and assessment tools, evidence-based plan of care, and robust reporting and shared analytics capabilities successfully.
- The Vendor's Care Management Solution must be able to function independently from the MMIS, interface with the current MMIS system, and interface with the new Core MMIS system chosen at a later date based on the technical standards provided in this RFP (See Template H – Non-Functional Requirements).

The Vendor is to demonstrate compliance with the above mandatory requirements in Template A - Cover Letter and Executive Summary. If the Vendor's Proposal meets the above mandatory requirements, the Vendor's Proposal may be included in the next part of the technical evaluation phase of this RFP – the Competitive Field Determination.

#### **4.4 Competitive Field Determinations**

The State may determine that certain proposals are within the field of competition for admission to discussions. The field of competition consists of the proposals that receive the highest or most satisfactory evaluations. The State may, in the interest of administrative efficiency, place reasonable limits on the number of proposals admitted to the field of competition.

Proposals that do not receive at least a defined number of the evaluation points for each of the evaluation criteria, may, at the sole discretion of the State, be eliminated from further consideration.

#### **4.5 Oral Presentations and Site Visits**

The State may, at its sole discretion, request oral presentations, site visits where solution is fully operational, and/or demonstrations from one or more Vendors admitted to the field of competition. The Key Personnel as identified in the Vendor's Proposal must be active participants in the oral presentations – the State is not interested in corporate or sales personnel being the primary participants in oral presentations. This event, if held, will focus on an understanding of the capabilities of the Vendor and importantly identified key personnel's ability to perform consistent with the Vendor's proposal in meeting the State's requirements. The State will notify selected Vendors of the time and location for these activities, and may supply agendas or topics for discussion. The State reserves the right to ask additional questions during oral presentations, site visits, and/or demonstrations to clarify the scope and content of the written proposal.

The Vendor's oral presentation, site visit, and/or demonstration must substantially represent material included in the written proposal, and should not introduce new concepts or offers unless specifically requested by DVHA.

#### **4.6 Best and Final Offers**

The State may, but is not required to, permit Vendors to prepare one or more revised offers. For this reason, Vendors are encouraged to treat their original proposals, and any revised offers requested by the State, as best and final offers.

#### **4.7 Discussions with Vendors**

The State may, but is not required to, conduct discussions with all, some, or none of the Vendors admitted to the field of competition for the purpose of obtaining the best value for DVHA. It may conduct discussions for the purpose of:

- Obtaining clarification of proposal ambiguities;
- Requesting modifications to a proposal; and/or
- Obtaining a best and final offer.

The State may make an award prior to the completion of discussions with all Vendors admitted to the field of competition if DVHA determines that the award represents best value to the State of Vermont.

#### **4.8 Award Determination**

All purchases, leases, or contracts, which are based on competitive proposals, will be awarded according to the provisions in the Request for Proposal. The Procurement Team will evaluate the proposals based on responsiveness to RFP key points and forward the completed scoring tools as well as copies of the proposals to the Deputy Commissioner for final review and determination of any award.

The State reserves the right to waive any deviations or errors that are not material, do not invalidate the legitimacy of the proposal, and do not improve the bidder's competitive position. All awards will be made in a manner deemed in the best interest of the State.

#### **4.9 Notification of Award**

DVHA will notify all bidders in writing of an award determination. DVHA will notify all bidders when the contract(s) resulting from this RFP are signed by posting to the Electronic Bulletin Board (<http://www.vermontbidsystem.com>).

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## 5. Glossary of Acronyms and Terms

### A

**Accountable Care Organization:** ACO

**Administration for Children & Families:** ACF

**Ad Hoc Query:** Queries created by users to obtain information for a specific need as it arises

**Affordable Care Act (ACA):** On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act. On March 30, 2010, the Health Care and Education Reconciliation Act of 2010 was signed into law. The two laws are collectively referred to as the Affordable Care Act (ACA). The Affordable Care Act expands Medicaid eligibility: effective on January 1, 2014, Medicaid will be available for the first time to individuals without minor children earning less than one hundred thirty-three percent (133%) of the Federal poverty level (FPL).

**Agency of Human Services (AHS):** “the Agency,” Vermont’s agency of Health and Human Services.

**Application to Application:** A2A

### B

**Backup and Recovery:** BUR

**Blueprint for Health:** “Blueprint”

**Business Intelligence (BI):** The process or capability of gathering information in the field of business; the process of turning data into information and then into knowledge

**Business Process Analysis:** Methodology used for developing a system’s Functional Requirements by establishing an understanding of the as-is environment and identifying the to-be operational business and service delivery processes of the future system

### C

**Capability Maturity Model:** CMM

**Care Management:** CM

**Centers for Medicare and Medicaid Services:** CMS

**Chief Information Officer:** CIO

**Chief Technology Officer:** CTO

**Children with Special Health Needs:** CSHN

**Children's Integrated Services:** CIS

**Chronic Obstructive Pulmonary Disease:** COPD

**Commercial Off-The-Shelf (COTS):** Ready-made software applications

**Community Health Teams:** CHT

**Contract:** Binding agreement between the State of Vermont and the awarded Vendor

**Coronary Heart Failure:** CHF

## D

**Dashboards:** Display Key Performance Indicators (KPIs) or business metrics using intuitive visualization, including dials, gauges and traffic lights that indicate the state of various KPIs against targets

**Data Mart:** Analytical data stores, usually part of a data warehouse, that are designed to focus on specific business functions for a specific community within an organization

**Data Sharing:** Refers to the collaboration functionality (e.g., search, data exchange, communication mechanisms) or the work stream containing that functionality

**Data Warehouse:** A repository of an organization's electronically stored data, designed to facilitate reporting and analysis

**Deliverables Acceptance Document:** DAD

**Deliverables Expectations Document:** DED

**Department for Children and Families:** DCF - The State's eligibility and enrollment for Medicaid and all public assistance programs are administered by DCF

**Department of Corrections:** DOC

**Department of Disabilities, Aging and Independent Living:** DAAIL is responsible for all community-based long-term care services for older Vermonters, individuals with developmental disabilities, traumatic brain injuries, and physical disabilities

**Department of Health and Human Services:** DHHS

**Department of Information and Innovation:** DII

**Department of Mental Health:** DMH administers mental health programs across the State through multiple programs for both adult and children's services

**Department of Vermont Health Access:** DVHA administers nearly all of the publicly funded health care programs for the State of Vermont

**Design, Development and Implementation:** DDI

**Disability Determination Services:** DDS

## E

**Early and Periodic Screening, Diagnosis and Treatment:** EPSDT

**Emergency Department:** ED

**Engineering Change Requests:** ECR

**Enterprise Project Management Office:** EPMO

**Enterprise Service Bus (ESB):** A software construct found in a Service-Oriented Architecture which provides fundamental services via a messaging engine

## F

**Federal Information Security Management Act:** FISMA

**Federally Qualified Health Centers:** FQHC

**Firewall:** A technological barrier designed to prevent unauthorized or unwanted communications between computer networks or hosts

## G

**General Assistance:** GA

**Global Commitment to Health Waiver:** As part of the State Fiscal Year 2006 budget proposal process, the Douglas Administration presented the Plan for Saving the Vermont Medicaid System. With this long-term strategy Vermont proposed to replace its existing section 1115a waiver, the Vermont Health Access Plan (VHAP). The replacement is the Global Commitment to Health. With the Federal approval of this proposal, certain Federal Medicaid requirements found in Title 19 of the Social Security Act are waived. The result is that the Global Commitment to Health includes the tools necessary for the state, in partnership with the Federal government, to address future needs in a holistic, global manner.

**Government Accounting Office:** GAO

## H

**Health Information Exchange:** HIE

**Health Information Technology:** HIT

**Health Information Technology for Economic and Clinical Health Act:** HITECH

**Health Insurance Portability & Accountability Act:** HIPAA

**Health and Human Services Enterprise (HSE):** The overarching program structure that governs the HIX, the IE solution, the MSE and the HSE Platform

**Health and Human Services Enterprise Platform:** HSEP - “the Platform,” the services and infrastructure that will be shared across solutions

**High Risk Pregnancy Program:** HRP

## I

**Identity Management:** The management of individual IDs, their authentication, authorization, and privileges/permissions within or across system and enterprise boundaries

**Institute of Electrical and Electronics Engineers:** IEEE

**Integrated Eligibility:** IE, may refer to Vermont’s Integrated Eligibility System, the functionality associated with the process of determining eligibility for multiple programs through the use of a single application or the work stream containing that functionality

**Integrated Family Services:** IFS

**Information Architecture:** A description of the information and data flows that are critical to a solution. This architecture illustrates the types of information and data that are collected by a solution and how the information is aggregated, stored, and used for reporting purposes

**Information Technology Infrastructure Library:** ITIL

**Interface:** A point of interaction between two systems or modules

**International Electrotechnical Commission:** IEC

**International Standards Organization:** ISO

## K

## L

**M****Maintenance and Operations:** M&O**Managed Care Entity:** MCE**Maternal Child Health:** MCH**Medicaid:** Provides low-cost or free coverage for low-income children, young adults under age 21, parents, pregnant women, caretaker relatives, people who are blind or disabled and those ages 65 or older**Medicaid Information Technology Architecture:** MITA**Medicaid Management Information System:** MMIS**Metadata:** Information that describes various facets of an information asset to improve its usability throughout its life cycle**Master Data Management:** MDM**Microsoft Office SharePoint Server:** MOSS**Module:** A portion of a system that provides specific, discrete functionality**N****National Committee for Quality Assurance:** NCQA**National Information Exchange Model:** NIEM**National Institutes of Standards and Technology:** NIST**Non-Functional Requirements:** NFR**O****Office of the National Coordinator:** ONC**Operational Data Store (ODS):** A database designed to integrate data from multiple sources to make analysis and reporting easier**P****Password:** Confidential authentication information, usually composed of a string of characters used to provide access to a computer resource**Patient-Centered Medical Home:** PCMH

**Pediatric Palliative Care Program:** PPCP

**Plan of Care:** POC

**Portal:** A computing gateway that unifies access to enterprise information and applications

**Primary Care Providers:** PCP

**Project Information Library:** PIL

**Project Management Body of Knowledge:** PMBOK

**Project Management Institute:** PMI

**Protected Health Information:** PHI

**Process Flows:** A diagram depicting the set of activities required to perform a specific function in the future state

**Proposal:** An offer from the State requesting specific services to a prospective Vendor

## Q

**Q&A:** Questions and Answers

**QA:** Quality Assurance

## R

**Recovery Point Objective:** RPO

**Recovery Time Objective:** RTO

**Request for Proposal:** RFP

**Requirements Traceability Matrix:** RTM – Detailed list of requirements necessary for the proposed solution

**Return on Investment:** ROI

## S

**SCHIP:** State Children’s Health Insurance Program

**Service Level Agreement:** SLA

**Service-Oriented Architecture (SOA):** A set of design principles used in application development characterized by the following attributes:

1. The system must be modular. This provides the obvious benefit of being able to "divide and conquer" — to solve a complex problem by assembling a set of small, simple components that work together
2. The modules must be distributable — that is, able to run on disparate computers and communicate with each other by sending messages over a network at runtime
3. Module interfaces must be "discoverable" — that is, clearly defined and documented. Software developers write or generate interface metadata that specifies an explicit contract, so that another developer can find and use the service
4. A module that implements a service must be "swappable." This implies that it can be replaced by another module that offers the same service without disrupting modules that used the previous module. This is accomplished by separating the interface design from the module that implements the service
5. Service provider modules must be shareable — that is, designed and deployed in a manner that enables them to be invoked successively by disparate applications in support of diverse business activities

**Seven Conditions and Standards:** In April 2011, CMS published guidance entitled *The Seven Conditions & Standards for Enhanced Funding*, which lists requirements that states must meet to leverage the 100%, 90/10, and other federally matched funding streams that support the ACA. The Seven Standards serve as a touchstone for the modular, flexible, interoperable design of the Health and Human Services Enterprise and its emphasis on reusability of portfolio components.

**Shared Analytics:** Refers to the business intelligence functionality or the work stream containing that functionality

**Shared Savings Program:** SSP

**Simple Object Access Protocol (SOAP):** A protocol specification for exchanging structured information in the implementation of Web Services

**Software Development Life Cycle:** SDLC

**Software Engineering Institute:** SEI

**Solution Architecture:** A holistic description of a solution comprised of business architecture, information architecture, and technology architecture views

**State Medicaid Agency:** SMA

**State of Vermont:** "State" or "Vermont"

**Subject Matter Expert:** SME

**System Modification Authorization: SMA****I****Technical Design Document: TDD**

**Technology Architecture:** The technical layer on which a solution is based. The technical architecture is comprised of all the major hardware and software technology entities required to enable the solution to meet the business and information requirements

**Three Squares (3SquaresVT):** Food stamps program for Vermont

**Traumatic Brain Injury: TBI**

**U**

**Use Case:** A format used to capture the requirements from a client and user perspective. The purpose of the use cases is to illustrate *what* the system is expected to do, not *how* it is expected to do it.

**User Acceptance Test: UAT**

**User Interface (UI):** The method or component users use to interact with a system

**V**

**Vendor:** Systems Integrator that is awarded the Contract to provide the solution

**Vermont Chronic Care Initiative: VCCI** – A Healthcare Reform strategy for Medicaid

**Vermont Department of Health: VDH** - Sets the State's public health priorities and works with DVHA to help realize public health goals within the population served by DVHA

**Vermont Information Technology Leaders: VITL**

**Vermont Health Access Plan (VHAP)** is a health insurance program for adults age 18 and older who meet income guidelines and have been uninsured for 12 months or more

**Vermont Health Connect:** Vermont Health Connect (VHC) is the online health insurance exchange

**W**

**Web Services:** Web services are modular business services delivered over the Internet as and when needed. The modules can be combined, can come from any source, and can eventually be acquired dynamically and without human intervention, when needed. They are a key building block of a Service-Oriented Architecture

**Work:** “The Work” in this RFP is defined as project services and ongoing operational and hosting services.

**X**

**Extensible Markup Language:** XML, a language similar to HTML that allows for the self-descriptive categorization, storage and transport of data

**Y**

**Z**