



STATE OF WASHINGTON
HEALTH CARE AUTHORITY

REQUEST FOR QUALIFICATIONS AND QUOTATIONS (RFQQ)

RFQQ NO. 2020HCA33

PROJECT TITLE: Medicaid Transformation Project (MTP) Policy Consultant

PROPOSAL DUE DATE: April 15, 2021 by 2:00 p.m. *Pacific Time*.

E-mailed bids will be accepted. Faxed bids will not be accepted.

ESTIMATED TIME PERIOD FOR CONTRACT: July 1, 2021 to December 31, 2022.

The Health Care Authority reserves the right to extend the contract for up to three (3) additional one- (1-) year periods at the sole discretion of the Health Care Authority.

BIDDER ELIGIBILITY: This solicitation is open to those Bidders that satisfy the minimum qualifications stated herein and that are available for work in Washington State.

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- Exhibit A – Certification and Assurances
- Exhibit B – Diverse and Small Business Inclusion Plan
- Exhibit C – Executive Order 18-03
- Exhibit D – Statement of Work
- Exhibit E – Minimum Qualifications Response Form
- Exhibit F – Cost Proposal Template
- Exhibit G – Draft Contract
- Exhibit H – Draft Contract Issues List
- Exhibit I – Proposal Checklist

1. INTRODUCTION

1.1 DEFINITIONS

Definitions for the purposes of this RFQQ include:

Apparent Successful Bidder (ASB) – The bidder selected as the entity to perform the anticipated services, subject to completion of contract negotiations and execution of a written contract.

Bidder – Individual or company interested in the RFQQ that submits a proposal in order to attain a contract with the Health Care Authority.

HCA – The Health Care Authority, an executive agency of the state of Washington that is issuing this RFQQ.

Proposal – A formal offer submitted in response to this solicitation.

Request for Qualifications and Quotations (RFQQ) – Formal solicitation document in which a service or need is identified and firms are invited to provide their qualifications to provide the services and their hourly rates.

1.2 ESTIMATED SCHEDULE OF PROCUREMENT ACTIVITIES

Issue Request for Qualifications and Quotations	February 22, 2021
Pre-proposal Conference	March 3, 2021 – 3:00 PM, Pacific Time
Questions Due	March 5, 2021 – 2:00 PM, Pacific Time
Answers Posted	March 12, 2021
Letter of Intent Due (Optional)	April 2, 2021
Proposals Due	April 15, 2021 – 2:00 PM, Pacific Time
Evaluate Proposals	April 15 – 30, 2021
Conduct Oral Presentations with Finalists, if required	May 3 – 7, 2021
Announce “Apparent Successful Bidder” and send notification via e-mail to unsuccessful Bidders	May 10, 2021
Debrief Request Deadline	May 13, 2021
Negotiate Contract	May 10 – June 15, 2021
Begin Contract Work	July 1, 2021

HCA in its sole discretion reserves the right to change the *Estimated Schedule of Procurement Activities*.

1.3 PURPOSE AND BACKGROUND

The Washington State Health Care Authority, hereafter called “HCA,” is initiating this Request for Qualifications and Quotations (RFQQ) to solicit proposals from firms interested in participating in these endeavors to transform care in Washington’s Medicaid program called Apple Health:

1. Continued implementation of the Section 1115 Medicaid demonstration waiver known as the Medicaid Transformation Project (MTP).
2. Approval and implementation of an MTP Extension.
3. Planning and developing MTP renewal and transition to be implemented after the MTP Extension.

Additionally, HCA is soliciting proposals for additional assignments as follows:

1. Development of MTP policies.
2. Developing further uses, where feasible and appropriate, for the Medicaid Quality Improvement Program (MQIP).
3. Responding to offers from CMS.

The following information provides background on these topics. Please refer to Exhibit D, Statement of Work for the complete breakout of tasks and deliverables required to accomplish the objectives in this RFQQ.

1. Section 1115 Medicaid demonstration waiver: Medicaid Transformation Project (MTP)

MTP is a five-year agreement with CMS that began January 9, 2017. In 2020, HCA applied to CMS for a one-year extension to this agreement. HCA is the lead agency for MTP and operates in partnership with Washington State departments of Social and Health Services (DSHS) and Health (DOH), Accountable Communities of Health (ACHs), community-based organizations, Tribal governments, managed care organizations, and health care providers.

The principle aims of MTP are to:

- Improve the health care delivery system’s capacity to address local health priorities.
- Deliver high-quality, cost-effective, and whole-person care.
- Create a sustainable link between clinical and community-based services.

To achieve those aims, Washington State committed to:

- Integrating physical and behavioral health purchasing and services to provide whole-person care.
- Converting Medicaid provider payments to reward outcomes instead of volume of service.
- Supporting providers as they adopt new payment and care models.
- Improving health equity by implementing population health strategies.
- Providing targeted services to support the state’s aging populations and their family caregivers, and address social determinants of health.
- Helping our most vulnerable population get and keep stable housing and employment.
- Improving substance use disorder (SUD) treatment access and outcomes.
- Improving mental health treatment access and outcomes.

The state agencies launched five MTP initiatives with activities directed at implementing those aims:

Initiative 1: Transformation through ACHs and Indian Health Care Providers (IHCPs)

Initiative 1 is also referred to as the Delivery System Reform Incentive Payment (DSRIP) program. DSRIP enables communities to improve the health system at the local level and is implemented through ACHs and IHCPs.

Each ACH is performing transformation projects specific to the needs of its region. These projects focus on:

- Health systems and community capacity building by adopting a value-based payment system, developing the health care workforce, and making improvements in population health management. This includes enhanced data collection and analytic capacity.
- Care delivery redesign by integrating physical and behavioral health care, improving care coordination, making better transitions between services and settings, and improving diversion interventions (helping people access the most appropriate service or facility for their needs).
- Prevention and health promotion by focusing on opioid use, maternal and child health, access to oral health services, and chronic disease prevention and management.

Separate from the ACH portion of Initiative 1 are the IHCP specific projects. Unlike other funds under this initiative, these funds are administered directly from HCA to IHCPs. As part of MTP, IHCP projects improve patient experience, population health, and lower health care costs.

Additionally, IHCP projects:

- Integrate traditional and culturally appropriate practices to better meet American Indian (AI)/Alaska Native (AN) whole-person needs.
- Prioritize IHCP administrative capacity and technological interoperability to enable IHCPs to become value-based purchasers of outpatient services.
- Support systems transformation designed and led by IHCPs that specifically target reducing the health inequities experienced by AI/AN people.

Information about IHCP projects is presented in this RFQQ to complete the description of Initiative 1. The ASB will not provide assistance to IHCP projects.

Initiative 2: LTSS

Initiative 2 focuses on expanding options for people receiving long-term services and supports so they can stay at home and delay or avoid the need for more intensive services. Initiative 2 also supports family members in caring for their loved ones while increasing the well-being of caregivers. This initiative has two components:

1. Medicaid Alternative Care (MAC): creation of a benefit package for individuals who are eligible for Medicaid but not currently accessing Medicaid-funded LTSS. This benefit package will provide services to unpaid caregivers, which is designed to assist them in getting supports necessary to continue to provide high-quality care and focus on their own health and well-being.
2. Tailored Supports for Older Adults (TSOA): establishment of a new eligibility category and benefit package for individuals “at risk” of future Medicaid LTSS use who currently do not meet Medicaid financial eligibility criteria. This is designed to help individuals avoid or delay impoverishment and the need for Medicaid-funded services. The TSOA

benefit package provides services and supports to unpaid family caregivers as well as services and supports to individuals without unpaid caregivers.

Initiative 3: FCS

FCS provides a set of services, including supportive housing and supported employment services. These benefits are serving people throughout the state—people who are often the most vulnerable and have complex care needs. FCS is a partnership between HCA and Department of Social and Health Services' (DSHS') Aging and Long-Term Support Administration. Amerigroup is the contracted third-party administrator for FCS. They work with a variety of agencies that provide supportive housing and supported employment services based on evidence-based practices to help people find and keep housing and jobs.

Initiative 4: SUD IMD

In July 2018, CMS approved an amendment to Washington's Section 1115 Medicaid demonstration waiver. The amendment allows the state to improve SUD services and use federal funds participation (FFP) for Medicaid SUD treatment services in facilities that are designated as IMDs.

Initiative 5: mental health IMD

In November 2020, CMS approved an amendment to Washington's Section 1115 Medicaid demonstration waiver. The amendment allows the state to improve mental health and use federal funds participation (FFP) for Medicaid mental health treatment services in facilities that are designated as IMDs.

2. MTP Extension

HCA has requested a one-year extension to continue the current work of MTP and continue to assess and develop how to sustain current activities that are successful or promising. To ensure successful programs and investments would remain after MTP ends, HCA began planning for sustainability in 2019. As of March 2020, all aspects of MTP were disrupted by the COVID-19 pandemic. In addition to interrupting program activities, COVID-19 has significantly impeded the state's ability to plan with providers and state agencies on a full renewal application. To preserve the system, HCA is transforming and ensuring that essential services remain for clients who rely on them, HCA has requested to extend the current waiver and expenditure authorities to operate MTP through December 31, 2022.

3. MTP renewal or transition

In 2021, HCA will plan and develop a request to CMS for a full renewal application of MTP. The request for a renewal will be informed by HCA's discussions of the MTP Extension with CMS and the Washington State Legislature. In developing the application for renewal, HCA expects to propose the next set of innovative approaches for transforming care in the Medicaid program: continuity for successful activities and formative modifications that lead to renewed implementation. HCA will guide a process among state agencies and partners in discussions of innovative ways to scale, connect, and sustain MTP initiatives. MTP activities best included in a renewal application to CMS will be discussed as well as those activities that may successfully transition apart from a renewal.

4. Medicaid Quality Improvement Program (MQIP)

HCA implemented MQIP to assist in designing quality improvement programs in Apple Health. Under MQIP, Medicaid managed care organizations (MCOs) are responsible for partnering with participating public hospitals to implement certain activities that:

- Reinforce the delivery of quality health care.
- Support community health.

MQIP is similar to DSRIP and supports and amplifies the DSRIP activities in Initiative 1 of MTP.

5. Federal offerings

CMS offers opportunities for states to innovate within the boundaries of the Medicaid program. The offerings may be delivered in the form of Notice of Funding Opportunities, waivers or amendments to waivers, or guidance on funding or programs. HCA may choose to respond to an offering that pertains to MTP or is associated to one or more MTP activities.

1.4 OBJECTIVES AND SCOPE OF WORK

HCA seeks a Bidder that will help HCA achieve the following objectives:

- Develop, submit, and support an application to CMS that renews the initiatives of the MTP waiver, or successfully transitions an initiative to sustainability or an appropriate conclusion;
- Achieve approval of the MTP extension submitted to CMS on January 8, 2021 if the extension is not approved by the beginning of the contract;
- Scale, connect, or sustain MTP policies among the MTP initiatives; and
- Develop or implement options and recommendations for MTP policies.

1.5 MINIMUM QUALIFICATIONS

The following are the minimum qualifications for Bidders. Please complete *Exhibit E – Minimum Qualifications* to respond to this requirement.

- 1.5.1. Licensed to do business in the State of Washington or provide a commitment that it will become licensed in Washington within 30 calendar days of being selected as the Apparent Successful Bidder.
- 1.5.2. Fifteen (15) years' experience providing support and organizational development in health care delivery system design and financing to a variety of clients including state and local governments, health care providers and community organizations.
- 1.5.3. Demonstrated experience with government health programs and requirements.
- 1.5.4. Demonstrated experience of the organization and/or staff assisting one or more states with their Section 1115 Medicaid demonstration waivers, including Delivery System Reform Incentive Payment (DSRIP) programs.

1.6 FUNDING

HCA has budgeted an amount not to exceed six hundred thousand Dollars (\$600,000) for the initial term of this project. Proposals exceeding \$600,000 will be considered non-responsive and will not be evaluated.

Any contract awarded as a result of this solicitation is contingent upon the availability of funding.

1.7 FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT

If the resulting contract is supported by federal funds, such contract may require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how federal funds are spent.

To comply with the act and be eligible to enter into this contract, the ASB's organization must have a Data Universal Numbering System (DUNS®) number. A DUNS® number provides a method to verify data about your organization. If the organization does not already have one, it may receive a DUNS® number free of charge by contacting Dun and Bradstreet at www.dnb.com.

The ASB may be required to complete a Federal Funding Accountability and Transparency Act (FFATA) Data Collection Form which must be returned with the signed contract. If applicable, the contract will not be executed until this form has been properly completed, executed, and received by the agency.

Required information about the contracting organization and this contract will be made available on USASpending.gov by the HCA as required by P.L. 109-282. As a tool to provide the information, HCA encourages registration with the Central Contractor Registry (CCR) because less data entry and re-entry is required on behalf of both HCA and the contracting organization. Registration can be done with CCR online at <https://www.uscontractorregistration.com/>.

1.8 PERIOD OF PERFORMANCE

The period of performance of any contract resulting from this RFQQ is tentatively scheduled to begin on or about July 1, 2021 and to end on December 31, 2022. Amendments extending the period of performance, if any, will be at the sole discretion of HCA.

HCA reserves the right to extend the contract for three (3) one- (1-) year periods.

1.9 CONTRACTING WITH CURRENT OR FORMER STATE EMPLOYEES

Specific restrictions apply to contracting with current or former state employees pursuant to chapter 42.52 of the Revised Code of Washington. Bidders should familiarize themselves with the requirements prior to submitting a proposal that includes current or former state employees.

1.10 ADA

HCA complies with the Americans with Disabilities Act (ADA). Bidders may contact the RFQQ Coordinator to receive this RFQQ in Braille or on tape.

2. GENERAL INFORMATION FOR BIDDERS

2.1 RFQQ COORDINATOR

The RFQQ Coordinator is the sole point of contact in HCA for this solicitation. All communication between the Bidder and HCA upon release of this RFQQ must be with the RFQQ Coordinator, as follows:

Name	Johannah Renfroe
E-Mail Address	HCAProcurements@hca.wa.gov

Any other communication will be considered unofficial and non-binding on HCA. Bidders are to rely on written statements issued by the RFQQ Coordinator. Communication directed to parties other than the RFQQ Coordinator may result in disqualification of the Bidder.

2.2 PRE-PROPOSAL CONFERENCE

A pre-proposal conference is scheduled to be held on March 3, 2021 at 2:00 p.m., Pacific Time. The location of the pre-proposal conference is virtual. All prospective Bidders should attend; however, attendance is not mandatory.

If you would like to attend, please email the RFQQ Coordinator at HCAProcurements@hca.wa.gov to receive the virtual meeting room link and call-in number.

HCA will be bound only to HCA written answers to questions. Questions arising at the pre-proposal conference or in subsequent communication with the RFQQ Coordinator will be documented and answered in written form. A copy of the questions and answers will be sent to each prospective Bidder that has made the RFQQ Coordinator aware of its interest in this solicitation and will be posted on WEBS.

2.3 LETTER OF INTENT TO PROPOSE

A Bidder may submit a Letter of Intent to Propose. The Letter of Intent to Propose must be emailed to the RFQQ Coordinator, listed in Section 2.1, and must be received by the RFQQ Coordinator no later than the date and time stated in the *Section 1.2 Estimated Schedule of Procurement Activities*. The subject line of the email must include the following: [2020HCA33 – Letter of Intent to Propose – [Your entity's name].

The Letter of Intent to Propose may be attached to the email as a separate document, in Word or PDF, or the information may be contained in the body of the email, if preferred.

Information in the Letter of Intent to Propose should be placed in the following order:

- 2.3.1. Bidder's Organization Name;
- 2.3.2. Bidder's authorized representative for this solicitation (This representative will also be named the authorized representative identified in the Bidder's Proposal);
- 2.3.3. Title of authorized representative;
- 2.3.4. Address, Telephone number, and Email address;
- 2.3.5. Statement of intent to propose; and

2.3.6.A statement of how the Bidder meets ALL of the Minimum Requirements specified in Section 1.5 of the solicitation through their submission of Exhibit E.

HCA may use the Letters of Intent to Propose as a pre-screening to determine whether Minimum Qualifications are met.

2.4 SUBMISSION OF PROPOSALS

The solicitation must be received by the RFQQ Coordinator no later than the Proposal Due deadline in *Section 1.2 Estimated Schedule of Procurement*.

Proposals must be submitted electronically as an attachment to an e-mail to the RFQQ Coordinator at the e-mail address listed in Section 2.1. Attachments to e-mail should be in Microsoft Word format or PDF. Zipped files cannot be received by HCA and cannot be used for submission of proposals. The cover submittal letter and the Certifications and Assurances form must have a scanned signature of the individual within the organization authorized to bind the Bidder to the offer. HCA does not assume responsibility for problems with Bidder's e-mail. If HCA e-mail is not working, appropriate allowances will be made.

Proposals may not be transmitted using facsimile transmission.

Bidders should allow sufficient time to ensure timely receipt of the proposal by the RFQQ Coordinator. Late proposals will not be accepted and will be automatically disqualified from further consideration, unless HCA e-mail is found to be at fault. All proposals and any accompanying documentation become the property of HCA and will not be returned.

2.5 PROPRIETARY INFORMATION / PUBLIC DISCLOSURE

Proposals submitted in response to this competitive solicitation will become the property of HCA. All proposals received will remain confidential until the Apparent Successful Bidder is announced; thereafter, the proposals will be deemed public records as defined in chapter 42.56 of the Revised Code of Washington (RCW).

Any information in the proposal that the Bidder desires to claim as proprietary and exempt from disclosure under the provisions of chapter 42.56 RCW, or other state or federal law that provides for the nondisclosure of your document, must be clearly designated. The information must be clearly identified and the particular exemption from disclosure upon which the Bidder is making the claim must be cited. Each page containing the information claimed to be exempt from disclosure must be clearly identified by the words "Proprietary Information" printed on the lower right-hand corner of the page. Marking the entire proposal exempt from disclosure or as Proprietary Information will not be honored.

If a public records request is made for the information that the Bidder has marked as "Proprietary Information," HCA will notify the Bidder of the request and of the date that the records will be released to the requester unless the Bidder obtains a court order enjoining that disclosure. If the Bidder fails to obtain the court order enjoining disclosure, HCA will release the requested information on the date specified. If a Bidder obtains a court order from a court of competent jurisdiction enjoining disclosure pursuant to chapter 42.56 RCW, or other state or federal law that provides for nondisclosure, HCA will maintain the confidentiality of the Bidder's information per the court order.

A charge will be made for copying and shipping, as outlined in RCW 42.56. No fee will be charged for inspection of contract files, but 24 hours' notice to the RFQQ Coordinator is required. All requests for information should be directed to the RFQQ Coordinator.

2.6 REVISIONS TO THE RFQQ

In the event it becomes necessary to revise any part of this RFQQ, addenda will be provided via e-mail to all individuals who have made the RFQQ Coordinator aware of their interest. Addenda will also be published on Washington's Electronic Bid System (WEBS). The website can be located at <https://fortress.wa.gov/ga/webs/>. For this purpose, the published questions and answers and any other pertinent information will be provided as an addendum to the RFQQ and will be placed on the website.

HCA also reserves the right to cancel or to reissue the RFQQ in whole or in part, prior to execution of a contract.

2.7 DIVERSE BUSINESS INCLUSION PLAN

Bidders will be required to submit a Diverse Business Inclusion Plan (*Exhibit B*) with their proposal. In accordance with legislative findings and policies set forth in RCW 39.19, the state of Washington encourages participation in all contracts by firms certified by the Office of Minority and Women's Business Enterprises (OMWBE), set forth in RCW 43.60A.200 for firms certified by the Washington State Department of Veterans Affairs, and set forth in RCW 39.26.005 for firms that are Washington Small Businesses. Participation may be either on a direct basis or on a subcontractor basis. However, no preference on the basis of participation is included in the evaluation of Diverse Business Inclusion Plans submitted, and no minimum level of minority- and women-owned business enterprise, Washington Small Business, or Washington State certified Veteran Business participation is required as a condition for receiving an award. Any affirmative action requirements set forth in any federal Governmental Rules included or referenced in the contract documents will apply.

2.8 ACCEPTANCE PERIOD

Proposals must provide 120 calendar days for acceptance by HCA from the due date for receipt of proposals.

2.9 COMPLAINT PROCESS

2.9.1. Vendors may submit a complaint to HCA based on any of the following:

2.9.1.1. The solicitation unnecessarily restricts competition;

2.9.1.2. The solicitation evaluation or scoring process is unfair; or

2.9.1.3. The solicitation requirements are inadequate or insufficient to prepare a response.

2.9.2. A complaint may be submitted to HCA at any time prior to five business days before the bid response deadline. The complaint must meet the following requirements:

2.9.2.1. The complaint must be in writing;

2.9.2.2. The complaint must be sent to the RFQQ Coordinator in a timely manner;

2.9.2.3. The complaint should clearly articulate the basis for the complaint; and

2.9.2.4. The complaint should include a proposed remedy.

The RFQQ Coordinator will respond to the complaint in writing. The response to the complaint and any changes to the solicitation will be posted on WEBS. The Director of HCA will be notified of all complaints and will be provided a copy of HCA's response. The complaint may not be raised again during the protest period. HCA's action or inaction in response to the complaint will be final. There will be no appeal process.

2.10 RESPONSIVENESS

All proposals will be reviewed by the RFQQ Coordinator to determine compliance with administrative requirements and instructions specified in this RFQQ. The Bidder is specifically notified that failure to comply with any part of the RFQQ may result in rejection of the proposal as non-responsive. HCA also reserves the right at its sole discretion to waive minor administrative irregularities.

2.11 MOST FAVORABLE TERMS

HCA reserves the right to make an award without further discussion of the proposal submitted. Therefore, the proposal should be submitted initially on the most favorable terms which the Bidder can propose. HCA does reserve the right to contact a Bidder for clarification of its proposal.

HCA also reserves the right to use a Best and Final Offer (BAFO) before awarding any contract to further assist in determining the ASB(s).

The Apparent Successful Bidder should be prepared to accept this RFQQ for incorporation into a contract resulting from this RFQQ. The contract resulting from this RFQQ will incorporate some, or all, of the Bidder's proposal. The proposal will become a part of the official solicitation file on this matter without obligation to HCA.

2.12 CONTRACT AND GENERAL TERMS & CONDITIONS

The ASB will be expected to enter into a contract which is substantially the same as the sample contract and its general terms and conditions attached as *Exhibit C*. HCA will not accept any draft contracts prepared by any Bidder. The Bidder may submit exceptions as allowed in the *Exhibit A Certifications and Assurances* to this RFP. All exceptions must be submitted on or attached to *Exhibit H - Draft Contract Issues List*. HCA will review requested exceptions and accept or reject the same at its sole discretion.

If, after the announcement of the ASB, and after a reasonable period of time, the ASB and HCA cannot reach agreement on acceptable terms for the contract, then HCA may either (1) cancel the selection and award the contract to the next most qualified Bidder or (2) not enter into any contract.

2.13 COSTS TO PROPOSE

HCA will not be liable for any costs incurred by the Bidder in preparation of a solicitation submitted in response to this RFQQ, in conduct of a presentation, or any other activities related to responding to this RFQQ.

2.14 RECEIPT OF INSUFFICIENT NUMBER OF PROPOSALS

If HCA receives only one (1) responsive proposal as a result of this RFQQ, HCA reserves the right to either: 1) directly negotiate and contract with the Bidder; or 2) not award any contract at all. HCA may continue to have the bidder complete the entire RFQQ process. HCA is under no obligation to tell the Bidder if it is the only Bidder.

2.15 NO OBLIGATION TO CONTRACT

This RFQQ does not obligate the state of Washington or HCA to contract for services specified herein.

2.16 REJECTION OF PROPOSALS

HCA reserves the right, at its sole discretion, to reject any and all proposals received without penalty and not to issue a contract as a result of this RFQQ.

2.17 COMMITMENT OF FUNDS

The Director of HCA or his/her delegate is the only individual who may legally commit HCA to the expenditures of funds for a contract resulting from this RFQQ. No cost chargeable to the proposed contract may be incurred before receipt of a fully executed contract.

2.18 ELECTRONIC PAYMENT

The state of Washington prefers to utilize electronic payment in its transactions. The Apparent Successful Bidder will be provided a form to complete with the contract to authorize such payment method.

2.19 INSURANCE COVERAGE

See *Exhibit G Draft Contract* for Insurance Coverage provisions.

3. PROPOSAL CONTENTS

3.1 INSTRUCTIONS TO THE BIDDER

3.1.1. Proposals must be written in English and submitted electronically to the RFQQ Coordinator in the order noted below:

- **Letter of Submittal**
 - Certifications and Assurances (*Exhibit A*)
 - Draft Contract Issues List (*Exhibit H*)
 - Diverse and Small Business Inclusion Plan (*Exhibit B*)
 - Minimum Qualifications (*Exhibit E*)
- **Qualifications**
 - Executive Order 18-03 (*Exhibit C*)
- **Quotation**
 - Cost Proposal Template (*Exhibit F*)

3.1.2. Proposals must provide information in the same order as presented in this document with the same headings, section numbers, and subsection numbers.

3.1.3. Scored Items

3.1.3.1. Items marked “mandatory response” or “MR” must be included as part of the proposal for the proposal to be considered responsive: however, these items are not scored.

3.1.3.2. Items marked “mandatory scored” or “MS” are those that are awarded points as part of the evaluation conducted by the evaluation team.

3.1.3.3. Items marked “mandatory” or “M” may be used to support scoring for any MS item.

3.1.4. Further instructions related to each section are located in *Section 3.2, Letter of Submittal, Section 3.3, Qualifications, and Section 3.4, Quotation.*

3.2 LETTER OF SUBMITTAL (M)

The Letter of Submittal and the attached *Certifications and Assurances* form (*Exhibit A*), *Draft Contract Issue List* (*Exhibit H*), *Diverse and Small Business Inclusion Plan* (*Exhibit B*), and *Minimum Qualifications* (*Exhibit E*) must be signed and dated by a person authorized to legally bind the Bidder to a contractual relationship, e.g., the President or Executive Director if a corporation, the managing partner if a partnership, or the proprietor if a sole proprietorship. Along with introductory remarks, the Letter of Submittal is to include by attachment the following information about the Bidder and any proposed subcontractors:

This *Section 3.2, Letter of Submittal* cannot exceed five (5) pages. The HCA RFQQ Coordinator in their sole discretion reserves to the right to remove pages over the limit.

- 3.2.1 Name, address, principal place of business, telephone number, and fax number/e-mail address of legal entity or individual with whom contract would be written.
- 3.2.2 Name, address, and telephone number of each principal officer (President, Vice President, Treasurer, Chairperson of the Board of Directors, etc.).
- 3.2.3 Legal status of the Bidder (sole proprietorship, partnership, corporation, etc.) and the year the entity was organized to do business as the entity now substantially exists.
- 3.2.4 Federal Employer Tax Identification number or Social Security number and the Washington Uniform Business Identification (UBI) number issued by the state of Washington Department of Revenue. If the Bidder does not have a UBI number, the Bidder must state that it will become licensed in Washington within thirty (30) calendar days of being selected as the ASB.
- 3.2.5 Location of the facility from which the Bidder would operate.
- 3.2.6 Identify any state employees or former state employees employed or on the firm's governing board as of the date of the proposal. Include their position and responsibilities within the Bidder's organization. If following a review of this information, it is determined by HCA that a conflict of interest exists, the Bidder may be disqualified from further consideration for the award of a contract.
- 3.2.7 Any information in the proposal that the Bidder desires to claim as proprietary and exempt from disclosure under the provisions of RCW 42.56 must be clearly designated. The page must be identified and the particular exemption from disclosure upon which the Bidder is making the claim must be listed. Each page claimed to be exempt from disclosure must be clearly identified by the word "Proprietary" printed on the lower right-hand corner of the page. In your Letter of Submittal, please list which pages and sections that have been marked "Proprietary" and the particular exemption from disclosure upon which the Bidder is making the claim.

3.3 QUALIFICATIONS (MS)

The qualifications section of the proposal must contain information that will demonstrate to the evaluation committee the Bidder's understanding of the types of services proposed, the firm's ability to accomplish them, and the ability to meet tight timeframes.

Please provide the Qualifications response in the order described below:

Section No.	Section	Page Number Limit
1	Business Information	3 pages
2	Staffing	2 pages, excluding resumes
3	Approach to the SOW	15 pages
4	Executive Order 18-03 <i>Exhibit C</i>	Use <i>Exhibit F</i>
5	References	1 page
6	Optional: Certification for Minority- and Women-owned Business	1 page

The HCA RFQQ Coordinator in their sole discretion reserves to the right to remove pages over the limit.

3.3.1 BUSINESS INFORMATION (M)

- 3.3.1.1 State the name of the company, address, phone number, fax number, e-mail address, legal status of entity (ownership), and year entity was established as it now substantially exists.
- 3.3.1.2 Provide the firm's Federal Employer Tax Identification number or Social Security number and the Washington Uniform Business Identification (UBI) number issued by the state of Washington Department of Revenue.
- 3.3.1.3 Indicate how many employees are with the firm. Name the firm principles and their roles.
- 3.3.1.4 Identify any state employees or former state employees employed by the Bidder or on the Bidder's governing board as of the date of the proposal. Include their position and responsibilities within the Bidder's organization. If following a review of this information it is determined by HCA that a conflict of interest exists, the Bidder may be disqualified from further consideration for the award of a contract.
- 3.3.1.5 If the Bidder's staff or subcontractor's staff was an employee of the state of Washington during the past 24 months, or is currently a Washington State employee, identify the individual by name, the agency previously or currently employed by, job title or position held, and separation date.
- 3.3.1.6 If the Bidder has had a contract terminated for default in the last five years, describe such incident. Termination for default is defined as notice to stop performance due to the Bidder's non-performance or poor performance and the issue of performance was either (a) not litigated due to inaction on the part of the Proposer, or (b) litigated and such litigation determined that the Proposer was in default.
- 3.3.1.7 Submit full details of the terms for default, including the other party's name, address, and phone number. Present the Bidder's position on the matter. HCA will evaluate the facts and may, at its sole discretion, reject the proposal on the grounds of the past experience. If no such termination for default has been experienced by the Bidder in the past five years, so indicate.

3.3.2 STAFFING (MS)

- 3.3.2.1 Provide a description of the proposed project team structure and internal controls to be used during the course of the resulting contract, including any subcontractors.
- 3.3.2.2 Provide the name and a resume of the person who will be the lead contact for the contract. Provide names and resumes for other staff, which includes information on the individual's particular skills related to this project, education, experience, significant accomplishments and any other pertinent information.
- 3.3.2.3 List any sub-consultants you may want to include to complete your roster of services. Describe what services each would provide. Provide the information about each.

3.3.3 APPROACH TO THE SOW (MS)

This Section 3.3.3 Approach to the SOW cannot exceed fifteen (15) pages. The HCA RFQQ Coordinator in their sole discretion reserves to the right to remove pages over the limit.

- 3.3.3.1 Describe the Bidder's experience and expertise to perform the tasks in the *Exhibit D Statement of Work*. Describe the Bidder's expertise in assisting HCA's development of an application for a Section 1115 Medicaid waiver renewal, including the ability to

modify, scale, and connect MTP policies in ways that enhance HCA's case for a Section 1115 Medicaid waiver renewal.

- 3.3.3.2 Describe the Bidder's experience and expertise developing and implementing policies within a Section 1115 Medicaid demonstration waiver, including initiatives that transform the delivery of care or advance social determinants of health interventions, create enrollment and service flexibilities, and engage with the Centers for Medicare and Medicaid Services (CMS).
- 3.3.3.3 Describe the Bidder's experience and expertise in developing policies or applying best practices to reduce racial and ethnic disparities in the delivery of health care services or the advancement of health.
- 3.3.3.4 Describe the Bidder's experience and expertise with innovative Medicaid financing, including sources of state share, allowable Medicaid match, and developing sustainable policy and funding strategies.
- 3.3.3.5 Describe any constraints or assumptions identified by the Bidder that may limit or support the proposed work.
- 3.3.3.6 Describe how the Bidder manages projects with multiple priorities in a contract within a fixed budget. Please describe a recent example of such a project. The Contract will permit HCA and the Contractor to collaborate on developing the scope and due dates of tasks, and HCA and the Contractor must deliver those tasks while remaining within a fixed budget.
- 3.3.3.7 Describe how the Bidder ensures that the work performed and its deliverables are of high quality.
- 3.3.3.8 Understanding that HCA will lead and the Contractor will support the tasks outlined in Exhibit D, *Statement of Work*, please describe the types of support from HCA staff and agency resources that the Bidder anticipates needing to complete the work in an efficient and high-quality manner.

3.3.4 EXECUTIVE ORDER 18-03 (MS)

Pursuant to RCW 39.26.160(3) and consistent with Executive Order 18-03 – Supporting Workers' Rights to Effectively Address Workplace Violations (dated June 12, 2018), HCA will evaluate bids for best value and provide a bid preference not to exceed 5% of available points to any Bidder who certifies, pursuant to the certification attached as *Exhibit C, Executive Order 18-03 Contractor Certification*, that their firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waiver. Bidders that do require their employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waiver will not be disqualified evaluation of this RFQQ, however they will receive 0 out of 50 points for this section.

3.3.5 REFERENCES (M)

List names, addresses, telephone numbers, fax numbers, and e-mail addresses of three business references for whom work has been accomplished and briefly describe the type of service provided for them. By submitting a proposal in response to this RFQQ, the vendor and team members grant permission to HCA to contact these references and others, who from HCA's perspective, may have pertinent information. HCA may or may not, at HCA's discretion, contact references. Do not include current HCA staff as references.

3.3.6 OMWBE CERTIFICATION (OPTIONAL AND NOT SCORED)

Include proof of certification issued by the Washington State Office of Minority and Women's Business Enterprises if certified minority-owned firm and/or women-owned firm(s) will be participating on this project.

3.4 QUOTATIONS (MS)

- 3.4.1 The quotation must be six hundred thousand Dollars (\$600,000) or less to be considered responsive to this RFQQ.
- 3.4.2 The evaluation process is designed to award this solicitation not necessarily to the Bidder of least cost, but rather to the Bidder whose solicitation best meets the requirements of this RFQQ. However, Bidders are encouraged to submit solicitations which are consistent with state government efforts to conserve state resources.
- 3.4.3 Please submit this section as a separate file using *Exhibit F, Cost Proposal Template*.
- 3.4.4 Bidders are required to collect and pay Washington state sales and use taxes, as applicable.
- 3.4.5 Costs for subcontractors are to be broken out separately. Please note if any subcontractors are certified by the Office of Minority and Women's Business Enterprises.

4. EVALUATION AND CONTRACT AWARD

4.1 EVALUATION PROCEDURE

Responsive proposals will be evaluated strictly in accordance with the requirements stated in this solicitation and any addenda issued. The evaluation of proposals will be accomplished by an evaluation team(s), to be designated by HCA, which will determine the ranking of the proposals. Evaluations will only be based upon information provided in the Bidder's Proposal.

All proposals received by the stated deadline, Section 1.2, *Estimated Schedule of Procurement Activities*, will be reviewed by the RFQQ Coordinator to ensure that the Proposals contain all of the required information requested in the RFQQ. Only responsive Proposals that meet the requirements will be evaluated by the evaluation team. Any Bidder who does not meet the stated qualifications or any Proposal that does not contain all of the required information will be rejected as non-responsive.

The RFQQ Coordinator may, at his or her sole discretion, contact the Bidder for clarification of any portion of the Bidder's proposal. Bidders should take every precaution to ensure that all answers are clear, complete, and directly address the specific requirement.

Responsive Proposals will be reviewed and scored by an evaluation team using a weighted scoring system, Section 4.3, *Evaluation Weighting and Scoring*. Proposals will be evaluated strictly in accordance with the requirements set forth in this RFQQ and any addenda issued.

HCA, at its sole discretion, may elect to select the top-scoring firms as finalists for an oral presentation.

4.2 EVALUATION METHODOLOGY

4.2.1 Administrative Review (Pass/Fail):

Responses will be reviewed initially by the RFQQ Coordinator to determine on a pass/fail basis compliance with administrative requirements. Only responses that pass this review will be further evaluated. HCA reserves the right, at its sole discretion, to determine whether the Bidder's response is sufficient to pass.

4.2.2 Qualifications Proposal (MS)

Responses that pass the initial determination will be reviewed and evaluated by an evaluation team using the following scale:

Numeric Score		Description
0	No value	No response was given or does not address the component or requirement.
1	Poor	The response only minimally addressed the component or requirement.
3	Good	The response is thorough and complete and demonstrates firm understanding of the component or requirement.
5	Excellent	The response is innovative, detailed and thorough, and clearly demonstrates a high level of experience or understanding of the component or requirement.

4.2.3 Quotation Proposal (MS)

(Lowest Bidder Total Cost ÷ Bidder's Total Cost) x 100 points

4.2.4 Total Score

Bidders' scores will be calculated by summing Qualification and Quotation and Oral Presentation (if required) points to determine the Bidder's Total Score.

4.3 EVALUATION WEIGHTING AND SCORING

Administrative Review:

Review of all Mandatory Response (MR) Items
Minimum Qualifications

Pass/Fail
Pass/Fail

Category	Subcategory	Maximum available points
Qualifications		900
	Staff Expertise and Experience	350
	Approach to the SOW	500
	Executive Order 18-03	50
Quotations		100
	Cost Proposal Template	
Oral Presentation (if required)		1,000
	Presentation References	
Maximum Total Points		2,000

HCA reserves the right, in its full discretion, to award ASB to the Bidder that best meets the requirements described within this RFP.

4.4 ORAL PRESENTATIONS AND REFERENCE CHECKS MAY BE REQUIRED

HCA may after evaluating the written proposals elect to schedule oral presentations with the finalists. Should oral presentations become required, HCA will contact the highest-scoring firm(s) from the written evaluation to schedule a date, time, and location. HCA will provide Bidders with the scored presentation elements prior to the Bidders' scheduled Oral Presentation. Commitments made by the Bidder at the oral presentation, if any, will be considered binding.

Evaluation team members will score the oral presentation using a Strengths – Weaknesses – Opportunities – Risks (SWOR) analysis. Phase 3 will include evaluation of the Oral Presentation and the Reference Check.

SWOR Analysis Chart

Internal	
Strengths	Weaknesses
1.	1.
External	
Opportunities	Risk
1.	1.
SWOR Analysis Summary	

The Evaluation Team will use the SWOR analysis and, in its sole discretion, the Reference Check, to determine the Bidders' ranks via a consensus-based evaluation. Bidders will be awarded points based on their rank, as described below:

Rank	Points Awarded
1	1000
2	750
3	500
4	250
5	100
6 or greater	0

HCA reserves the right to award ASB to the Bidder whose proposal is deemed to be in the best interest of HCA and the state of Washington.

4.5 BEST AND FINAL OFFER

After the oral presentation and reference check, if required, HCA may advise Bidders of the weaknesses and risks of their proposal and request clarifications, revised proposals and/or Best and Final Offers (BAFOs).

Bidders choosing not to submit a revised proposal will not have the opportunity to improve their scoring or strengthen their proposal. Revised proposals or BAFOs shall be evaluated upon the same evaluation criteria described in *Section 4.3, Evaluation Weighting and Scoring*.

HCA reserves the right to proceed directly to negotiations with the highest ranked Bidder after the Oral Presentation.

4.6 SUBSTANTIALLY EQUIVALENT SCORES

Substantially equivalent scores are scores separated by two percent or less in total points. If multiple Proposals receive a Substantially Equivalent Score, HCA may leave the matter as scored, or select as the Apparent Successful Bidder the one Proposal that is deemed by HCA, in its sole discretion, to

be in HCA's best interest relative to the overall purpose and objective as stated in *Sections 1.3 Purpose and Background* and *Section 1.4 Objectives* of this solicitation.

If applicable, HCA's best interest will be determined by HCA managers and executive officers, who have sole discretion over this determination. The basis for such determination will be communicated in writing to all Bidders with equivalent scores.

4.7 NOTIFICATION TO BIDDERS

HCA will notify the ASB of its selection in writing upon completion of the evaluation process. Individuals or firms whose proposals were not selected for further negotiation or award will be notified separately by e-mail.

4.8 DEBRIEFING OF UNSUCCESSFUL BIDDERS

Any Bidder who has submitted a proposal and been notified it was not selected for contract award may request a debriefing. The request for a debriefing conference must be received by the RFQQ Coordinator no later than 5:00 p.m., local time, in Olympia, Washington, within three (3) business days after the Unsuccessful Bidder Notification is e-mailed to the Bidder. The debriefing will be held within three (3) business days of the request, or as schedules allow.

Discussion at the debriefing conference will be limited to the following:

- 4.8.1 Evaluation and scoring of the Bidder's proposal;
- 4.8.2 Critique of the proposal based on the evaluation; and
- 4.8.3 Review of Bidder's final score in comparison with other final scores without identifying the other firms.

Comparisons between proposals, or evaluations of the other proposals will not be allowed. Debriefing conferences may be conducted in person or on the telephone and will be scheduled for a maximum of thirty (30) minutes.

4.9 PROTEST PROCEDURE

Protests may be made only by Bidders who submitted a response to this solicitation document and who have participated in a debriefing conference. Upon completing the debriefing conference, the Bidder is allowed five (5) business days to file a protest of the acquisition with the RFQQ Coordinator. Protests must be received by the RFQQ Coordinator no later than 4:30 p.m., local time, in Olympia, Washington on the fifth (5th) business day following the debriefing. Protests may be submitted by e-mail or by mail.

Bidders protesting this solicitation must follow the procedures described below. Protests that do not follow these procedures will not be considered. This protest procedure constitutes the sole administrative remedy available to Bidders under this solicitation.

All protests must be in writing, addressed to the RFQQ Coordinator, and signed by the protesting party or an authorized agent. The protest must state the RFQQ number, the grounds for the protest with specific facts, and complete statements of the action(s) being protested. A description of the relief or corrective action being requested should also be included.

- 4.9.1 Only protests alleging an issue of fact concerning the following subjects will be considered:
 - 4.9.1.1 A matter of bias, discrimination, or conflict of interest on the part of an evaluator;

4.9.1.2 Errors in computing the score; or

4.9.1.3 Non-compliance with procedures described in the solicitation document or agency protest process or HCA requirements.

Protests based on anything other than those items listed above will not be considered. Protests will be rejected as without merit if they address issues such as: 1) an evaluator's professional judgment on the quality of a proposal; or 2) HCA's assessment of its own and/or other agencies needs or requirements.

Upon receipt of a protest, a protest review will be held by HCA. The HCA Director, or an HCA employee delegated by the HCA Director who was not involved in the solicitation, will consider the record and all available facts. If possible, a final HCA decision will be issued within ten business days of receipt of the protest. If the HCA Director delegates the protest review to an HCA employee, the Director nonetheless reserves the right to make the final agency decision on the protest. If additional time is required, the protesting party will be notified of the delay.

If HCA determines in its sole discretion that a protest from one Bidder may affect the interests of another Bidder, then HCA will invite such Bidder to submit its views and any relevant information on the protest to the RFQQ Coordinator. In such a situation, the protest materials submitted by each Bidder will be made available to the other Bidder upon request.

4.9.2 The final determination of the protest will:

4.9.2.1 Find the protest lacking in merit and uphold HCA's action; or

4.9.2.2 Find only technical or harmless errors in HCA's acquisition process and determine HCA to be in substantial compliance and reject the protest; or

4.9.2.3 Find merit in the protest and provide options which may include:

4.9.2.3.1 Correct the errors and re-evaluate all proposals; or

4.9.2.3.2 Reissue the solicitation document and begin a new process; or

4.9.2.3.3 Make other findings and determine other courses of action as appropriate.

If HCA determines that the protest is without merit, HCA will enter into a contract with the ASB, assuming the parties reach agreement on the contract's terms. If the protest is determined to have merit, one of the alternatives noted in the preceding paragraph will be taken.

EXHIBIT A – CERTIFICATIONS AND ASSURANCES



STATE OF WASHINGTON
HEALTH CARE AUTHORITY
RFQQ NO. 2020HCA33 Medicaid Transformation Project Consultant

I/we make the following certifications and assurances as a required element of the proposal to which it is attached, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or continuation of the related contract:

1. I/we declare that all answers and statements made in the proposal are true and correct.
2. The prices and/or cost data have been determined independently, without consultation, communication, or agreement with others for the purpose of restricting competition. However, I/we may freely join with other persons or organizations for the purpose of presenting a single proposal.
3. The attached proposal is a firm offer for a period of 120 days following receipt, and it may be accepted by HCA without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the 120-day period.
4. In preparing this proposal, I/we have not been assisted by any current or former employee of the state of Washington whose duties relate (or did relate) to this proposal or prospective contract, and who was assisting in other than his or her official, public capacity. If there are exceptions to these assurances, I/we have described them in full detail on a separate page attached to this document.
5. I/we understand that HCA will not reimburse me/us for any costs incurred in the preparation of this proposal. All proposals become the property of HCA, and I/we claim no proprietary right to the ideas, writings, items, or samples, unless so stated in this proposal.
6. Unless otherwise required by law, the prices and/or cost data which have been submitted have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by him/her prior to opening, directly or indirectly, to any other Bidder or to any competitor.
7. I/we agree that submission of the attached proposal constitutes acceptance of the solicitation contents and the attached sample contract and general terms and conditions. If there are any exceptions to these terms, I/we have described those exceptions in detail on a page attached to this document.
8. No attempt has been made or will be made by the Bidder to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition.
9. I/we grant HCA the right to contact references and other, who may have pertinent information regarding the ability of the Bidder and the lead staff person to perform the services contemplated by this RFQQ.
10. If any staff member(s) who will perform work on this contract has retired from the State of Washington under the provisions of the 2008 Early Retirement Factors legislation, his/her name(s) is noted on a separately attached page.

We (circle one) **are** / **are not** submitting proposed Contract exceptions. (See Exhibit G Draft Contract and Exhibit H Draft Contract Issues List.) If Contract exceptions are being submitted, I/we have completed Exhibit H Draft Contract Issues List.

On behalf of the Bidder submitting this proposal, my name below attests to the accuracy of the above statement. We are submitting a scanned signature of this form with our proposal.

Signature of Bidder

Title Date

EXHIBIT B – DIVERSE AND SMALL BUSINESS INCLUSION PLAN



**STATE OF WASHINGTON
HEALTH CARE AUTHORITY
RFQQ NO. 2020HCA33 Medicaid Transformation Project Consultant**

- Do you anticipate using, or is your firm, a State Certified Minority Business? Y N
- Do you anticipate using, or is your firm, a State Certified Women’s Business? Y N
- Do you anticipate using, or is your firm, a State Certified Veteran Business? Y N
- Do you anticipate using, or is your firm, a Washington State Small Business? Y N

If you answered No to all of the questions above, please explain: _____

Please list the approximate percentage of work to be accomplished by each group:

- Minority _____%
- Women _____%
- Veteran _____%
- Small Business _____%

Please identify the person in your organization to manage your Diverse Inclusion Plan responsibility.

Name: _____

Phone: _____

E-Mail: _____

EXHIBIT C – EXECUTIVE ORDER 18-03



STATE OF WASHINGTON
HEALTH CARE AUTHORITY
RFQQ NO. 2020HCA33 Medicaid Transformation Project Consultant

CONTRACTOR CERTIFICATION
EXECUTIVE ORDER 18-03 – WORKERS’ RIGHTS
WASHINGTON STATE GOODS & SERVICES CONTRACTS

Pursuant to the Washington State Governor’s Executive Order 18-03 (dated June 12, 2018), the Washington State Health Care Authority is seeking to contract with qualified entities and business owners who certify that their employees are not, as a condition of employment, subject to mandatory individual arbitration clauses and class or collective action waivers.

Solicitation No.: RFQQ # 2020HCA33

I hereby certify, on behalf of the firm identified below, as follows (check one):

NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

OR

MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

FIRM NAME: _____
Name of Contractor/Bidder – Print full legal entity name of firm

By: _____
Signature of authorized person

Print Name of person making certifications for firm

Title: _____
Title of person signing certificate

Place: _____
Print city and state where signed

Date: _____

EXHIBIT D – STATEMENT OF WORK



**STATE OF WASHINGTON
HEALTH CARE AUTHORITY
RFQQ NO. 2020HCA33 Medicaid Transformation Project Consultant**

I. Overview

The work will be divided into Core responsibilities and Other Assignments described in-depth under Section II and Section III. Section IV. describes the Deliverable requirements.

- Core Responsibilities
 1. MTP Renewal and Transition
 2. MTP Extension
- Other Assignments – MTP Policies

Deliverable specifications required to meet HCA expectations and document Work Products are described under *Section IV. Deliverables*. *Work Product shall have the same meaning as in the Section Rights in Data and Ownership in the RFP 2020HCA33 Exhibit G – Draft Contract.*

II. Core Responsibilities

1. MTP Renewal and Transition

1.1. Background

The Contractor’s primary work will be to assist HCA in preparing the Medicaid Transformation Program (MTP) renewal application and determining which MTP activities should be transitioned along paths other than the renewal. HCA will take the lead on planning, developing, and drafting the MTP application and developing the activities to be included in the Centers for Medicare and Medicaid Services (CMS) application and the decisions to transition certain activities for implementation, sustainability, or other outcomes than the renewal.

To be successful, the Contractor must assist HCA in developing and implementing a strategy that provides CMS with the best opportunity to approve the renewal. The Contractor must demonstrate the experience and expertise necessary to assist HCA in modifying, scaling, connecting, and sustaining MTP policy options that improve the care of Apple Health clients and present CMS with the best case to approve the renewal. Additionally, the Contractor will assist HCA, in part, by identifying and initiating the development of connections between MTP initiatives and Medicaid policies and programs to support continuation and/or transition of key MTP activities.

1.2. Deliverable

HCA and Contractor will mutually agree upon the best form to use to meet this deliverable. See *Section IV. Deliverables* below for minimum standards.

2. MTP Extension

2.1. Background

HCA submitted a request on January 8, 2021 to CMS to extend MTP for one year. If the Extension is not approved by the beginning of the contract, then the Contractor may assist HCA with strategic advice. To achieve approval from CMS, the Contractor may need to assist HCA in modifying strategies, further developing policies, or responding to inquiries from CMS.

2.2. Deliverable:

HCA and Contractor will mutually agree upon the best form to use to meet this deliverable. See *Section IV. Deliverables* below for minimum standards.

III. Other Assignments

1. MTP Policies

1.1. The following MTP Policies illustrate the many topics that HCA is working to further act on or invest in, and the Contractor may be asked to support policy work in one (1) or more of these areas if the need emerges. HCA, in consultation with the Contractor, will select the policy topics and services needed to meet the need.

1.2. Background

Equity: HCA is committed to addressing the adverse impact of health inequities on population health. An equity lens will be applied to the development or modification of MTP policies to address the barriers of language, race, and oppression toward achieving better health.

Community-based care coordination (CBCC): CBCC helps Medicaid members with complex health and social needs access the services they need to improve their health. The hallmark of CBCC is the support and services provided by non-clinical, community-based organizations that retain or improve a client's health. CBCC includes a system and process for coordination across organizations and settings to avoid fragmentation and duplication.

Community information exchange (CIE): HCA uses the term CIE to refer to the complementary modules that support access to and navigation between organizations and services referrals, and appropriate sharing of patient information or records. Interoperability standards and further development of CIE is essential for implementing and supporting CBCC, and its primary modules include resource directory, closed-loop referral, community health record, event notification, and user-based access.

Workforce: Development of a health care workforce that reflects the needs of a contemporary health care system remains essential to transform care for Apple Health clients. Typically, this means development of more frontline workers such as peer counselors and community health workers. The recent Draft Interim Report performed by MTP's Independent External Evaluator recognized that while community health workers played an important role in regional progress

toward MTP goals, workforce shortages were a top challenge in implementing MTP initiatives.¹

Foundational Community Supports (FCS) and Social determinants of Health: Centers for Disease Control and Prevention (CDC) define social determinants of health as conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes. The research is clear—food insecurity, clothing, unemployment and job insecurity, homelessness, and unstable housing contribute to poor health. HCA will continue to partner with ACHs and MCOs to further leverage the continuation of FCS and SDOHs in communities throughout Washington State.

Value-based purchasing: HCA continues to implement, align between various programs, and expand value-based purchasing (VBP) strategies to drive health system transformation, as detailed in the VBP Roadmap.² HCA's long-term vision, to pay for health and value through innovative purchasing strategies, includes a focus on tying incentives to and designing APMs around community-based care coordination, social determinants of health interventions (SDoH), health equity, improving access, and a family-centered, whole person care approach to primary care.

Social investment fund model: The concept of a social investment fund is to design a mechanism to govern, fund, and disburse funding for investments in social determinants of health and other activities that lead to greater equity in communities and a healthier population. HCA is exploring the concepts of models for a social investment fund.

Transitional care: Transitional care is a health improvement policy that promotes MTP's care delivery redesign by helping Medicaid clients receive the right care through transitions between health care settings, such as acute care to home or jail to the community. HCA is focused on the significant challenge of coordinating eligibility and care between the justice system and the Medicaid program to improve the continuity of care for Medicaid clients with behavioral health or chronic conditions.

Diversion interventions: The diversions are health improvement policies that promote MTP's care delivery redesign by directing Medicaid clients who use emergency services for non-emergent conditions toward primary care and social services.

Addressing the Opioid Public Health Crisis: This prevention and promotion policy helps reduce opioid-related illnesses and deaths by implementing a variety of opioid prevention and misuse programs.

Reproductive and Maternal or Child Health: This policy promotes quality care for women of reproductive age, pregnant women, and infants. The policy also promotes mothers and infants having access to high-quality reproductive health care.

Access to Oral Health Care: This health prevention policy is aimed at increasing access to oral health services by integrating oral health into primary care and providing dental care to school-age children—often by using mobile dental units.

¹ More information on the Independent External Evaluator's Draft Interim Report can be found here: <https://www.hca.wa.gov/about-hca/healthier-washington/medicaid-transformation-resources>

² More information on HCA's long-term VBP Roadmap can be found here: <https://www.hca.wa.gov/assets/program/vbp-roadmap.pdf>

Chronic Disease Prevention and Control: This policy is designed to promote prevention and improve care for people who have or are at risk for a chronic disease, such as asthma, diabetes, or cardiovascular disease.

Medicaid Quality Improvement Program (MQIP): MQIP supports Washington State in designing quality improvement programs for people enrolled in Apple Health (Medicaid). Under MQIP, Medicaid managed care organizations (MCOs) are responsible for partnering with participating public hospitals to implement certain activities that:

- Reinforce the delivery of quality health care.
- Support community health

Federal Offerings: If required by HCA, the Contractor will demonstrate experience and expertise necessary to assist HCA in developing responses to a variety of letters of guidance or notices of funding opportunities.

1.3. Deliverable:

The Contractor will assist HCA on the development of MTP policy options and recommendations, and the Contractor will assist HCA by providing advice on scaling, connecting, and sustaining MTP policies. The Contractor, in consultation with HCA, will be responsible for selecting and developing the best form to use to meet a deliverable. See *Section IV. Deliverables* below for minimum standards.

IV. Deliverables

1. General

HCA and the Contractor will collaborate on identifying, discussing, and developing the scope, specifications, and time frames of assignments and deliverables that fulfill the work described in this Statement of Work. A specific deliverable performed by the Contractor will complement the assignment, and at a minimum, take these forms:

- 1.1. Policy exploration or introductory research on emerging issues. The documents typically are in the form of a policy paper, report, or matrix.
- 1.2. Exploring options on key issues or policies. The exploration may also include recommendations. The documents typically are in the form of a policy paper, report, or presentation.
- 1.3. Assist in preparing and participating in planning exercises. The assistance would likely be in the form of preparing and participating in discussions at meetings and following up with review and comments to refine a plan. The assistance may also include preparing a draft plan for discussion with HCA.
- 1.4. Assist in preparing and participating in strategy sessions. The assistance would likely be in the form of preparing and participating in discussions at meetings and following up with review and comments to refine a strategy. The assistance may also include drafting a strategy for discussion with HCA.

EXHIBIT E – MINIMUM QUALIFICATIONS



**STATE OF WASHINGTON
HEALTH CARE AUTHORITY
RFQQ NO. 2020HCA33 Medicaid Transformation Project Consultant**

Using the template provided below, Bidders must provide a full and complete response to each of the numbered requirements. The requirement should be addressed directly and specifically. For a full list of minimum qualifications, please see *RFQQ 2020HCA33 Section 1.5 Minimum Qualifications*:

Requirement Number	Requirement Priority	Minimum Requirements
1.5.1	Pass/Fail	Licensed to do business in the State of Washington or provide a commitment that it will become licensed in Washington within 30 calendar days of being selected as the Apparent Successful Bidder.
<i>Insert Response Here</i>		
1.5.2	Pass/Fail	Fifteen (15) years' experience providing support and organizational development in health care delivery system design and financing to a variety of clients including state and local governments, health care providers and community organizations.
<i>Insert Response Here</i>		
1.5.3	Pass/Fail	Demonstrated experience with government health programs and requirements.
<i>Insert Response Here</i>		
1.5.4.	Pass/Fail	Demonstrated experience of the organization and/or staff assisting one or more states with their Section 1115 Medicaid demonstration waivers, including Delivery System Reform Incentive Payment (DSRIP) programs.
<i>Insert Response Here</i>		

EXHIBIT F – QUOTATION TEMPLATE



**STATE OF WASHINGTON
HEALTH CARE AUTHORITY
RFQQ NO. 2020HCA33 HCA Medicaid Transformation Project Consultant**

In a separate Excel or Word document, provide rates for any proposed personnel the hours needed to complete deliverables as described in the Exhibit D Statement of Work (add additional lines as needed):

The total Quotation cannot exceed the initial term budget set forth in *Section 1.6 Funding* of this RFQQ.

Personnel/Staff Title	Staff Hourly Rate	Number of Hours to Complete Work	Total Cost
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Total Proposed Cost			\$

Summary of Costs

Travel: Reimbursement for travel costs will not be included in the resulting Contract.

Extensions: Should the option to extend the term of the resulting Contract be exercised, deliverables, rates, and total costs will be negotiated and will be mutually agreed upon in writing.

EXHIBIT G – DRAFT CONTRACT



**STATE OF WASHINGTON
HEALTH CARE AUTHORITY
RFQQ NO. 2020HCA33 HCA Medicaid Transformation Project Consultant**



Draft Contract for
RFQQ_MTP Consultat

EXHIBIT H – DRAFT CONTRACT ISSUES LIST



**STATE OF WASHINGTON
HEALTH CARE AUTHORITY
RFQQ NO. 2020HCA33 HCA Medicaid Transformation Project Consultant**

This form should be used solely to capture requested changes to *RFQQ 2020HCA33 Exhibit E - Draft Contract*. Please attached a redlined version of the Draft Contract and include any issues with Draft Contract below. Add additional pages to complete this table, if necessary.

Item	Reference Document	Section & Page #	Issue	Bidder Proposed Solution/Rationale
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

EXHIBIT I – PROPOSAL CHECKLIST



**STATE OF WASHINGTON
HEALTH CARE AUTHORITY
RFQQ NO. 2020HCA33 Medicaid Transformation Project Consultant**

Proposal Checklist

The following checklist identifies the instructions Bidders must follow when putting their proposals together and all items Bidders must submit in their proposals. Use the following template to provide Bidder's response. If there is any discrepancy between this Exhibit I Proposal Checklist and the RFQQ 2020HCA33, the RFQQ will prevail.

Instructions Followed by Bidder	Complete	
	Yes	No
Proposal is formatted and submitted in compliance with the RFP.		

Items Included In Bidder's Proposal	Complete	
	Yes	No
Letter of Submittal		
Subcontractors		
Other Related Information		
OMWBE Response (Optional)		
<i>Exhibit A – Certification and Assurances</i>		
<i>Exhibit H – Draft Contract Issues List</i>		
<i>Exhibit B – Diverse and Small Business Inclusion Plan</i>		
<i>Exhibit E – Minimum Qualifications Response Form</i>		
<i>Exhibit I – Proposal Checklist</i>		

Items Included In Bidder's Proposal	Complete	
	Yes	No
Qualifications		
Business Information		
Staffing		
Approach to the SOW		
<i>Exhibit C – Executive Order 18-03 Contractor Certification</i>		
References		
OMWBE Certification (Optional)		
Quotations		
<i>Exhibit F – Cost Proposal Template</i>		