



STATE OF ALASKA
Department of Health and Social Services
Commissioner's Office
350 Main Street, Room 6
Juneau, AK 99811

Request For Proposals

RFP 2015-0600-3077

Date of Issue: April 10, 2015

Title and Purpose of RFP:

Medicaid Redesign and Expansion Technical Assistance

The Alaska Department of Health and Social Services in partnership with the Alaska Mental Health Trust Authority is soliciting proposals for technical assistance and strategic consulting to assist the State of Alaska with creating a sustainable, efficient and effective Medicaid program. The contractor will develop recommendations for alternative Medicaid expansion models and for Medicaid reform initiatives aimed at optimizing enrollee health outcomes and access to care, driving increased value in the delivery and payment for services, and providing cost containment in the Medicaid budget.

Offerors Are Not Required To Return This Form.

Important Notice: If you received this solicitation from the State of Alaska's "Online Public Notice" web site, you must register with the procurement officer listed in this document to receive subsequent amendments. Failure to contact the procurement officer may result in the rejection of your offer.

Janice Neal
Procurement Officer
Department of Health and Social Services
Janice.Neal@alaska.gov

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SECTION ONE INTRODUCTION AND INSTRUCTIONS

1.01 Return Mailing Address, Contact Person, Telephone Number, and Deadline for Receipt of Proposals

Offerors must submit an **original and six (6) unbound copies** of their proposal, in writing, in a sealed envelope to the procurement officer. **Submit only one Cost Proposal in a separate, sealed envelope. No portion of the cost proposal shall be included within the body of the proposal.**

Include with your proposal packet a CD containing electronic copies of the Proposal and Cost Proposal as separate documents. Electronic files should be no larger than 5MB (megabytes) each. The sealed proposal package must be addressed as follows:

Department of Health and Social Services
Division of Finance and Management Services
Attention: **Janice Neal**
Request for Proposal (RFP) Number: **2015-0600-3077**
Project name: **Medicaid Redesign and Expansion Technical Assistance**
350 Main Street, Room 6
Juneau, AK 99811

Important Note: There is **no** overnight express mail delivery to Juneau, Alaska. Expedited mail service takes at least two nights.

Proposals must be received no later than 4:00 P.M., Alaska Time on **May 1, 2015**. Faxed and oral proposals are not acceptable.

An offeror's failure to submit its proposal prior to the deadline will cause the proposal to be disqualified. Late proposals or amendments will not be opened or accepted for evaluation.

PROCUREMENT OFFICER: **Janice Neal** – PHONE **907-465-5842**

1.02 Contract Term and Solicitation Schedule

The contract term and solicitation schedule set out herein represents the State of Alaska's best estimate of the schedule that will be followed. If a component of this schedule, such as the opening date, is delayed, the rest of the schedule will be shifted by the same number of days.

The length of the contract will be from the date of award through **May 16, 2016**. Potential renewals after 5/16/16 will be based on approved additional funding to be exercised at the sole discretion of the State of Alaska.

The approximate solicitation schedule is as follows:

- Issue RFP ***April 10, 2015;***
- Deadline for Receipt of Questions ***April 20, 2015;***
- Deadline for Receipt of Proposals ***May 1, 2015;***
- Proposal Evaluation Committee complete evaluation by approximately ***May 8, 2015;***
- State of Alaska issues Notice of Intent to Award a Contract ***May 11, 2015;***
- State of Alaska issues contract ***May 22, 2015.***

1.03 Purpose of the RFP

The Alaska Department of Health and Social Services in partnership with the Alaska Mental Health Trust Authority is soliciting proposals for technical assistance and strategic consulting to assist the State of Alaska with creating a sustainable, efficient and effective Medicaid program. The contractor will develop recommendations for alternative Medicaid expansion models and for Medicaid reform initiatives aimed at optimizing enrollee health outcomes and access to care, driving increased value in the delivery and payment for services, and providing cost containment in the Medicaid budget.

1.04 Budget

Department of Health and Social Services, Commissioner's Office, estimates a budget of **\$450,000** for completion of this project. Proposals priced at more than **\$450,000** will be considered non-responsive.

NOTE: Potential renewals or extensions after May 16, 2016 will be based on approved additional funding

1.05 Location of Work

Much of the research, analysis and writing work to be performed under this contract may occur in any location. However, the contractor will be expected to have an Alaska-based staff person or subcontractor who can demonstrate research and planning experience with Alaska's health care delivery system and also knowledge of Alaska's health care stakeholders; or, demonstrate in their proposal a plan for gaining and applying sufficient knowledge about Alaska's health care delivery system and stakeholders for performance of the scope of work without placing undue burden on Department of Health and Social Services staff for basic background information.

In addition, the contractor will be expected to: 1) participate in Anchorage and Juneau-based in-person meetings with department leadership; 2) provide in-person facilitation of sessions to gather stakeholder input; and, 3) present in-person at legislative hearings in Juneau. Proponents should describe in the proposal methodology section the recommended frequency and timing of in-person meetings with department leadership and stakeholders. The number of required in-person presentations at legislative hearings in Juneau will not be more than four, though additional telephonic presentations may be requested.

The location(s) the work is to be performed, completed and managed is Anchorage and Juneau.

The State of Alaska **WILL NOT** provide workspace for the contractor. The contractor must provide its own workspace.

The contractor should determine and include in their price proposal any travel needed to successfully complete all of the deliverables.

By signature on their proposal, the offeror certifies that all services provided under this contract by the contractor and all subcontractors shall be performed in the United States.

If the offeror cannot certify that all work will be performed in the United States, the offeror must contact the procurement officer in writing to request a waiver at least 10 days prior to the deadline for receipt of proposals.

The request must include a detailed description of the portion of work that will be performed outside the United States, where, by whom, and the reason the waiver is necessary.

Failure to comply with this requirement or to obtain a waiver may cause the state to reject the proposal as non-responsive, or cancel the contract.

1.06 Human Trafficking

By signature on their proposal, the offeror certifies that the offeror is not established and headquartered or incorporated and headquartered in a country recognized as Tier 3 in the most recent United States Department of State's Trafficking in Persons Report.

The most recent United States Department of State's Trafficking in Persons Report can be found at the following website: <http://www.state.gov/g/tip/>

Failure to comply with this requirement will cause the state to reject the proposal as non-responsive, or cancel the contract.

1.07 Assistance to Offerors with a Disability

Offerors with a disability may receive accommodation regarding the means of communicating this RFP or participating in the procurement process. For more information, contact the procurement officer no later than ten days prior to the deadline for receipt of proposals.

1.08 Required Review

Offerors should carefully review this solicitation for defects and questionable or objectionable material. Comments concerning defects and objectionable material must be made in writing and received by the procurement officer at least ten days before the proposal opening. This will allow issuance of any necessary amendments. It will also help prevent the opening of a defective solicitation and exposure of offeror's proposals upon which award could not be made. Protests based on any omission or error, or on the content of the solicitation, will be disallowed if these faults have not been brought to the attention of the procurement officer, in writing, at least ten days before the time set for opening.

1.09 Questions Received Prior to Opening of Proposals

All questions must be in writing and directed to the issuing office, addressed to the procurement officer. The interested party must confirm telephone conversations in writing. **No further questions will be allowed after 1:30 pm Alaska time on date April 20, 2015.**
Send questions to Janice.Neal@alaska.gov.

Two types of questions generally arise. One may be answered by directing the questioner to a specific section of the RFP. These questions may be answered over the telephone. Other questions may be more complex and may require a written amendment to the RFP. The procurement officer will make that decision.

1.10 Amendments

If an amendment is issued, it will be provided to all who were mailed a copy of the RFP and to those who have registered with the procurement officer as having downloaded the RFP from the State of Alaska Online Public Notice web site.

1.11 Alternate Proposals

Offerors may only submit one proposal for evaluation.

In accordance with 2 AAC 12.830 alternate proposals (proposals that offer something different than what is asked for) will be rejected.

1.12 Right of Rejection

Offerors must comply with all of the terms of the RFP, the State Procurement Code (AS 36.30), and all applicable local, state, and federal laws, codes, and regulations. The procurement officer may reject any proposal that does not comply with all of the material and substantial terms, conditions, and performance requirements of the RFP.

Offerors may not qualify the proposal nor restrict the rights of the state. If an offeror does so, the procurement officer may determine the proposal to be a non-responsive counter-offer and the proposal may be rejected.

Minor informalities as determined by the Department of Health and Social Services that:

- do not affect responsiveness;
- are merely a matter of form or format;
- do not change the relative standing or otherwise prejudice other offers;
- do not change the meaning or scope of the RFP;
- are trivial, negligible, or immaterial in nature;
- do not reflect a material change in the work; or
- do not constitute a substantial reservation against a requirement or provision;

may be waived by the DHSS procurement officer.

The state reserves the right to refrain from making an award if it determines that to be in its best interest.

A proposal from a debarred or suspended offeror shall be rejected.

1.13 State Not Responsible for Preparation Costs

The state will not pay any cost associated with the preparation, submittal, presentation, or evaluation of any proposal.

1.14 Disclosure of Proposal Contents

All proposals and other material submitted become the property of the State of Alaska and may be returned only at the state's option. AS 40.25.110 requires public records to be open to reasonable inspection. All proposal information, including detailed price and cost information, will be held in confidence during the evaluation process and prior to the time a Notice of Intent to Award is issued. Thereafter, proposals will become public information.

Trade secrets and other proprietary data contained in proposals may be held confidential if the offeror requests, in writing, that the procurement officer does so, and if the procurement officer agrees, in writing, to do so. The offeror's request must be included with the proposal, must clearly identify the information they wish to be held confidential, and include a statement that sets out the reasons for confidentiality. Unless the procurement officer agrees in writing to hold the requested information confidential, that information will also become public after the Notice of Intent to Award is issued.

1.15 Subcontractors

Subcontractors may be used to perform work under this contract. If an offeror intends to use subcontractors, the offeror must identify in the proposal the names of the subcontractors and the portions of the work the subcontractors will perform.

If a proposal with subcontractors is selected, the offeror must provide the following information concerning each prospective subcontractor within five working days from the date of the state's request:

- (a) complete name of the subcontractor;
- (b) complete address of the subcontractor;
- (c) type of work the subcontractor will be performing;
- (d) percentage of work the subcontractor will be providing;
- (e) evidence that the subcontractor holds a valid Alaska business license; and
- (f) a written statement, signed by each proposed subcontractor that clearly verifies that the subcontractor is committed to render the services required by the contract.
- (g) a written statement, signed by each proposed subcontractor indicating whether or not the firm or any individuals working on the contract has a possible conflict of interest (per Section 1.18).

An offeror's failure to provide this information, within the time set, may cause the state to consider their proposal non-responsive and reject it. The substitution of one subcontractor for another may be made only at the discretion and prior written approval of the project director.

1.16 Joint Ventures

Joint ventures will not be allowed.

1.17 Offeror's Certification

By signature on the proposal, offerors certify that they comply with the following:

- (a) the laws of the State of Alaska;
- (b) the applicable portion of the Federal Civil Rights Act of 1964;
- (c) the Equal Employment Opportunity Act and the regulations issued thereunder by the federal government;
- (d) the Americans with Disabilities Act of 1990 and the regulations issued thereunder by the federal government;
- (e) all terms and conditions set out in this RFP;
- (f) a condition that the proposal submitted was independently arrived at, without collusion, under penalty of perjury;
- (g) that the offers will remain open and valid for at least 90 days; and
- (h) that programs, services, and activities provided to the general public under the resulting contract conform with the Americans with Disabilities Act of 1990, and the regulations issued thereunder by the federal government.

If any offeror fails to comply with [a] through [h] of this paragraph, the state reserves the right to disregard the proposal, terminate the contract, or consider the contractor in default.

1.18 Conflict of Interest

Each proposal shall include a statement indicating whether or not the firm or any individuals working on the contract has a possible conflict of interest (e.g., currently employed by the State of Alaska or formerly employed by the State of Alaska within the past two years; currently a contractor or subcontractor with any department within the State of Alaska) and, if so, the nature of that conflict. The Commissioner, Department of Health and Social Services, reserves the right to **consider a proposal non-responsive and reject it or** cancel the award if any interest disclosed from any source could either give the appearance of a conflict or cause speculation as to the objectivity of the program to be developed by the offeror. The Commissioner's determination regarding any questions of conflict of interest shall be final.

Current grantees that propose to provide technical assistance to a group of grantees will be precluded from submitting a proposal unless a written statement of refusal of grant funds is attached. All proposals submitted by current grantees must indicate that grant awards will not be accepted for the duration of the contract and/or any quarterly advance that has already been received will be returned upon award of contract. Proposals submitted by current grantees without this statement shall be deemed non-responsive.

1.19 Right to Inspect Place of Business

At reasonable times, the state may inspect those areas of the contractor's place of business that are related to the performance of a contract. If the state makes such an inspection, the contractor must accommodate and provide reasonable assistance.

1.20 Solicitation Advertising

Public notice has been provided in accordance with 2 AAC 12.220.

1.21 News Releases

News releases related to this RFP will not be made without prior approval of the DHSS project director.

1.22 Assignment

Per 2 AAC 12.480, the contractor may not transfer or assign any portion of the contract without prior written approval from the procurement officer.

1.23 Disputes

A contract resulting from this RFP is governed by the laws of the State of Alaska. If the contractor has a claim arising in connection with the agreement that it cannot resolve with the state by mutual agreement, it shall pursue the claim, if at all, in accordance with the provisions of AS 36.30.620 – AS 36.30.632. To the extent not otherwise governed by the preceding, the claim shall be brought only in the Superior Court of the State of Alaska and not elsewhere.

1.24 Severability

If any provision of the contract or agreement is declared by a court to be illegal or in conflict with any law, the validity of the remaining terms and provisions will not be affected; and, the rights and obligations of the parties will be construed and enforced as if the contract did not contain the particular provision held to be invalid.

1.25 Federal Requirements

The offeror must identify all known federal requirements that apply to the proposal, the evaluation, or the contract.

Expenditures from this contract may involve federal funds. The U.S. Department of Labor requires all state agencies that are expending federal funds to have a certification filed in the proposal (by the offeror) that they have not been debarred or suspended from doing business with the federal government. Certification regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions **(included in this document) must be completed and submitted with your proposal.**

<https://www.epls.gov/>

SECTION TWO STANDARD PROPOSAL INFORMATION

2.01 Authorized Signature

All proposals must be signed by an individual authorized to bind the offeror to the provisions of the RFP. Proposals must remain open and valid for at least 90-days from the date set as the deadline for receipt of proposals.

2.02 Pre-proposal Conference

A pre-proposal conference will not be held for this solicitation. See Section 1.08 for instructions on submitting questions regarding this RFP.

2.03 Site Inspection

The state may conduct on-site visits to evaluate the offeror's capacity to perform the contract. An offeror must agree, at risk of being found non-responsive and having its proposal rejected, to provide the state reasonable access to relevant portions of its work sites. Individuals designated by the procurement officer at the state's expense will make site inspection.

2.04 Amendments to Proposals

Amendments to or withdrawals of proposals will only be allowed if acceptable requests are received prior to the deadline that is set for receipt of proposals. No amendments or withdrawals will be accepted after the deadline unless they are in response to the state's request in accordance with 2 AAC 12.290.

2.05 Supplemental Terms and Conditions

Proposals must comply with Section **1.12 Right of Rejection**. However, if the state fails to identify or detect supplemental terms or conditions that conflict with those contained in this RFP or that diminish the state's rights under any contract resulting from the RFP, the term(s) or condition(s) will be considered null and void. After award of contract:

- a) if conflict arises between a supplemental term or condition included in the proposal and a term or condition of the RFP, the term or condition of the RFP will prevail; and
- b) if the state's rights would be diminished as a result of application of a supplemental term or condition included in the proposal, the supplemental term or condition will be considered null and void.

2.06 Clarification of Offers

In order to determine if a proposal is reasonably susceptible for award, communications by the procurement officer or the proposal evaluation committee (PEC) are permitted with an offeror to clarify uncertainties or eliminate confusion concerning the contents of a proposal. Clarifications may not result in a material or substantive change

to the proposal. The evaluation by the procurement officer or the proposal evaluation committee may be adjusted as a result of a clarification under this section.

2.07 Discussions with Offerors

The state may conduct discussions with offerors in accordance with AS 36.30.240 and 2 AAC 12.290. The purpose of these discussions will be to ensure full understanding of the requirements of the RFP and proposal. Discussions will be limited to specific sections of the RFP or proposal identified by the procurement officer. Discussions will only be held with offerors who have submitted a proposal deemed reasonably susceptible for award by the procurement officer. Discussions, if held, will be after initial evaluation of proposals by the PEC. If modifications are made as a result of these discussions they will be put in writing. Following discussions, the procurement officer may set a time for best and final proposal submissions from those offerors with whom discussions were held. Proposals may be reevaluated after receipt of best and final proposal submissions.

If an offeror does not submit a best and final proposal or a notice of withdrawal, the offeror's immediate previous proposal is considered the offeror's best and final proposal.

Offerors with a disability needing accommodation should contact the procurement officer prior to the date set for discussions so that reasonable accommodation can be made. Any oral modification of a proposal must be reduced to writing by the offeror.

2.08 Minimum Qualifications

In order for offers to be considered responsive offerors must provide evidence that they meet these minimum prior experience requirements.

- 1) Performance of at least two (2) technical assistance projects within the past five (5) years to states on the development of Medicaid expansion and/or reform plans or proposals.
- 2) At least five (5) years of federal and/or state level experience within the past eight (8) years with Medicaid policy and program development and analysis. Experience must include all or some combination of the following:
 - o Design and/or evaluation of Centers for Medicare and Medicaid Services (CMS) approved Demonstration Projects;
 - o Design and/or evaluation of Medicaid payment rate structures and mechanisms;
 - o Development of federal CMS waiver applications and/or Medicaid State Plan Amendments;
 - o Development of state Medicaid regulations and/or legislative proposals.
- 3) At least three (3) years of experience in the past six (6) years with some combination of: health program evaluation, health data analytics, behavioral health service development and evaluation, and/or health systems research and consulting that included the role and functions of tribal, community health center, military, and Veterans' Affairs health sectors.
- 4) Project staff or subcontractor who can demonstrate experience with Alaskan health systems research or administration, or a proposed plan for gaining this essential knowledge.
- 5) Project staff or subcontractor who is a certified health care actuarial with at least two (2) years of experience within the past five (5) years in the performance of health care pricing, reimbursement and utilization analyses.

Note: Please provide the start and end dates, including month and year, in which the minimum requirements were satisfied.

An offeror's failure to meet these minimum prior experience requirements will cause their proposal to be considered non-responsive and their proposal will be rejected.

2.09 Evaluation of Proposals

The procurement officer, and an evaluation committee made up of at least three state employees or public officials, will evaluate proposals. The evaluation will be based solely on the evaluation factors set out in Section SEVEN of this RFP.

After receipt of proposals, if there is a need for any substantial clarification or material change in the RFP, an amendment will be issued. The amendment will incorporate the clarification or change, and a new date and time established for new or amended proposals. Evaluations may be adjusted as a result of receiving new or amended proposals.

2.10 Vendor Tax ID

A valid Vendor Tax ID must be submitted to the issuing office with the proposal or within five days of the state's request.

2.11 F.O.B. Point

Not applicable.

2.12 Alaska Business License and Other Required Licenses

Prior to the award of a contract, an offeror must hold a valid Alaska business license. However, in order to receive the Alaska Bidder Preference and other related preferences, such as the Alaska Veteran and Alaska Offeror Preference, an offeror must hold a valid Alaska business license prior to the deadline for receipt of proposals. Offerors should contact the Department of Commerce, Community and Economic Development, Division of Corporations, Business, and Professional Licensing, P. O. Box 110806, Juneau, Alaska 99811-0806, for information on these licenses. Acceptable evidence that the offeror possesses a valid Alaska business license may consist of any one of the following:

- (a) copy of an Alaska business license;
- (b) certification on the proposal that the offeror has a valid Alaska business license and has included the license number in the proposal;
- (c) a canceled check for the Alaska business license fee;
- (d) a copy of the Alaska business license application with a receipt stamp from the state's occupational licensing office; or
- (e) a sworn and notarized affidavit that the offeror has applied and paid for the Alaska business license.

You are not required to hold a valid Alaska business license at the time proposals are opened if you possess one of the following licenses and are offering services or supplies under that specific line of business:

- Fisheries business licenses issued by Alaska Department of Revenue or Alaska Department of Fish and Game,
- Liquor licenses issued by Alaska Department of Revenue for alcohol sales only,
- Insurance licenses issued by Alaska Department of Commerce, Community and Economic Development, Division of Insurance, or
- Mining licenses issued by Alaska Department of Revenue.

Prior to the deadline for receipt of proposals, all offerors must hold any other necessary applicable professional licenses required by Alaska Statute.

2.13 Application of Preferences

Certain preferences apply to all contracts for professional services, regardless of their dollar value. The Alaska bidder, Alaska veteran, and Alaska Offeror Preferences are the most common preferences involved in the RFP process. Additional preferences that may apply to this procurement are listed below. Guides that contain excerpts from the relevant statutes and codes, explain when the preferences apply and provide examples of how to calculate the preferences are available at the Department of Administration, Division of General Services' web site:

<http://doa.alaska.gov/dgs/policy.html>

Alaska Products Preference - AS 36.30.332

Recycled Products Preference - AS 36.30.337

Local Agriculture and Fisheries Products Preference - AS 36.15.050

Employment Program Preference - AS 36.30.321(b)

Alaskans with Disabilities Preference - AS 36.30.321(d)

Alaska Veteran's Preference - AS 36.30.321(f)

The Division of Vocational Rehabilitation in the Department of Labor and Workforce Development keeps a list of qualified employment programs and individuals who qualify as persons with a disability. As evidence of a business' or an individual's right to the Employment Program or Alaskans with Disabilities preferences, the Division of Vocational Rehabilitation will issue a certification letter. To take advantage of these preferences, a business or individual must be on the appropriate Division of Vocational Rehabilitation list prior to the time designated for receipt of proposals. Offerors must attach a copy of their certification letter to the proposal. An offeror's failure to provide this certification letter with their proposal will cause the state to disallow the preference.

2.14 5 Percent Alaska Bidder Preference AS 36.30.321(a), AS 36.30.990(2), & 2 AAC 12.260

An Alaska Bidder Preference of five percent will be applied to the price in the proposal. The preference will be given to an offeror who:

- (1) holds a current Alaska business license prior to the deadline for receipt of proposals;
- (2) submits a proposal for goods or services under the name appearing on the offeror's current Alaska business license;
- (3) has maintained a place of business within the state staffed by the offeror, or an employee of the offeror, for a period of six months immediately preceding the date of the proposal;
- (4) is incorporated or qualified to do business under the laws of the state, is a sole proprietorship and the proprietor is a resident of the state, is a limited liability company (LLC) organized under AS 10.50 and all

members are residents of the state, or is a partnership under AS 32.06 or AS 32.11 and all partners are residents of the state; and

- (5) if a joint venture, is composed entirely of ventures that qualify under (1)-(4) of this subsection.

Alaska Bidder Preference Affidavit

In order to receive the Alaska Bidder Preference, the proposal must include a statement certifying that the offeror is eligible to receive the Alaska Bidder Preference.

If the offeror is a LLC or partnership as identified in (4) of this subsection, the affidavit must also identify each member or partner and include a statement certifying that all members or partners are residents of the state.

If the offeror is a joint venture which includes a LLC or partnership as identified in (4) of this subsection, the affidavit must also identify each member or partner of each LLC or partnership that is included in the joint venture and include a statement certifying that all of those members or partners are residents of the state.

2.15 5 Percent Alaska Veteran Preference AS 36.30.321(f)

An Alaska Veteran Preference of five percent, not to exceed \$5,000, will be applied to the price in the proposal. The preference will be given to an offeror who qualifies under AS 36.30.990(2) as an Alaska bidder and is a:

- (a) sole proprietorship owned by an Alaska veteran;
- (b) partnership under AS 32.06 or AS 32.11 if a majority of the partners are Alaska veterans;
- (c) limited liability company organized under AS 10.50 if a majority of the members are Alaska veterans; or
- (d) corporation that is wholly owned by individuals, and a majority of the individuals are Alaska veterans.

Alaska Veteran Preference Affidavit

In order to receive the Alaska Veteran Preference, the proposal must include a statement certifying that the offeror is eligible to receive the Alaska Veteran Preference.

2.16 Formula Used to Convert Cost to Points AS 36.30.250 & 2 AAC 12.260

The distribution of points based on cost will be determined as set out in 2 AAC 12.260 (c). The lowest cost proposal will receive the maximum number of points allocated to cost. The point allocations for cost on the other proposals will be determined through the method set out below. In the generic example below, cost is weighted as 25% of the overall total score. The weighting of cost may be different in your particular RFP. See section SEVEN to determine the value, or weight of cost for this RFP.

EXAMPLE

Formula Used to Convert Cost to Points

[STEP 1]

List all proposal prices, adjusted where appropriate by the application of all applicable preferences.

Offeror #1 - Non-Alaskan Offeror	\$40,000
Offeror #2 - Alaskan Offeror	\$42,750
Offeror #3 - Alaskan Offeror	\$47,500

[STEP 2]

Convert cost to points using this formula.

$$\frac{[(\text{Price of Lowest Cost Proposal}) \times (\text{Maximum Points for Cost})]}{(\text{Cost of Each Higher Priced Proposal})} = \text{POINTS}$$

The RFP allotted 40% (400 points) of the total of 1,000 points for cost.

Offeror #1 receives 400 points.

The reason they receive that amount is because the lowest cost proposal, in this case \$40,000, receives the maximum number of points allocated to cost, 400 points.

Offeror #2 receives 374 points.

$$\begin{array}{r} \$40,000 \\ \text{Lowest} \\ \text{Cost} \end{array} \times \begin{array}{r} 400 \\ \text{Max} \\ \text{Points} \end{array} = 16,000,000 \div \begin{array}{r} \$42,750 \\ \text{Offeror \#2} \\ \text{Adjusted By} \\ \text{The Application Of} \\ \text{All Applicable} \\ \text{Preferences} \end{array} = \begin{array}{r} 374 \\ \text{Points} \end{array}$$

Offeror #3 receives 337 points.

$$\begin{array}{r} \$40,000 \\ \text{Lowest} \\ \text{Cost} \end{array} \times \begin{array}{r} 400 \\ \text{Max} \\ \text{Points} \end{array} = 16,000,000 \div \begin{array}{r} \$47,500 \\ \text{Offeror \#3} \\ \text{Adjusted By} \\ \text{The Application Of} \\ \text{All Applicable} \\ \text{Preferences} \end{array} = \begin{array}{r} 337 \\ \text{Points} \end{array}$$

**2.17 Alaska Offeror Preference
 AS 36.30.321 & 2 AAC 12.260**

2 AAC 12.260(e) provides Alaska offerors a 10 percent overall evaluation point preference. Alaska bidders, as defined in AS 36.30.990(2), are eligible for the preference. This preference will be added to the overall evaluation score of each Alaskan offeror. Each Alaskan offeror will receive 10 percent of the total available points added to their evaluation score as a preference.

EXAMPLE

Alaska Offeror Preference

[STEP 1]

Determine the number of points available to Alaskan offerors under the preference.

Total number of points available – 1,000 Points

$$\begin{array}{rclcl} 1,000 & \times & 10\% & = & 100 \\ \text{Total Points} & & \text{Alaskan Offerors} & & \text{Number of Points} \\ \text{Available} & & \text{Percentage Preference} & & \text{Given to Alaskan Offerors} \\ & & & & \text{Under the Preference} \end{array}$$

[STEP 2]

Add the preference points to the Alaskan offers. There are three offerors: Offeror #1, Offeror #2, and Offeror #3. Offeror #2 and Offeror #3 are eligible for the Alaska Offeror's Preference. For the purpose of this example presume that all of the proposals have been completely evaluated based on the evaluation criteria in the RFP. Their scores at this point are:

Offeror #1 - 890 points
Offeror #2 - 800 points
Offeror #3 - 880 points

Offeror #2 and Offeror #3 each receive 100 additional points. The final scores for all of the offers are:

Offeror #1 - 890 points
Offeror #2 - 900 points
Offeror #3 - 980 points

Offeror #3 is awarded the contract.

2.18 Contract Negotiation

2 AAC 12.315 CONTRACT NEGOTIATIONS After final evaluation, the procurement officer may negotiate with the offeror of the highest-ranked proposal. Negotiations, if held, shall be within the scope of the request for proposals and limited to those items which would not have an effect on the ranking of proposals. If the highest-ranked offeror fails to provide necessary information for negotiations in a timely manner, or fails to negotiate in good faith, the state may terminate negotiations and negotiate with the offeror of the next highest-ranked proposal. If contract negotiations are commenced, they may be held in the *Juneau or Anchorage*, Alaska or via video/teleconference. If determined negotiations must be in person, the offeror will be responsible for their travel and per diem expenses.

2.19 Failure to Negotiate

If the selected offeror

- fails to provide the information required to begin negotiations in a timely manner; or
- fails to negotiate in good faith; or
- indicates they cannot perform the contract within the budgeted funds available for the project; or
- if the offeror and the state, after a good faith effort, simply cannot come to terms,

the state may terminate negotiations with the offeror initially selected and commence negotiations with the next highest ranked offeror.

2.20 Notice of Intent to Award (NIA) — Offeror Notification of Selection

After the completion of contract negotiation the procurement officer will issue a written Notice of Intent to Award (NIA) and send copies to all offerors. The NIA will set out the names of all offerors and identify the proposal selected for award.

2.21 Protest

AS 36.30.560 provides that an interested party may protest the content of the RFP.

An interested party is defined in 2 AAC 12.990(a) (7) as "an actual or prospective bidder or offeror whose economic interest might be affected substantially and directly by the issuance of a contract solicitation, the award of a contract, or the failure to award a contract."

If an interested party wishes to protest the content of a solicitation, the protest must be received, in writing, by the procurement officer at least ten days prior to the deadline for receipt of proposals.

AS 36.30.560 also provides that an interested party may protest the award of a contract or the proposed award of a contract.

If an offeror wishes to protest the award of a contract or the proposed award of a contract, the protest must be received, in writing by the procurement officer within ten days after the date the Notice of Intent to Award the contract is issued.

A protester must have submitted a proposal in order to have sufficient standing to protest the proposed award of a contract. Protests must include the following information:

- a. the name, address, and telephone number of the protester;
- b. the signature of the protester or the protester's representative;
- c. identification of the contracting agency and the solicitation or contract at issue;
- d. a detailed statement of the legal and factual grounds of the protest including copies of relevant documents; and the form of relief requested.

Protests filed by telex or telegram are not acceptable because they do not contain a signature. Fax copies containing a signature are acceptable.

The procurement officer will issue a written response to the protest. The response will set out the procurement officer's decision and contain the basis of the decision within the statutory time limit in AS 36.30.580. A copy of the decision will be furnished to the protester by certified mail, fax or another method that provides evidence of receipt.

All offerors will be notified of any protest. The review of protests, decisions of the procurement officer, appeals, and hearings, will be conducted in accordance with the State Procurement Code (AS 36.30), Article 8 "Legal and Contractual Remedies."

SECTION THREE STANDARD CONTRACT INFORMATION

3.01 Contract Type

This contract is a *fixed price* contract.

3.02 Contract Approval

This RFP does not, by itself, obligate the state. The state's obligation will commence when the contract is approved by the Commissioner of the Department of Health and Social Services, or the Commissioner's designee. Upon written notice to the contractor, the state may set a different starting date for the contract. The state will not be responsible for any work done by the contractor, even work done in good faith, if it occurs prior to the contract start date set by the state.

3.03 Standard Contract Provisions

The contractor will be required to sign and submit the attached State's Standard Agreement Form for Professional Services Contracts (form 02-093/Appendix A). The contractor must comply with the contract provisions set out in this attachment. No alteration of these provisions will be permitted without prior written approval from the Department of Law. Objections to any of the provisions in Appendix A must be set out in the offeror's proposal.

3.04 Proposal as a Part of the Contract

Part or all of this RFP and the successful proposal may be incorporated into the contract.

3.05 Additional Terms and Conditions

The state reserves the right to add terms and conditions during contract negotiations. These terms and conditions will be within the scope of the RFP and will not affect the proposal evaluations.

3.06 Insurance Requirements

The successful offeror must provide proof of workers' compensation insurance prior to contract approval.

The successful offeror must secure the insurance coverage required by the state. The coverage must be satisfactory to the Department of Administration Division of Risk Management. An offeror's failure to provide evidence of such insurance coverage is a material breach and grounds for withdrawal of the award or termination of the contract.

Offerors must review form APPENDIX B1, attached, for details on required coverage. No alteration of these requirements will be permitted without prior written approval from the Department of Administration, Division of

Risk Management. Objections to any of the requirements in APPENDIX B1 must be set out in the offeror's proposal.

3.07 Bid Bond - Performance Bond - Surety Deposit

Not applicable.

3.08 Contract Funding

Approval or continuation of a contract resulting from this is contingent upon legislative appropriation.

3.09 Proposed Payment Procedures

The state will make payments based on a negotiated payment schedule. Each billing must consist of an invoice and progress report. No payment will be made until the progress report and invoice has been approved by the project director.

3.10 Contract Payment

No payment will be made until the contract is approved by the Commissioner of the Department of Health and Social Services or the Commissioner's designee. Under no conditions will the state be liable for the payment of any interest charges associated with the cost of the contract.

The state is not responsible for and will not pay local, state, or federal taxes. All costs associated with the contract must be stated in U.S. currency.

3.11 Informal Debriefing

When the contract is completed, an informal debriefing may be performed at the discretion of the project director. If performed, the scope of the debriefing will be limited to the work performed by the contractor.

3.12 Contract Personnel

Any change of the project team members named in the proposal must be approved, in advance and in writing, by the project director. Personnel changes that are not approved by the state may be grounds for the state to terminate the contract.

3.13 Inspection & Modification - Reimbursement for Unacceptable Deliverables

The contractor is responsible for the completion of all work set out in the contract. All work is subject to inspection, evaluation, and approval by the project director. The state may employ all reasonable means to ensure that the work is progressing and being performed in compliance with the contract. The project director may instruct the contractor to make corrections or modifications if needed in order to accomplish the contract's intent. The contractor will not unreasonably withhold such changes.

Substantial failure of the contractor to perform the contract may cause the state to terminate the contract. In this event, the state may require the contractor to reimburse monies paid (based on the identified portion of unacceptable work received) and may seek associated damages.

3.14 Termination for Default

If the project director determines that the contractor has refused to perform the work or has failed to perform the work with such diligence as to ensure its timely and accurate completion, the state may, by providing written notice to the contractor, terminate the contractor's right to proceed with part or all of the remaining work.

This clause does not restrict the state's termination rights under the contract provisions of Appendix A, attached.

3.15 Liquidated Damages

Not applicable.

3.16 Contract Changes - Unanticipated Amendments

During the course of this contract, the contractor may be required to perform additional work. That work will be within the general scope of the initial contract. When additional work is required, the project director will provide the contractor a written description of the additional work and request the contractor to submit a firm time schedule for accomplishing the additional work and a firm price for the additional work. Cost and pricing data must be provided to justify the cost of such amendments per AS 36.30.400.

The contractor will not commence additional work until the project director has secured any required state approvals necessary for the amendment and issued a written contract amendment, approved by the Commissioner of the Department of Health and Social Services or the Commissioner's designee.

3.17 Contract Invalidation

If any provision of this contract is found to be invalid, such invalidation will not be construed to invalidate the entire contract.

3.18 Nondisclosure and Confidentiality

Contractor agrees that all confidential information shall be used only for purposes of providing the deliverables and performing the services specified herein and shall not disseminate or allow dissemination of confidential information except as provided for in this section. The contractor shall hold as confidential and will use reasonable care (including both facility physical security and electronic security) to prevent unauthorized access by, storage, disclosure, publication, dissemination to and/or use by third parties of, the confidential information. "Reasonable care" means compliance by the contractor with all applicable federal and state law, including the Social Security Act and HIPAA. The contractor must promptly notify the state in writing if it becomes aware of any storage, disclosure, loss, unauthorized access to or use of the confidential information.

Confidential information, as used herein, means any data, files, software, information or materials (whether prepared by the state or its agents or advisors) in oral, electronic, tangible or intangible form and however stored, compiled or memorialized that is classified confidential as defined by State of Alaska classification and categorization guidelines provided by the state to the contractor or a contractor agent or otherwise made available to the contractor or a contractor agent in connection with this contract, or acquired, obtained or learned by the

contractor or a contractor agent in the performance of this contract. Examples of confidential information include, but are not limited to: technology infrastructure, architecture, financial data, trade secrets, equipment specifications, user lists, passwords, research data, and technology data (infrastructure, architecture, operating systems, security tools, IP addresses, etc).

If confidential information is requested to be disclosed by the contractor pursuant to a request received by a third party and such disclosure of the confidential information is required under applicable state or federal law, regulation, governmental or regulatory authority, the contractor may disclose the confidential information after providing the state with written notice of the requested disclosure (to the extent such notice to the state is permitted by applicable law) and giving the state opportunity to review the request. If the contractor receives no objection from the state, it may release the confidential information within 30 days. Notice of the requested disclosure of confidential information by the contractor must be provided to the state within a reasonable time after the contractor's receipt of notice of the requested disclosure and, upon request of the state, shall seek to obtain legal protection from the release of the confidential information.

The following information shall not be considered confidential information: information previously known to be public information when received from the other party; information freely available to the general public; information which now is or hereafter becomes publicly known by other than a breach of confidentiality hereof; or information which is disclosed by a party pursuant to subpoena or other legal process and which as a result becomes lawfully obtainable by the general public.

SECTION FOUR BACKGROUND INFORMATION

4.01 Background Information

The mission of the State of Alaska Department of Health and Social Services (the department) is to promote and protect the health and well-being of Alaskans. In pursuit of its mission, the department has three service priorities:

- Health and wellness across the lifespan
- Health care access, delivery and value
- Safe and responsible individuals, families and communities

The department is an umbrella agency that administers or provides most of the state's health and social services, including Medicaid, public health, senior and disability services, behavioral health services, public assistance, juvenile justice, and child protection services. The department also administers a number of residential facilities, including "Pioneers' Homes" (state-owned assisted living facilities), the state psychiatric institute, and juvenile detention centers.

The department is partnering with the Alaska Mental Health Trust Authority (AMHTA) in the state's Medicaid expansion and reform initiative. The AMHTA was created in 1994 in response to a lawsuit against the State of Alaska for mismanagement of the Alaska Mental Health Lands Trust. The Trust was established by Congress prior to statehood in response to a study of health conditions in the Territory of Alaska commissioned by the Department of the Interior that found the treatment of the mentally ill by the Territory to be draconian.

The beneficiaries of the Trust are Alaskans who experience mental illness, developmental disabilities, chronic alcoholism, Alzheimer's disease or related dementia, or brain injury. The Trustees are charged with overseeing the management of Trust assets as well as spending Trust income to improve the lives of beneficiaries. Medicaid is an essential source of financing for many of the services required by the Trust's vulnerable beneficiaries. Expansion is expected to increase the number of Trust beneficiaries with health insurance coverage through the Medicaid program.

A top priority of Alaska's Governor Bill Walker, who took office on December 1, 2014, is the expansion of Medicaid eligibility to low income Alaskans authorized under the Patient Protection and Affordable Care Act of 2010. The department is charged by the Governor with implementing the expansion and using it as a catalyst for meaningful Medicaid reform. Reform of the state's Medicaid program is essential for improving care and health outcomes for Alaskan enrollees, streamlining requirements of providers, and creating a financially sustainable service delivery system.

Governor Walker and the department released a plan for Medicaid expansion to the public in February. That plan — the "Healthy Alaska Plan: A Catalyst for Reform" — documents how Medicaid expansion will improve health outcomes, reduce state general fund spending, and strengthen Alaska's economy. Its release was accompanied by the release of a report by Evergreen Economics on projected enrollment, costs and savings associated with expansion. The Healthy Alaska Plan also proposes an approach for using the expansion as a lever for meaningful reform of the state's Medicaid program. The approach to reform is informed by a number of recent efforts, including studies and recommendations from the Alaska Health Care Commission, the work of a recent Medicaid Reform Advisory Group, and a series of departmental initiatives already underway.

The Alaska Health Care Commission was established by the legislature in 2010 under AS 18.09.010 to advise the Governor and Legislature on state strategies to reduce health care costs and improve quality and access for all Alaskans. Commission's recommendations that support Medicaid reform include:

- Application of evidence-based medicine in plan and benefit design;
- Taking a phased approach to piloting payment reform;
- Strengthening patient-centric primary care;
- Building on recent efforts to strengthen fraud and abuse control; and,
- Improving the health information infrastructure, including the use of health analytics and telemedicine.

The Commission's reports, including results of studies on current conditions in Alaska's health care system and recommended strategies and policy options, are available on their website.

The Medicaid Reform Advisory Group (MRAG) was an ad hoc group created by the former administration in 2014 to study and develop a proposal for reforming the state's Medicaid program so that the budget would be more stable and predictable, the system could be more easily navigable by providers, and patient care would be more holistic. The MRAG delivered a draft report to the new administration that includes recommendations for:

- Development of a person-centered case management program;
- Initiation of a comprehensive payment reform working group;
- Contracting for pharmacy services and for waiver assessments; and,
- Investigation of the 1915(k) Medicaid state plan option.

The MRAG's final draft report is also available on their website.

Current Medicaid reform initiatives already underway in the department include:

- Fraud and abuse control improvements;
- Pharmacy reform initiatives;
- A new care coordination program for controlling overutilization of emergency room services;
- Home and Community-Based Service improvements for seniors and the disabled to comply with Centers for Medicare and Medicaid Services (CMS) requirements for person-centered planning and conflict-free services;
- Investigation of methods for refinancing Medicaid waiver services through 1915(k) and (i) state plan options;
- Coordination with the Alaska tribal health system to strengthen systems of care across the state;
- A utilization control initiative addressing behavioral health, durable medical equipment (DME), dental and transportation services; and,
- Strategic planning with the AMHTA to develop sustainable housing resources integrated with behavioral health and other Medicaid services.

The need for Medicaid expansion and reform is particularly compelling at this time due to the state's current fiscal climate. Alaska's economy relies heavily on natural resource industries, particularly petroleum, and was relatively unscathed by the Great Recession that hit the U.S. and global markets in 2008. However, with the world-wide drop in oil prices of over 50% in the past few months, and because 90% of the State of Alaska's budget is funded by revenues from the petroleum industry, the state now faces significant fiscal challenges.

Medicaid is a significant funder of health care services in the state. Total health spending in Alaska from all sources for all services was last estimated in 2010 at \$7.5 billion, of which Medicaid paid about 18%. Medicaid payment in Alaska is predominantly fee-for-service. Alaska is one of only three states, including Connecticut and Wyoming, that did not have in place as of July 2014 some form of managed care — either risk-based comprehensive managed care organizations or Primary Care Case Management (PCCM) programs.

SECTION FIVE SCOPE OF WORK

5.01 Scope of Work

In consultation with Alaska Department of Health and Social Services (the department) leadership, the contractor will recommend and provide technical assistance and support for a Medicaid expansion and reform strategy to facilitate development of a sustainable Medicaid program for Alaska that:

- Optimizes enrollee health outcomes and access to care;
- Drives increased value (quality, efficiency, and effectiveness) in the delivery of services; and,
- Provides cost containment in Alaska's Medicaid budget.

The strategy developed by the contractor will include potential options and recommendations for alternative Medicaid expansion models and for a series of Medicaid reform initiatives. It will include a recommended three-year action plan for implementing the recommended expansion model and reforms. It will also include recommendations for monitoring, evaluating and reporting the results of reforms.

Expansion and reform recommendations must be consistent with federal and state laws and incorporate the most efficient and effective use of existing programmatic and federal resources. Each recommended expansion model and reform initiative must include identification and discussion of the recommended federal financing authority and the associated flexibilities and limitations the state would have to operate within. The contractor will consider and describe the experience of other states with alternative expansion models and with Medicaid reform, particularly those of states with conditions similar to Alaska.

The contractor must also take into account the unique characteristics of Alaska's health care delivery system in shaping their recommendations. The Healthy Alaska Plan, findings and recommendations of the Alaska Health Care Commission, and the draft proposals from Alaska's ad hoc 2014 Medicaid Reform Advisory Group, will be considered in analyses and recommendation development. Potential challenges and unintended consequences the Alaska Medicaid program might encounter with implementing the expansion model and reform initiatives must be identified.

Each recommendation will be accompanied by an actuarial analysis of the projected costs and savings to the state and federal government. The recommended rate structure and payment mechanism changes, as well as operational needs associated with implementation, must be identified, including system requirements for meeting Centers for Medicare and Medicaid Services (CMS) monitoring and reporting conditions, state regulatory and/or statutory changes, projected timelines for planning and implementation, and state resource (funding and staffing) requirements.

Opportunities for collaboration with other state agency, federal and private health care purchasers in reform initiatives should be included where applicable. The role the medical and behavioral health provider community would play in implementing the recommended models and reforms should also be addressed.

The contractor will be expected to take current Alaska Medicaid reform initiatives and associated study and planning efforts into consideration in the development of their recommendations. The contractor will be advised by the department of other state consultant contracts that might impact or contribute to Medicaid reform. The department will also provide the contractor with periodic updates on the status of those other initiatives to the extent they pertain to the contractor's scope of work.

The contractor will be required to collaborate with department leadership at strategic decision-making points in the project to determine whether potential expansion models and reform initiatives are feasible. The contractor must also include a process for gathering and including input from key stakeholders. A number of in-person meetings with department leadership will be necessary, and the contractor is required to provide in-person facilitation of stakeholder input sessions. The number of required in-person presentations at legislative hearings in Juneau will not be more than four, though additional telephonic presentations may be requested. The 2016 legislative session is scheduled to begin January 19 and continue to April 17, 2016.

Potential Contract Renewals

At the State's sole option and contingent upon available funding, the department may invoke a second phase of this contract for additional professional services that fall within the general scope of the original contract. If opted for, work under phase II may not progress until the Procurement Officer of record determines in writing that phase II is necessary, is in the State's best interest, and funding is available and approved.

5.02 Deliverables

The contractor will be responsible for the provision of three deliverables:

- I. Report on Recommended Medicaid Expansion and Reform Strategies for Alaska
 - Complete and Final Draft Report due to the department: December 1, 2015
 - Final Report due to the department: January 15, 2016
 - Participation in legislative presentations on the recommendations: Jan 19 – April 17, 2016
- II. Report on Recommended Action and Evaluation Plans for Expansion and Reform
 - Complete and Final Draft Report due to the department: April 1, 2016
 - Final Report due to the department: May 16, 2016
- III. Periodic Consultation and Monthly Progress Reports

Required components of each deliverable are as follows:

I. Recommended Medicaid Expansion and Reform Strategies for Alaska

The contractor's report on recommended Medicaid Expansion and Reform Strategies for Alaska must be developed in consultation with the department and include input from key stakeholders.

This report must include the following elements:

A. Executive Summary (3 page maximum)

B. Background: Medicaid Reform Environmental Assessment (10 page maximum)

- 1) Describe the factors shaping Medicaid programs generally across the nation, and factors specifically impacting Alaska's Medicaid program today.
- 2) Identify and briefly describe all federal Medicaid financing authorities, including those added under the Patient Protection & Affordable Care Act of 2010 (ACA), that may be useful in restructuring Medicaid health care delivery and payment and that can be exercised through State Plan Amendments or waivers.
- 3) Analyze and briefly describe other states' experience with Medicaid health care delivery and payment restructuring. Include a description of alternative models using private insurance options for serving the ACA Medicaid expansion population implemented under waivers by states choosing not to expand eligibility under the traditional Medicaid program design.

- 4) Describe the Medicaid reform initiatives currently underway in the department.

C. Medicaid Expansion and Reform Recommendations

- 1) **Alternative Medicaid Expansion Models:** Recommend alternative models for covering Alaska's Medicaid expansion population outside the traditional Medicaid program design. The models should provide an opportunity to reduce "churn" between coverage options as enrollees' eligibility levels fluctuate, provide appropriate access to medical and behavioral health providers, and meet cost-effectiveness requirements of the federal government. The proposed model should include a description of covered benefits, cost-sharing provisions, and an emphasis on healthy behaviors and personal engagement. The expansion models must address the service needs of Mental Health Trust beneficiaries. See C.3 below for additional details regarding what must be addressed and included in the analysis and description of each reform initiative.
- 2) **Medicaid Reform Initiative Options:** Identify and describe a minimum of five (5) and a maximum of ten (10) Medicaid reform initiatives for Alaska, including potential demonstration projects, with the greatest potential for payment reform and service delivery, care model, and benefit plan reforms that meet the goals of optimized enrollee health and access, improved value in health care service delivery, and Medicaid cost containment. At least two of the proposed reform initiatives must focus on improving behavioral health services for Mental Health Trust beneficiaries. See C.3 below for additional details regarding what must be addressed and included in the analysis and description of each reform initiative.
- 3) For each alternative Medicaid expansion model (C.1 above), and for each of the reform initiative options (C.2 above), include:
 - i. A definition and description of the expansion model or reform initiative.
 - ii. A description of how the expansion model or reform initiative can be used for improving quality, efficiency and effectiveness in service delivery.
 - iii. A description of how and why the expansion model or reform initiative can be expected to improve enrollee health outcomes and access.
 - iv. An analysis performed by a certified health care actuarial of the projected costs and savings associated with the expansion model or reform initiative.
 - v. A description of the federal requirements for implementing the expansion model or reform initiative, including the recommended federal financing authority. Include a description of the associated flexibilities and limitations the state would have to operate within under the recommended financing authority. Also include the associated waiver and State Plan Amendment requirements.
 - vi. An explanation of state statutory and/or regulatory changes that would be required to implement the expansion model or reform initiative.
 - vii. A description of the recommended rate structures and payment mechanisms for implementing the expansion model or reform initiative.
 - viii. A description of Centers for Medicare and Medicaid Services (CMS) monitoring and reporting requirements, and the associated Alaska Medicaid system needs, that would be required for implementation and management of the expansion model or reform initiative.
 - ix. A brief discussion of the experience of other states with the expansion model or reform initiative including lessons learned, especially by states with conditions similar to Alaska.

- x. A discussion of potential challenges and unintended consequences the Alaska Medicaid program might encounter with implementing the expansion model or reform initiative.
 - xi. The role the medical and behavioral health provider community would play in implementing the expansion model or reform initiative.
 - xii. The opportunity for collaboration with other state agency, federal and private health care purchasers in development and implementation of the expansion model or reform initiative.
 - xiii. Projected timeline and state resource requirements for planning and implementation of the expansion model or reform initiative.
- 4) Recommended Reform Initiatives: Identify the proposed reform initiatives most likely to meet the department's Medicaid reform goals. Explain the rationale for the recommendations. Describe how the recommended reform initiatives align with: 1) the proposed alternative expansion model, and 2) current Medicaid reform initiatives already underway in the department. Explain how the recommended reform initiatives fit within the framework of Alaska's current Medicaid program, and how the new initiatives will contribute to transformation of the state's Medicaid program and the health care delivery system so that they are sustainable and deliver high value care.

II. Recommended Action and Evaluation Plans for Medicaid Expansion and Reform

- A. Three-Year Action Plan:** In collaboration with department leadership and management, design a process including action steps, timeline and associated costs and resource requirements for implementing the alternative expansion model and the recommended reform initiatives. Include the specific tasks that will be required of the department associated with each major phase of the recommended expansion model and reform initiatives:
- a. Planning and development phase
 - b. Implementation phase
 - c. Post-implementation management and monitoring phase
 - d. Evaluation phase

In addition to the action steps and tasks associated with implementation of the recommended reform initiatives, incorporate action steps and tasks, timeline and required resources for implementing recommendations for meeting medical management, health analytics, and actuarial needs. Also incorporate the department's timelines in place for the current reform initiatives already underway (to be provided by the department).

- B. Evaluation Plan:** Design a detailed strategy for monitoring and evaluating the results of the department's Medicaid expansion and reform initiatives. Include:
- 1) A detailed description of Centers for Medicare and Medicaid Services (CMS) monitoring and reporting requirements associated with recommended demonstration projects and waivers, including required data elements;
 - 2) A recommended list(s) of performance indicators that will:
 - i. Comply with CMS project monitoring and reporting requirements
 - ii. Serve as a management tool for department leadership
 - iii. Serve as a communication tool with policymakers and the public
 - 3) The data sources for each of the recommended performance indicators.

- 4) Draft “dashboard” report templates for sharing high-level metrics with policy makers and the public on the results of the reform initiatives, and for sharing more detailed metrics for use by departmental leaders for oversight and management of the reform initiatives.

III. Periodic Consultation and Monthly Progress Reports

The contractor should propose a process, frequency and timing for consultation with the department and stakeholders at key points in the process in their proposal submitted in response to this RFP. The final plan and approach to consultation will be negotiated with the department and documented in the contract award.

The contractor should also propose a process in their proposal submitted in response to this RFP for providing the department with monthly progress reports throughout the term of the contract.

SECTION SIX PROPOSAL FORMAT AND CONTENT

6.01 Proposal Format and Content

In preparing a proposal response, all narrative portions should be straightforward, detailed, and precise. Do not simply restate or paraphrase information in this RFP. The Department of Health and Social Services will determine the responsiveness of a proposal by its quality, not its volume or packaging.

Proposals will be limited to a total of **no more than 200 pages**, including attachments such as resumes of project staff and examples of prior work that demonstrates the offeror's experience with projects similar to this RFP. The length of the Cost Proposal need not be included in the page limit.

6.02 Introduction

Proposals must include the complete name and address of offeror's firm and the project lead, mailing address, and telephone number of the person the state should contact regarding the proposal.

Proposals must confirm that the offeror will comply with all provisions in this RFP; and, if applicable, provide notice that the firm qualifies as an Alaskan bidder. Proposals must be signed by a company officer empowered to bind the company. An offeror's failure to include these items in the proposals may cause the proposal to be determined to be non-responsive and the proposal may be rejected.

6.03 Understanding of the Project

Offerors must provide comprehensive narrative statements that illustrate their understanding of all the requirements of the project and the project schedule. In addition, offerors should describe their understanding of Alaska's Medicaid program, and their understanding of the structure and financing of Alaska's health care delivery system. A clear understanding of federal Medicaid financing authorities available to states for waivers and optional services, as well as Centers for Medicare and Medicaid Services (CMS) requirements of states applying for waivers and options, should be demonstrated in this section. Offerors should also demonstrate their understanding of health care reform objectives and strategies generally, and more specifically Medicaid reform objectives and strategies.

6.04 Methodology Used for the Project

Offerors must provide comprehensive narrative statements that set out the methodology they intend to employ and illustrate how the methodology will serve to accomplish the work and meet the state's project schedule. The methodology should include a description of how the offeror intends to gather and analyze the data and information required to accomplish the work. It should describe the approach the offeror intends to take to identify unique features of Alaska's health care delivery system and to identify other states that might have similar health care system features and issues. The process the offeror will employ to identify expansion models and reform initiatives that could work in Alaska, and to design recommended models and reforms that will accomplish the objectives described in the RFP should also be clear. This section should include the methods the offeror will employ to conduct the health analytics and actuarial analyses required to analyze the recommended reforms. The methodology should also address the processes the offeror intends to employ for consulting with department

leadership at strategic decision points, and for gathering input from stakeholders.

6.05 Management Plan for the Project

Offerors must provide comprehensive narrative statements that set out the management plan they intend to follow and illustrate how the plan will serve to accomplish the work and meet the state's project schedule and deadlines. The management plan should include the frequency and timing of collaboration with department leadership on key decision-points in the project. It should also include the timing and frequency of meetings with stakeholders for soliciting input.

6.06 Experience and Qualifications

Offerors must provide an organizational chart specific to the personnel assigned to accomplish the work called for in this RFP; illustrate the lines of authority; designate the individual responsible and accountable for the completion of each component and deliverable of the RFP as well as designate personnel assigned to supervise sub-contractors, in applicable.

Offerors must provide a narrative description of the organization of the project team and a personnel organizational chart or roster that identifies each person who will actually work on the contract and provide the following information about each person listed:

- a. title,
- b. resume,
- c. location(s) where work will be performed,
- d. itemize the total number of estimated hours for each individual named above.

Offerors must provide letters of reference OR references with contact information from previous clients for similar projects the offeror's firm has completed.

Offerors must provide evidence within this section that they meet the minimum requirements specified in Section 2.08 Minimum Qualifications along with any certifications and credentials referenced in the resume or their proposal may be found non-responsive and may be rejected.

6.07 Cost Proposal

Please complete the Cost Proposal template in Section Eight (Attachments) of this RFP.

The completed cost proposal, along with any reference to pricing, is to be **excluded** from the body of the offeror's proposal. Instead, it should accompany the proposal in a separate, sealed envelope. Failure to comply with this requirement will result in a proposal rejected as non-responsive.

6.08 Evaluation Criteria

All proposals will be reviewed to determine if they are responsive. They will then be evaluated using the criterion that is set out in Section SEVEN.

An evaluation may not be based on discrimination due to the race, religion, color, national origin, sex, age, marital status, pregnancy, parenthood, disability, or political affiliation of the offeror.

SECTION SEVEN EVALUATION CRITERIA AND CONTRACTOR SELECTION

**THE TOTAL NUMBER OF POINTS USED
TO SCORE THIS PROPOSAL IS 1,000**

7.01 Understanding of the Project (10 Percent)

Proposals will be evaluated against the questions set out below:

- [a] How well has the offeror demonstrated a thorough understanding of the purpose and scope of the project?
- [b] To what extent as the offeror demonstrated a thorough understanding of Alaska's Medicaid program and health care delivery system?
- [c] To what extent has the offeror demonstrated a thorough understanding of federal Medicaid financing authorities and Centers for Medicare and Medicaid Services (CMS) requirements of states applying for waivers and options?
- [d] How well has the offeror demonstrated an understanding of health care reform and Medicaid reform objectives and strategies?
- [e] How well has the offeror identified pertinent issues and potential problems related to the project?
- [f] To what degree has the offeror demonstrated an understanding of the deliverables the state expects it to provide?
- [g] Has the offeror demonstrated an understanding of the state's time schedule and can meet it?

7.02 Methodology Used for the Project (20 Percent)

Proposals will be evaluated against the questions set out below:

- [a] How comprehensive is the methodology? Do the described methods address all of the elements required to develop the deliverables required under the Scope of Work described in Section 5?
- [b] Does the methodology depict a logical approach to the processes required to develop the deliverables? Are the plans for data and information gathering relevant? Does the methodology support incorporation of Alaska's unique features with federal requirements and lessons learned from other states? Are the methods for conducting the health analytics and actuarial analyses needed to produce the deliverables sufficient? Do the approaches to consultation with department leadership and to gathering input from stakeholders seem appropriate?
- [c] Will the proposed methodology lead to achievement of the objectives set out in the RFP?
- [d] Does the methodology interface with the time schedule in the RFP?

7.03 Management Plan for the Project (10 Percent)

Proposals will be evaluated against the questions set out below:

- [a] How well does the management plan support all of the project requirements and logically lead to the deliverables required in the RFP?
- [b] How well is accountability completely and clearly defined?
- [c] Is the organization of the project team clear? Including sub-contractors?
- [d] How well does the management plan illustrate the lines of authority and communication?
- [e] To what extent does the offeror already have the hardware, software, equipment, and licenses necessary to perform the contract?
- [f] Does it appear that the offeror can meet the schedule set out in the RFP?
- [g] Has the offeror gone beyond the minimum tasks necessary to meet the objectives of the RFP?
- [h] To what degree is the proposal practical and feasible?
- [i] To what extent has the offeror identified potential problems with accomplishing the tasks required to conduct the methodology described in the previous section and produce the required deliverables?

7.04 Experience and Qualifications (25 Percent)

Proposals will be evaluated against the questions set out below:

Questions regarding the personnel:

- [a] Do the individuals assigned to the project have experience on similar projects?
- [b] Are resumes complete and do they demonstrate backgrounds that would be desirable for individuals engaged in the work the project requires?
- [c] How extensive is the applicable education and experience of the personnel designated to work on the project?
- [d] Does the team of individuals assigned to the project, taken together, meet the minimum background, experience, and certification requirements listed in Section 2.08?

Questions regarding the firm:

- [a] How well has the firm demonstrated experience in completing similar projects on time and within budget, including the performance of at least two (2) technical assistance projects within the past five (5) years to states on the development of Medicaid expansion and/or reform plans or proposals?
- [b] Expressed conflict of interest within the State of Alaska?

- [c] How successful is the general history of the firm regarding timely and successful completion of projects?
- [d] Has the firm provided letters of reference OR references with contact information from previous clients?
- [e] If a subcontractor will perform work on the contract, how well do they measure up to the evaluation used for the offeror?

7.05 Contract Cost (25 Percent)

Overall, **25%** of the total evaluation points will be assigned to cost. The cost amount used for evaluation may be affected by one or more of the preferences referenced under Section 2.13.

Converting Cost to Points

The lowest cost proposal will receive the maximum number of points allocated to cost. The point allocations for cost on the other proposals will be determined through the method set out in Section 2.16.

7.06 Alaska Offeror Preference (10 Percent)

If an offeror qualifies for the Alaska Bidder Preference, the offeror will receive an Alaska Offeror Preference. The preference will be 10 percent of the total available points. This amount will be added to the overall evaluation score of each Alaskan offeror.

SECTION EIGHT ATTACHMENTS

8.01 Attachments

Included in this RFP document

1. Offeror's Checklist
2. Cost Proposal Form
3. Proposal Evaluation Form
4. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

Attached Separately

5. Standard Agreement Form
 - a. Appendix A
 - b. Appendix B1
 - c. Appendix C
 - d. Appendix D
 - e. Appendix E - HIPAA Business Associate Agreement
6. Notice of Intent to Award

OFFEROR'S CHECKLIST

IMPORTANT NOTE TO OFFERORS: This checklist is provided to assist offerors and the Procurement Officer in addressing and/or locating specific requirements identified in the RFP for the offeror's proposal. **Offerors are to complete and return this form.** Completion of this form does not guarantee a declaration of responsiveness.

Offeror: _____

1. Per section 1.04, the **budget does not exceed \$450,000.**
Evidence is provided on page # ____.

3. Per section 1.16, provide a statement regarding Offeror's Certification.
Evidence is provided on page # ____.

4. Per section 1.16, proposal has been **signed** by an individual authorized to bind the offeror to the provisions of the RFP.
Evidence is provided on page # ____.

5. Per section 1.17, provide a Conflict of Interest statement.
Evidence is provided on page # ____.

6. Per section 1.24, offeror has signed and returned the *Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions* form.
Evidence is provided on page # ____.

7. Per section 2.08, evidence that the offeror meets the minimum prior experience requirements.
 - i. Performance of at least two (2) technical assistance projects within the past five (5) years to states on the development of Medicaid expansion and/or reform plans or proposals.
Evidence is provided on page # ____.

 - ii. At least five (5) years of federal and/or state level experience within the past eight (8) years with Medicaid policy and program development and analysis. Experience must include all or some combination of the following:
 - a. Design and/or evaluation of Centers for Medicare and Medicaid Services (CMS) approved Demonstration Projects;

- b. Design and/or evaluation of Medicaid payment rate structures and mechanisms;
- c. Development of federal CMS waiver applications and/or Medicaid State Plan Amendments;
- d. Development of state Medicaid regulations and/or legislative proposals.

Evidence is provided on page #_____.

- iii. At least three (3) years of experience in the past six (6) years with some combination of: health program evaluation, health data analytics, behavioral health service development and evaluation, and/or health systems research and consulting that included the role and functions of tribal, community health center, military, and Veterans' Affairs health sectors.

Evidence is provided on page #_____.

- iv. Project staff or subcontractor who can demonstrate experience with Alaskan health systems research or administration, or a proposed plan for gaining this essential knowledge.

Evidence is provided on page #_____.

- v. Project staff or subcontractor who is a certified health care actuarial with at least two (2) years of experience within the past five (5) years in the performance of health care pricing, reimbursement and utilization analyses.

Evidence is provided on page #_____.

COST PROPOSAL BY DELIVERABLE

Note: The purpose of the cost formula is to provide a mechanism for offerors to submit costs per each deliverable in a manner that DHSS can evaluate and score. The actual billing schedule will be negotiated and included in the resultant contract at a total amount not to exceed the total cost submitted in this cost proposal.

- I. Report on Recommended Medicaid Expansion and Reform Strategies for Alaska \$ _____

- II. Report on Recommended Action and Evaluation Plans for Expansion and Reform \$ _____

- III. Periodic Consultation and Monthly Progress Reports \$ _____

- IV. Travel Budget \$ _____
Attend up to four (4) legislative hearings in Juneau for in-person presentations

TOTAL COST \$ _____

This page must be completed and submitted with all offers and received by the State at the time and date set for receipt of proposals.

PROPOSAL EVALUATION FORM

All proposals will be reviewed for responsiveness and then evaluated using the criteria set out herein.

Person or Firm Name _____

Name of Proposal Evaluation (PEC) Member _____

Date of Review _____

RFP Number _____

EVALUATION CRITERIA AND SCORING

THE TOTAL NUMBER OF POINTS USED TO SCORE THIS PROPOSAL IS 1000

7.01 Understanding of the Project—10 Percent

Maximum Point Value for this Section - 100 Points
1000 Points x 10 Percent = 100 Points

Proposals will be evaluated against the questions set out below.

[a] How well has the offeror demonstrated a thorough understanding of the purpose and scope of the project?

EVALUATOR'S NOTES _____

[b] To what extent as the offeror demonstrated a thorough understanding of Alaska's Medicaid program and health care delivery system?

EVALUATOR'S NOTES _____

[c] To what extent has the offeror demonstrated a thorough understanding of federal Medicaid financing authorities and Centers for Medicare and Medicaid Services (CMS) requirements of states applying for waivers and options?

EVALUATOR'S NOTES _____

[d] How well has the offeror demonstrated an understanding of health care reform and Medicaid reform objectives and strategies?

EVALUATOR'S NOTES _____

[e] How well has the offeror identified pertinent issues and potential problems related to the project?

EVALUATOR'S NOTES _____

[f] To what degree has the offeror demonstrated an understanding of the deliverables the state expects it to provide?

EVALUATOR'S NOTES _____

[g] Has the offeror demonstrated an understanding of the state's time schedule and can meet it?

EVALUATOR'S POINT TOTAL FOR 7.01 _____

7.02 Methodology Used for the Project—20 Percent

Maximum Point Value for this Section - 200 Points
1000 Points x 20 Percent = 200 Points

Proposals will be evaluated against the questions set out below.

[a] How comprehensive is the methodology? Do the described methods address all of the elements required to develop the deliverables required under the Scope of Work described in Section 5?

EVALUATOR'S NOTES _____

[b] Does the methodology depict a logical approach to the processes required to develop the deliverables? Are the plans for data and information gathering relevant? Does the methodology support incorporation of Alaska's unique features with federal requirements and lessons learned from other states? Are the methods for conducting the health analytics and actuarial analyses needed to produce the deliverables sufficient? Do the approaches to consultation with department leadership and to gathering input from stakeholders seem appropriate?

EVALUATOR'S NOTES _____

[c] Will the proposed methodology lead to achievement of the objectives set out in the RFP?

EVALUATOR'S NOTES _____

[d] Does the methodology interface with the time schedule in the RFP?

EVALUATOR'S NOTES _____

EVALUATOR'S POINT TOTAL FOR 7.02 _____

7.03 Management Plan for the Project—10 Percent

Maximum Point Value for this Section - 100 Points
1000 Points x 10 Percent = 100 Points

Proposals will be evaluated against the questions set out below.

[a] How well does the management plan support all of the project requirements and logically lead to the deliverables required in the RFP?

EVALUATOR'S NOTES _____

[b] How well is accountability completely and clearly defined?

EVALUATOR'S NOTES _____

[c] Is the organization of the project team clear? Including sub-contractors?

EVALUATOR'S NOTES _____

[d] How well does the management plan illustrate the lines of authority and communication?

EVALUATOR'S NOTES _____

[e] To what extent does the offeror already have the hardware, software, equipment, and licenses necessary to perform the contract?

EVALUATOR'S NOTES _____

[f] Does it appear that the offeror can meet the schedule set out in the RFP?

EVALUATOR'S NOTES _____

[g] Has the offeror gone beyond the minimum tasks necessary to meet the objectives of the RFP?

EVALUATOR'S NOTES _____

[h] To what degree is the proposal practical and feasible?

EVALUATOR'S NOTES _____

[i] To what extent has the offeror identified potential problems with accomplishing the tasks required to conduct the methodology described in the previous section and produce the required deliverables?

EVALUATOR'S NOTES _____

EVALUATOR'S POINT TOTAL FOR 7.03 _____

7.04 Experience and Qualifications—25 Percent

Maximum Point Value for this Section - 250 Points
1000 Points x 25 Percent = 250 Points

Proposals will be evaluated against the questions set out below.

Questions regarding the personnel.

[a] Do the individuals assigned to the project have experience on similar projects?

EVALUATOR'S NOTES _____

[b] Are resumes complete and do they demonstrate backgrounds that would be desirable for individuals engaged in the work the project requires?

EVALUATOR'S NOTES _____

[c] How extensive is the applicable education and experience of the personnel designated to work on the project?

EVALUATOR'S NOTES _____

[d] Does the team of individuals assigned to the project, taken together, meet the minimum background, experience, and certification requirements listed in Section 2.08?

EVALUATOR'S NOTES _____

Questions regarding the firm.

[e] How well has the firm demonstrated experience in completing similar projects on time and within budget, including the performance of at least two (2) technical assistance projects within the past five (5) years to states on the development of Medicaid expansion and/or reform plans or proposals?

EVALUATOR'S NOTES _____

[f] Expressed conflict of interest within the State of Alaska?

EVALUATOR'S NOTES _____

[g] How successful is the general history of the firm regarding timely and successful completion of projects?

EVALUATOR'S NOTES _____

[h] Has the firm provided letters of reference OR references with contact information from previous clients?

EVALUATOR'S NOTES _____

[i] If a subcontractor will perform work on the contract, how well do they measure up to the evaluation used for the offeror?

EVALUATOR'S NOTES _____

EVALUATOR'S POINT TOTAL FOR 7.04 _____

7.05 Contract Cost — 25 Percent

Maximum Point Value for this Section - 250 Points
1000 Points x 25 Percent = 250 Points

Overall, 25 percent of the total evaluation points will be assigned to cost. The cost amount used for evaluation may be affected by one or more of the preferences referenced under Section 2.13.

Converting Cost to Points

The lowest cost proposal will receive the maximum number of points allocated to cost. The point allocations for cost on the other proposals will be determined through the method set out in Section 2.15.

EVALUATOR'S POINT TOTAL FOR 7.05 _____

7.06 Alaska Offeror Preference — 10 Percent

Alaska bidders receive a 10 percent overall evaluation point preference.
Point Value for Alaska bidders in this section -- 100 Points
1000 Points x 10 Percent = 100 Points

If an offeror qualifies for the Alaska Bidder Preference, the offeror will receive an Alaska Offeror Preference. The preference will be 10 percent of the total available points. This amount will be added to the overall evaluation score of each Alaskan offeror.

EVALUATOR'S POINT TOTAL FOR 7.06 (either 0 or 100) _____

EVALUATOR'S COMBINED POINT TOTAL FOR ALL SECTIONS _____

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participant's responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ THE INSTRUCTIONS ON THE FOLLOWING PAGE WHICH ARE AN INTEGRAL PART OF THE CERTIFICATION)

(1) The prospective recipient of Federal assistance funds certifies, by submission of this bid, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the Statements in this certification, such prospective participant shall attach an explanation to this Proposal.

Name and Title of Authorized Representative

Signature

Date

Instructions for Certification

1. By signing and submitting this Proposal, the prospective recipient of Federal assistance funds is providing the certification as set out below.
2. The certification in this class is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to whom this Proposal is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "Proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this Proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective recipient of Federal assistance funds agrees by submitting this Proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
6. The prospective recipient of Federal assistance funds further agrees by submitting this Proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the List of Parties Excluded from Procurement or Non-procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment.