

INFORMAL SOLICITATION

Minnesota Departments of Health and Human Services

Description of Project

The Minnesota Department of Health solicits proposals to **research and evaluate** collaborative learning **methods/models** that incorporate quality improvement approaches that could be implemented statewide for initial and ongoing clinician certification as a health care home provider, as required in legislation enacted during the 2008 legislative session (M.S 256B.0751).

A collaborative must be designed to build the capacities of primary care providers to meet the standards, criteria and expected outcomes of health care home certification and to meet the legislative mandate for Health Care Homes which include:

- delivering high-quality, efficient, effective and patient-centered health care services;
- providing patients with a consistent, ongoing contact with a personal clinician or team of clinical professionals;
- ensuring patient involvement in quality improvement efforts;
- Establishing a health care home collaborative to provide an opportunity for health care homes and state agencies to exchange information related to quality improvement and best practices.

Scope of Work

Task 1. Conduct research that will a) identify, b) document and c) evaluate the effectiveness of models of collaborative learning that are shown to result in effective adult learning and system improvement. This should include a review of National and Minnesota learning collaborative models such as those used at the Institute for Health Improvement as well as creative models outside of healthcare.

A report of the research should include:

1. Applicability and effectiveness of models to prepare primary care providers to become and remain certified health care home providers and to support attitudinal and cultural changes within health care homes.
2. Effectiveness of models to promote team development and skill building so all members of the team work at the top of their licensure.
3. Effectiveness of models to incorporate patients and families as collaborators in quality improvement efforts at the individual, clinic and systems levels.
4. Adaptability of models to various primary care clinics, rural and urban practices, large and small practices, and clinic administration and leadership.
5. Strengths and weaknesses of the methods / models.
6. Suitability of models to incorporate distance learning and other technological innovations
7. Evaluation of the potential for each model to contribute to the spread and sustainability of innovation and systems improvement.

Task 2.

Develop recommended methods for statewide implementation of selected health care home collaborative learning models that address:

1. Strategies to implement selected model(s) statewide with diverse teams of learners from both rural and urban practices, and small and large practices, including recommendations related to number of participants
2. Team development approaches that include: primary providers; care coordinators; clinic administration and patients/families
3. Facilitation of effective collaborative learning processes in which health care home teams learn from each other.
4. Spreading and adapting best practices across multiple health care home settings and creating changes within organizations that promote the delivery of effective practices.
5. Leadership collaborative learning approaches for clinic, system and state leaders.
6. Recommended technical assistance required to implement each model
7. Recommended timeline(s) for implementation of each selected learning collaborative model.
8. Estimated cost effectiveness, efficiency and ease of implementation for each selected model.

Task 3.

Recommend plan to evaluate the effectiveness of collaborative learning models / methods which must include provider, patient/family, staff and clinic administrative/leadership perspectives and how the models will support the achievement of recommended health care homes outcomes, as developed by the Institute for Clinical Systems Improvement.

1. Review evaluation processes, measurement tools and evaluation reports of identified collaborative learning models including current Minnesota Medical Home Learning Collaborative.
2. Develop or modify evaluation and measurement tools for collaborative learning models / methods.
3. Evaluation plan must be applicable to any of the methods recommended

The Departments of Health and Human Services will closely partner with and guide the Contractor on the scope of this work. The Contractor must coordinate activities with the Departments via a scheduled weekly conference call or meeting and will work closely with stakeholder groups identified by the Departments.

In all cases, for all tasks and deliverables outlined above, the contractor shall submit written preliminary and final written recommendations to the Minnesota Department of Health prior to sharing them with any stakeholder groups.

Responders are encouraged to propose additional tasks or activities if they will improve the results of the project. These items should be separated from the required items on the cost proposal.

This Informal Solicitation does not obligate the state to award a contract or complete the project, and the state reserves the right to cancel the solicitation if it is considered to be in its best interest.

The Minnesota Department of Health (MDH) has estimated that the cost of this contract should not exceed **forty thousand dollars (\$40,000)**. Price will be a factor in the evaluation of proposals. This

Informal Solicitation does not obligate the MDH to spend the full estimated dollar amount.

Contract Period

The contract will begin on **April 20, 2009 or upon full execution of the contract**, whichever is later, and **will be completed by June 29, 2009**

Questions

Questions concerning this Informal Solicitation should be directed to:

Carolyn Allshouse
Department of Health
P.O. Box 64882, St. Paul, MN 55164-0882

Carolyn.allshouse@state.mn.us
Telephone 651-201-3653

Other personnel are not authorized to answer questions regarding this Informal Solicitation.

Response Content

Cover Letter (Two Page Limit) The cover letter should including the following:

- Responder's mailing and facility address, facsimile number, telephone number, and web site address (if applicable).
- A brief description of Responder's overall capabilities, history and overall organizational structure.
- Name, title, address, telephone number, and e-mail address of the person designated to answer questions about the proposal.
- A detailed explanation of the way in which the Responder would be available on a day-to-day basis during the period of the Contract to organize activities, provide specific billing and invoicing information and to discuss, inform and interact with the Minnesota Department of Health and the Minnesota Department of Human Services.
- A statement of acceptance of the proposed Contract Conditions. Terms and conditions stated in this Informal Solicitation and the Response will become part of the Contract if the Responder is selected. Any suggestions for alternative language shall be presented in the Response.
- The State is under no obligation to accept wording changes submitted by Responder. The State in its sole discretion shall render decisions in matters of interpretation on all terms and conditions.

Response Narrative (Ten Page Limit) The Response must include the following (address each bullet listed below). Include experience for any Subcontractors that the Responder will be using. Clearly summarize which tasks will be performed by a Subcontractor or by the Responders current personnel:

- A description of the deliverables to be provided by the responder.
- A list of the key stakeholders that will be consulted as part of this work and a plan about how to consult with them.

- A detailed work plan that identifies the major tasks to be accomplished. This detailed work plan will be used as a tool for managing and evaluating the contractor's progress, as well as serve as the basis for invoicing. The detailed work plan may not extend beyond **June 29, 2009**.
- **Responder's Background and Experience:**
If a responder includes multiple organizations, describe the reasons these organizations are partnering in their proposal to accomplish the tasks outline in this RFP.
 - i. Overview of organization's purpose and core business activities.
 - ii. Description of governance structure.
 - iii. Examples of related work performed by the responder.
 - iv. Project team
 1. Name, title, organization(s) and qualifications of the project lead or co-leads; and
 2. Names, titles and organizations of the primary project team members and their detailed roles in the project. (No change in key personnel assigned to the project will be permitted without the written approval of the state program manager).
 - v. Description of prior experience in 1) medical/health care home; 2) quality improvement work; 3) collaborative learning; 4) relationships with key stakeholder groups; 5) engaging input from health care consumers/families; and 6) writing clear concise documents.
 1. At the organizational level; and
 2. At the personnel level

Budget (Two page limit) Provide a detailed budget for your proposed Response.

- Salary and fringe benefits: indicate for each position the title, the fulltime equivalent on this activity, the expected rate of pay, the expected fringe benefit rate and the total amount you are expecting to pay under this area.
- Contractual services (subcontracts): list the services you expect to contract out, the contractor's name, and the total amount you expect to pay the contractor.
- Travel: explain your expected travel costs, including mileage, hotel and meals.
- Supplies and expense: briefly explain your expected costs in this area
- Other costs: please describe in detail any other costs that do not fit in any of the above areas.

Include under each budget line how the budgeted items were calculated and a brief description of how they support your proposed activities. Please be clear on the total proposed cost of your Response.

Response Delivery

All responses must be in writing and delivered to:

Department of Health
Carolyn Allshouse
85 East Seventh Place, Suite 220
St. Paul, MN 55101

or mailed to:

Department of Health
Carolyn Allshouse
P.O. Box 64882
St. Paul, MN 55164-0882

All proposals must be received not later than 4:30 p.m., Central Daylight Time, **March 31, 2009**, 2nd Floor, **Late responses will not be considered.** Fax and email responses **will be** considered, however the burden of proving timely receipt is upon the responder.

Response Evaluation

Responses will be evaluated on: 20 **percent** on expressed understanding of project tasks, 30 **percent** on deliverables, detailed work plan and timeline for each task, 20 **percent** on qualifications of personnel working on the project, and 30 **percent** on cost.

All responses received by the due date and time will be evaluated.

Conflicts of Interest

Responder must provide a list of all entities with which it has relationships that create, or appear to create, a conflict of interest with the work that is contemplated in this request for proposals. The list should indicate the name of the entity, the relationship, and a discussion of the conflict.

Disposition of Responses

All materials submitted in response to this Informal Solicitation will become public record after the evaluation process is completed. The State will not consider the prices submitted by the responder to be proprietary or trade secret materials.

Organizational Conflicts of Interest

The responder warrants that, to the best of its knowledge and belief, and except as otherwise disclosed, there are no relevant facts or circumstances which could give rise to organizational conflicts of interest. An organizational conflict of interest exists when, because of existing or planned activities or because of relationships with other persons, a vendor is unable or potentially unable to render impartial assistance or advice to the State, or the vendor's objectivity in performing the contract work is or might be otherwise impaired, or the vendor has an unfair competitive advantage. The responder agrees that, if after award, an organizational conflict of interest is discovered, an immediate and full disclosure in writing must be made to the Director of the Department of Administration's Materials Management Division which must include a description of the action which the contractor has taken or proposes to take to avoid or mitigate such conflicts. If an organization conflict of interest is determined to exist, the State may, at its discretion, cancel the contract. In the event the responder was aware of an organizational conflict of interest prior to the award of the contract and did not disclose the conflict to the contracting officer, the State may terminate the contract for default. The provisions of this clause must be included in all subcontracts for work to be performed similar to the service provided by the prime contractor, and the terms "contract," "contractor," and "contracting officer" modified appropriately to preserve the State's rights.

Preference to Targeted Group and Economically Disadvantaged Business and Individuals

In accordance with Minnesota Rules, part 1230.1810, subpart B and Minnesota Rules, part 1230.1830, certified Targeted Group Businesses and individuals submitting proposals as prime contractors shall receive the equivalent

of a six percent preference in the evaluation of their proposal, and certified Economically Disadvantaged Businesses and individuals submitting proposals as prime contractors shall receive the equivalent of a six percent preference in the evaluation of their proposal. For information regarding certification, contact the Materials Management Helpline at 651.296.2600, or you may reach the Helpline by email at mmdhelp.line@state.mn.us. For TTY/TDD communications, contact the Helpline through the Minnesota Relay Services at 1.800.627.3529.

Foreign Outsourcing of Work Prohibited

All services under this contract shall be performed within the borders of the United States. All storage and processing of information shall be performed within the borders of the United States. This provision also applies to work performed by subcontractors at all tiers.

Insurance Requirements

- A. Contractor shall not commence work under the contract until they have obtained all the insurance described below and the State of Minnesota has approved such insurance. Contractor shall maintain such insurance in force and effect throughout the term of the contract.
- B. Contractor is required to maintain and furnish satisfactory evidence of the following insurance policies:

- 1. **Workers' Compensation Insurance:** Except as provided below, Contractor must provide Workers' Compensation insurance for all its employees and, in case any work is subcontracted, Contractor will require the subcontractor to provide Workers' Compensation insurance in accordance with the statutory requirements of the State of Minnesota, including Coverage B, Employer's Liability. Insurance **minimum** limits are as follows:

- \$100,000 – Bodily Injury by Disease per employee
- \$500,000 – Bodily Injury by Disease aggregate
- \$100,000 – Bodily Injury by Accident

If Minnesota Statute 176.041 exempts Contractor from Workers' Compensation insurance or if the Contractor has no employees in the State of Minnesota, Contractor must provide a written statement, signed by an authorized representative, indicating the qualifying exemption that excludes Contractor from the Minnesota Workers' Compensation requirements.

If during the course of the contract the Contractor becomes eligible for Workers' Compensation, the Contractor must comply with the Workers' Compensation Insurance requirements herein and provide the State of Minnesota with a certificate of insurance.

- 2. **Commercial General Liability Insurance:** Contractor is required to maintain insurance protecting it from claims for damages for bodily injury, including sickness or disease, death, and for care and loss of services as well as from claims for property damage, including loss of use which may arise from operations under the Contract whether the operations are by the Contractor or by a subcontractor or by anyone directly or indirectly employed by the Contractor under the contract. Insurance **minimum** limits are as follows:

- \$2,000,000 – per occurrence
- \$2,000,000 – annual aggregate
- \$2,000,000 – annual aggregate – Products/Completed Operations

The following coverages shall be included:

- Premises and Operations Bodily Injury and Property Damage
- Personal and Advertising Injury
- Blanket Contractual Liability

Products and Completed Operations Liability
Other; if applicable, please list _____
State of Minnesota named as an Additional Insured

3. **Commercial Automobile Liability Insurance:** Contractor is required to maintain insurance protecting it from claims for damages for bodily injury as well as from claims for property damage resulting from the ownership, operation, maintenance or use of all owned, hired, and non-owned autos which may arise from operations under this contract, and in case any work is subcontracted the contractor will require the subcontractor to maintain Commercial Automobile Liability insurance. Insurance **minimum** limits are as follows:

\$2,000,000 – per occurrence Combined Single limit for Bodily Injury and Property Damage

In addition, the following coverages should be included:

Owned, Hired, and Non-owned Automobile

4. **Professional/Technical, Errors and Omissions, and/or Miscellaneous Liability Insurance**

This policy will provide coverage for all claims the contractor may become legally obligated to pay resulting from any actual or alleged negligent act, error, or omission related to Contractor's professional services required under the contract.

Contractor is required to carry the following **minimum** limits:

\$2,000,000 – per claim or event

\$2,000,000 – annual aggregate

Any deductible will be the sole responsibility of the Contractor and may not exceed \$50,000 without the written approval of the State. If the Contractor desires authority from the State to have a deductible in a higher amount, the Contractor shall so request in writing, specifying the amount of the desired deductible and providing financial documentation by submitting the most current audited financial statements so that the State can ascertain the ability of the Contractor to cover the deductible from its own resources.

The retroactive or prior acts date of such coverage shall not be after the effective date of this Contract and Contractor shall maintain such insurance for a period of at least three (3) years, following completion of the work. If such insurance is discontinued, extended reporting period coverage must be obtained by Contractor to fulfill this requirement.

C. Additional Insurance Conditions:

- Contractor's policy(ies) shall be primary insurance to any other valid and collectible insurance available to the State of Minnesota with respect to any claim arising out of Contractor's performance under this contract;
- Contractor's policy(ies) and Certificate(s) of Insurance shall contain a provision that coverage afforded under the policy(ies) shall not be cancelled without at least thirty (30) days advanced written notice to the State of Minnesota;
- Contractor is responsible for payment of Contract related insurance premiums and deductibles;

- If Contractor is self-insured, a Certificate of Self-Insurance must be attached;
 - Contractor’s policy(ies) shall include legal defense fees in addition to its liability policy limits, with the exception of B.4 above; and
 - Contractor shall obtain insurance policy(ies) from insurance company(ies) having an “AM BEST” rating of A- (minus); Financial Size Category (FSC) VII or better, and authorized to do business in the State of Minnesota.
- D. The State reserves the right to immediately terminate the contract if the contractor is not in compliance with the insurance requirements and retains all rights to pursue any legal remedies against the contractor. All insurance policies must be open to inspection by the State, and copies of policies must be submitted to the State’s authorized representative upon written request.
- E. The successful responder is required to submit Certificates of Insurance acceptable to the State of MN as evidence of insurance coverage requirements prior to commencing work under the contract.

STATE OF MINNESOTA LOCATION OF SERVICE DISCLOSURE AND CERTIFICATION

LOCATION OF SERVICE DISCLOSURE

Check all that apply:

- The services to be performed under the anticipated contract as specified in our proposal will be performed ENTIRELY within the State of Minnesota.
- The services to be performed under the anticipated contract as specified in our proposal entail work ENTIRELY within another state within the United States.
- The services to be performed under the anticipated contract as specified in our proposal will be performed in part within Minnesota and in part within another state within the United States.
- The services to be performed under the anticipated contract as specified in our proposal DO involve work outside the United States. Below (or attached) is a description of:
 - (1) the identity of the company (identify if subcontractor) performing services outside the United States;
 - (2) the location where services under the contract will be performed; and
 - (3) *the percentage of work (in dollars) as compared to the whole that will be conducted in each identified foreign location.*

CERTIFICATION

By signing this statement, I certify that the information provided above is accurate and that the location where services have been indicated to be performed will not change during the course of the contract without prior, written approval from the State of Minnesota.

Name of Company: _____

Authorized Signature: _____

Printed Name: _____

Title: _____

Date: _____ Telephone Number: _____

**STATE OF MINNESOTA
AFFIDAVIT OF NONCOLLUSION**

I swear (or affirm) under the penalty of perjury:

1. That I am the Responder (if the Responder is an individual), a partner in the company (if the Responder is a partnership), or an officer or employee of the responding corporation having authority to sign on its behalf (if the Responder is a corporation);
2. That the attached proposal submitted in response to the _____ Request for Proposals has been arrived at by the Responder independently and has been submitted without collusion with and without any agreement, understanding or planned common course of action with, any other Responder of materials, supplies, equipment or services described in the Request for Proposal, designed to limit fair and open competition;
3. That the contents of the proposal have not been communicated by the Responder or its employees or agents to any person not an employee or agent of the Responder and will not be communicated to any such persons prior to the official opening of the proposals; and
4. That I am fully informed regarding the accuracy of the statements made in this affidavit.

Responder's Firm Name: _____

Authorized Representative (Please Print) _____

Authorized Signature: _____

Date: _____

Subscribed and sworn to me this _____ day of _____

Notary Public

My commission expires: _____