

QPS-2018-02

HEALTH RESEARCH, INC.

New York State Department of Health

*Office of Quality and Patient Safety
State Health Innovation Plan / State Innovation Model Initiative*

Request for Applications

*Regional Oversight & Management Committee (ROMC)
Facilitator/Convener
Western Region*

KEY DATES

RFA Release Date:	July 27, 2018
Letter of Intent Due:	August 10, 2018
Questions Due:	August 10, 2018
Questions, Answers and Updates Posted:	August 17, 2018
Applications Due:	August 31, 2018 by 4:00pm
Contact Name & Address:	Ken Juhas ogps.hri@health.ny.gov Office of Quality and Patient Safety NYS Department of Health Corning Tower, Room 2084 Empire State Plaza Albany, NY 12237

Table of Contents

<u>Section</u>	<u>Page #</u>
I. Introduction	
State Innovation Models (SIM) Grant	3
APC Statewide Steering Committee	3
Evaluation, Transparency & HIT Workgroup	3
Workforce Workgroup	3
NYS Health Innovation Council	3
APC Governance Structure	4
ROMC	4
ROMC Goals	6
Applicant Considerations	7
II. Who May Apply	
A. Minimum Eligibility Requirements	7
B. Preferred Eligibility Requirements	7
III. Project Narrative/Work Plan Outcomes	
A. Coordination and ROMC Convening	8
B. Facilitation of ROMC Goals	8
C. Reporting	9
IV. Administrative Requirements	
A. Issuing Agency	10
B. Question and Answer Phase	10
C. Letter of Intent (Optional)	10
D. Applicant Conference	10
E. How to File an Application	11
F. HRI/Department's Reserved Rights	11
G. Term of Contract	12
H. Payment and Reporting Requirements of Awardees	12
I. General Specifications	13
J. HRI Boilerplate Agreement	14
V. Completing the Application	
A. Application Format and Content	22
B. Review Process	26
VI. Attachments	26
Attachment 1: Application Coversheet	
Attachment 2: Current Regional Oversight & Management Committees (ROMCs)	
Attachment 3: Budget Instructions and Application Budget Format	
Attachment 4: Letter of Intent Template	

I. Introduction

State Innovation Models (SIM) Grant

In December 2014, Health Research Inc. (HRI)/the New York State Department of Health (NYSDOH) was awarded a \$100 million SIM grant by the Centers for Medicare and Medicaid Innovation (CMMI) to implement the State Health Innovation Plan (SHIP).¹ The SHIP is a multi-faceted approach that integrates care across all parts of the health care system including behavioral and community health. Through the SHIP, New York State set three broad and ambitious goals to achieve within five years. New York aspires to:

- achieve or maintain top-quartile performance among states for adoption of best practices and outcomes in disease prevention and health improvement by 2020;
- achieve high standards for quality and consumer experience, including at least a 20 percent reduction in avoidable hospital admissions and readmissions within five (5) years; and
- generate \$5 to \$10 billion in cumulative savings by reducing unnecessary care, shifting care to appropriate settings, and curbing increases in unit prices for health care products and services that are not tied to quality.

The central mechanism for achieving SHIP goals is an advanced primary care (APC) model that creates a clear path to health care transformation for New York State payers, providers, and patients. The New York State APC model is called the New York State Patient Centered Medical Home model (NYS PCMH).² NYS PCMH is the statewide, innovative advanced primary care approach to improving the health of New Yorkers. Characterized by a systemic focus on high quality primary care, population health, and integrated behavioral health, NYS PCMH supports the State's goal to ensure that at least 80% of New Yorkers are receiving advanced primary care by the year 2020.

Regional Oversight Management Committees (ROMCs), three (3) workgroups and an overarching Health Innovation Council govern and oversee planning and implementation for the SHIP, including NYS PCMH. Workgroups include:

- The Statewide Steering Committee,³
- Evaluation, Transparency, and HIT Workgroup,⁴ and
- Workforce Workgroup.⁵

The Health Innovation Council provides guidance and oversight for each of the topical

1 Permanent link for SHIP: http://www.health.ny.gov/technology/innovation_plan_initiative/

2 Permanent link for NYS PCMH: https://www.health.ny.gov/technology/innovation_plan_initiative/nys_pcmh.htm

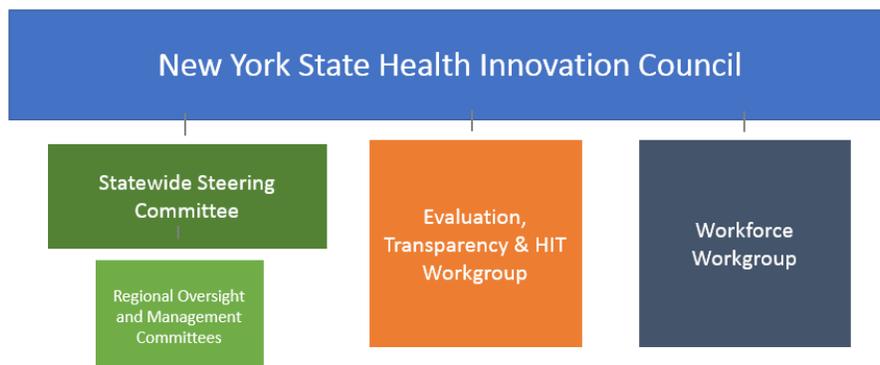
3 An overview of the Committee's work, including meeting materials, is available publicly on the [SHIP webpage: https://www.health.ny.gov/technology/innovation_plan_initiative/apc_steering_committee.htm](https://www.health.ny.gov/technology/innovation_plan_initiative/ship_webpage:https://www.health.ny.gov/technology/innovation_plan_initiative/apc_steering_committee.htm).

4 An overview of the Workgroup, including meeting materials, is available publicly on the [SHIP webpage: https://www.health.ny.gov/technology/innovation_plan_initiative/workgroup_te_hit.htm](https://www.health.ny.gov/technology/innovation_plan_initiative/ship_webpage:https://www.health.ny.gov/technology/innovation_plan_initiative/workgroup_te_hit.htm).

5 An overview of the Workgroup, including meeting materials, is available publicly on the [SHIP webpage: https://www.health.ny.gov/technology/innovation_plan_initiative/workgroup_workforce.htm](https://www.health.ny.gov/technology/innovation_plan_initiative/ship_webpage:https://www.health.ny.gov/technology/innovation_plan_initiative/workgroup_workforce.htm).

workgroups and offers policy, legislative, and budgetary guidance.⁶ Figure 1, below, details the formal governance structure of these workgroups, the Council, and ROMCs.

Figure 1: Governance of the State Health Innovation Plan (SHIP)



Regional Oversight Management Committees (ROMC)

ROMCs are regional consensus development entities developed as part of the SIM initiative. ROMC members include payers, providers, patients, and other stakeholders in health care delivery. ROMCs organize themselves, and the structure of their work, in a manner consistent with local health care cultures, payer mix, primary care needs, regional populations, consumer needs, concurrent initiatives and unique resources that characterize New York’s diverse regions.

ROMC roles, functions, and goals are clearly defined in a charter developed by each ROMC. As a voluntary, consensus-based entity, ROMCs do not have binding authority on any participating organization. They are member-led as opposed to state-led. A contractor to facilitate and convene is provided to each ROMC through SIM grant funding. ROMC facilitators also sit on the Statewide Steering Committee, and may act as liaisons to other SHIP workgroups and the Innovation Council.

ROMCs are an integrated component of overall governance structure of NYS efforts to transform the health care delivery system. As such they provide a direct channel for regions across NYS to participate actively in SHIP implementation and planning. Figure 2 details ROMC representation on the Statewide Steering Committee.

⁶ An overview of the Council, including meeting materials, is available publicly on the [SHIP webpage: https://www.health.ny.gov/technology/innovation_plan_initiative/workgroups.htm](https://www.health.ny.gov/technology/innovation_plan_initiative/workgroups.htm)

Figure 2: APC Statewide Steering Committee (SSC) & Regional Oversight and Management Committee (ROMC)



Statewide Steering Committee

- Refinement of APC model and development of payment arrangements
- Support practice and payer engagement
- Define regional flexibility
- Share best practices and lessons learned

Regional Oversight and Management Committee

- Convening stakeholders
- Establish regional priorities
- Develop payer payment arrangement for NYS PCMH practices
- Engage payers and practices in NYS PCMH transformation and payment arrangements



The broad goals of each ROMC are to:

- Ensure the success of the NYS advanced primary care model and payment reforms within their region;
- Guide regional and community priorities to provide appropriate advanced primary care payment structures aligned with optimal care delivery in primary care settings;
- Assure engagement of relevant stakeholders; and
- Advance statewide initiatives to achieve better patient health, improved quality and continuity of care while decreasing preventable costs.

While each ROMC is regionally tailored, the broad purpose of these entities is to accelerate health care transformation by designing and implementing voluntary multi-payer and all-payer, models. Specific goals include:

Goal #1: Establish a regional consensus that defines a multi-payer, primary care initiative which may include providing financial support to practices as they transition from fee for service relationships to value based payment arrangements.

Value-based payments enable providers to develop innovative approaches to patient centered health care delivery because they reward providers who successfully manage all or much of an individual's care. Provided that safeguards are put in place to ensure that quality and patient engagement are not derived at the expense of cost effectiveness, and that the care delivered is state-of-the-art and takes advantage of valued advances in science and technology, these innovative approaches to health care delivery stand to benefit patients and society alike.

Goal #2: Guide regional and community priorities to implement a multi-payer primary care initiative that supports: (1) optimal care delivery in primary care settings, and (2) statewide initiatives to achieve better patient health, improved quality and continuity of care while decreasing avoidable costs. The model will be an integrated care delivery and payment model that ties together a service delivery model (NYS PCMH) and reimbursement to promote improved health and health care outcomes that are financially sustainable. The model will use New York State Primary Care measures⁷ to monitor advanced primary care performance-based contracts.

As part of the regional agenda, additional stakeholders (i.e., Qualified Entities, community-based organizations) will be added to the ROMC to build the infrastructure to expand the ROMC's focus beyond remuneration to community-wide operation, implementation and sustainability to achieve the following objectives:

- An increase in the number of primary care practices transformed to NYS PCMH;
- Knowledge and understanding of NYS PCMH among patients/consumers;

⁷ As part of its initiative to integrate service delivery and reimbursement in NYS by implementing NYS PCMH, NYSDOH has developed, tested, and disseminated a common set of core quality measures relevant to participating payers and practices. The core measures enable practices to view their performance across a common measure and multiple payers. Core measures provide valuable information about statewide progress towards multi-payer Value-Based Payment (VBP) adoption. The measures are intended to eventually form the basis for outcomes-based payments by payers, bringing greater alignment in measurement, reducing administrative burden, and amplifying the impact of value-based incentive payments. The ROMC payers should agree on a subset of the 28 scorecard measures as the base performance measures that will be used to determine if a practice is eligible to participate in a multi-payer model.

- Promotion of NYS PCMH and ROMC to community-based organizations not represented on the ROMC; and
- Linkages between NYS PCMH and other health improvement initiatives.

Applicant Considerations

This Request for Applications (RFA) seeks applications from responsive and qualified organizations that, or individuals who, propose to facilitate and convene the Western Region ROMC which does not already have an ongoing multi-payer initiative in place (current designated ROMC regions are displayed in Attachment 2).

The ROMC Facilitator/Convener funded through this RFA will facilitate, mediate, and report on the Western Region ROMC; convene providers and payers to consider how best to advance payment reform to support the NYS PCMH model; coordinate with the HRI/NYSDOH Contract Manager; and, function as a participant in the SSC.

Time limited support will be provided to successful applicants for up to 16 months.

Applicants should propose a staffing structure of one (1) or more persons at an all-inclusive rate not to exceed \$300/hour.

II. Who May Apply

A. Minimum Eligibility Requirements

Applications will be accepted from individuals and organizations that meet the following requirements:

1. The applicant must demonstrate at least two (2) years of knowledge and experience with health care initiative(s).
2. The applicant must demonstrate at least two (2) years of formal facilitation experience. For the purposes of this RFA, facilitation is defined as a process by which a person mediates, without decision making authority, to assist a committee/group solve problems and make decisions in an effective manner.
3. The applicant must demonstrate its ability to be a neutral, third party facilitator and convener for a ROMC.
4. The applicant must provide at least two (2) letters of support from stakeholders for the applicant to be a ROMC Facilitator/Convener in the Western Region. Stakeholders may include providers, payers, purchasers, consumer representatives and policy-makers.

B. Preferred Eligibility Requirements

Preference will be given to applicants that:

1. Demonstrate at least five (5) years of knowledge and experience with health care initiatives.

2. Demonstrate at least two (2) years of knowledge and experience with actively engaging payers, providers and other stakeholders in the development and implementation of a regional or statewide multi-payer primary care initiative.
3. Demonstrate at least five (5) years of formal facilitation and convening experience, as defined in II.A.2.

III. Project Narrative / Work Plan Outcomes

A. Coordination and ROMC Convening

The Contractor will coordinate with the HRI/NYSDOH Contract Manager on roles and responsibilities to the ROMC, and to ensure that the ROMC is adequately supported. The Contractor will:

1. Identify, invite and secure participation in the ROMC from appropriate stakeholders with input from NYSDOH on which categories of stakeholders to include;
2. Schedule ROMC meetings with appropriate and accessible space, and provide details to ROMC members with advanced notice to assure maximum participation (conference calls may be held after initial in-person meetings at the Contractor and participants' discretion);
3. Prepare attendance sheets before meetings;
4. Complete draft meeting minutes, share with the ROMC in advance of meetings and obtain approval from members at the next meeting; and
5. Develop and distribute communications of progress, meetings and materials to employers, health plans and physician practices.

B. Facilitation of ROMC Goals

The Contractor will facilitate meeting ROMC Goals in Section I by doing the following:

1. Conduct an environmental scan of payers within the region to: (1) gather information from them about their current and prospective value-based payment arrangements, and (2) identify barriers to their participation in regional multi-payer initiatives. Conduct individual outreach as necessary to discuss and resolve barriers to participation in regional multi-payer arrangements.
2. Assist the ROMC to develop a charter with specific goals, objectives, tasks and timeframes for task completion, while identifying regional priorities and stakeholders. Guide members to complete work in between meetings and communicate with members to assure timely completion.
3. Assist the ROMC to develop and adhere to formal ground rules to address typical problems that occur in group processes. Examples of potential ground rules are ensuring that individual ROMC members do not dominate discussions at meetings, decisions are made by group consensus and all members are treated with respect.
4. Develop agendas for ROMC meetings that reflect input from ROMC members and continuity from previous meetings, and share meeting materials with members before meetings.
5. Obtain attendance and signatures at ROMC meetings and provide copies to the HRI/NYSDOH Contract Manager.

6. Act as a neutral mediator at all times.
7. Facilitate dialogue among members and ensure that all members are able to actively participate in discussions, input gathering and decision-making. As necessary, the Contractor will conduct one-on-one conversations with ROMC members to achieve consensus on decisions.
8. Track the work components of the ROMC.
 - a. Track technical, regulatory and jurisdictional issues. This includes issues related to multi-payer primary care value-based payment arrangements, with particular attention to the leverage and incorporation of the APC Score Card within the region.
 - b. Monitor ROMC work in between meetings and assist the ROMC to adhere to its timeline.
9. Prepare ROMC monthly progress reports to be shared with the HRI/NYSDOH Contract Manager.
10. Provide information to the HRI/NYSDOH Contract Manager upon request, to assist with public meetings (e.g., SSC).
11. Participate in the SSC to identify opportunities and challenges. The HRI/NYSDOH Contract Manager will assist with immediate challenges identified by the Contractor (e.g., arrange for a presentation to the ROMC from a subject matter expert).
12. For Goal #2, assist the ROMC to develop a transition/succession plan for the ROMC, to ensure long term sustainability after the completion of the ROMC Convener/Facilitator contract.
13. Facilitate linkages between ROMC participants, QEs, and relevant practices identified by ROMC payers for value-based payment contracts to support connection to the State Health Information Network of New York (SHIN-NY) and encourage the provision of high quality data to support development of the NYS Primary Care Scorecard.

The Contractor will notify the HRI/NYSDOH Contract Manager of any proposed changes to the two (2) ROMC specific goals described in Section I. The HRI/NYSDOH Contract Manager will obtain input from the SSC and will advise the Contractor of the outcome.

C. Reporting

In association with monthly vouchering, the Contractor will provide a monthly progress report to the HRI/NYSDOH Contract Manager. As back up to the monthly progress report, the Contractor will provide copies* of the following (as appropriate):

1. Documentation related to inviting and securing stakeholder participation in the ROMC.
2. Communications distributed to employers, health plans and physician practices.
3. ROMC charter, as described in Section III.B.1 (for first report).
4. ROMC ground rules, as described in Section III.B.2.
5. ROMC membership list with names, titles, organizations, address, phone number, email address.
6. Agendas and other meeting materials.
7. Transition plan for ROMC Goal #2.
8. Meeting attendance sheets.
9. Meeting minutes (final version approved by ROMC).

*Note: The Contractor will provide any updated versions of the above, during the applicable reporting month, with modifications highlighted.

IV. Administrative Requirements

A. Issuing Agency

This RFA is issued by HRI/ NYSDOH, Office of Quality and Patient Safety, with funding provided by CMMI. HRI/ NYSDOH are responsible for the requirements specified herein and for the evaluation of all applications.

B. Question and Answer Phase:

All substantive questions must be submitted by email to the following address by the date listed on the cover page of this RFA:

ogps.hri@health.ny.gov

To the degree possible, each inquiry should cite the RFA page, section and paragraph number to which it refers. Written questions will be accepted until the date posted on the cover page of this RFA. Questions of a technical nature may be addressed in writing to the above email address.

Questions are of a technical nature if they are limited to how to prepare your application (e.g., formatting) rather than relating to the substance of the application.

Prospective applicants should note that all clarification and exceptions, including those relating to the terms and conditions of the contract, are to be raised prior to the submission of an application, during the question and answer phase, by the date listed on the cover page of this RFA.

This RFA has been posted on HRI's public website at: <http://www.healthresearch.org/funding-opportunities>. Questions and answers, as well as any updates and/or modifications, will also be posted on HRI's website. All such updates will be posted by the date identified on the cover page of this RFA.

C. Letter of Intent (optional)

Prospective applicants may complete and submit a letter of intent (see Attachment 4). Prospective applicants may also use the letter of intent to receive notification when updates/modifications are posted, including responses to written questions. Letters of intent should be submitted to ogps.hri@health.ny.gov by the date on the cover page of this RFA. Please ensure that the RFA number is noted in the subject line of the email.

Submission of a letter of intent is not a requirement or obligation upon the applicant to submit an application in response to this RFA. Applications may be submitted without first having submitted a letter of intent.

D. Applicant Conference

An Applicant Conference will not be held for this RFA.

E. How to File an Application

Applications must be **received** at the following address by the date and time listed on the cover page of this RFA. Late applications will not be accepted*.

Ken Juhas
Office of Quality and Patient Safety
NYS Department of Health
Corning Tower, Room 2084
Empire State Plaza
Albany, NY 12237
ogps.hri@health.ny.gov

Applicants shall submit by mail one (1) original, signed application AND five (5) copies, AND one (1) electronic copy emailed to the address above. Application packages should be clearly labeled with the name and number of the RFA as listed on the cover page of this RFA.

*It is the applicant's responsibility to see that applications both via email and mail are delivered to the address above prior to the date and time specified on the cover page of this RFA. Late applications due to documentable delay by the carrier may be considered at HRI's discretion.

F. HRI AND THE DEPARTMENT OF HEALTH RESERVE THE RIGHT TO:

1. Reject any or all applications received in response to this RFA.
2. Withdraw the RFA at any time, at HRI's sole discretion.
3. Make an award under the RFA in whole or in part.
4. Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
5. Seek clarifications and revisions of applications.
6. Use application information obtained through site visits, management interviews and the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA.
7. Prior to application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.

8. Prior to application opening, direct applicants to submit proposal modifications addressing subsequent RFA amendments.
9. Change any of the scheduled dates.
10. Waive any requirements that are not material.
11. Award more than one contract resulting from this RFA.
12. Conduct contract negotiations with the next responsible applicant, should HRI be unsuccessful in negotiating with the selected applicant.
13. Utilize any and all ideas submitted with the applications received.
14. Unless otherwise specified in the RFA, every offer is firm and not revocable for a period of 60 days from the bid opening.
15. Waive or modify minor irregularities in applications received after prior notification to the applicant.
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's application and/or to determine an offerer's compliance with the requirements of the RFA.
17. Negotiate with successful applicants within the scope of the RFA in the best interests of HRI.
18. Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.
19. Award contracts based on geographic or regional considerations to serve the best interests of HRI.

G. Term of Contract

Any contract resulting from this RFA will be effective only upon final approval by Health Research, Inc.

It is expected that contracts resulting from this RFA will have the following time period: October 1, 2018 through January 31, 2020 (16 months), issued in two (2) yearly increments, from October 1, 2018 - January 31, 2019 (four months) and February 1, 2019 - January 31, 2020 (12 months). Renewals are dependent upon satisfactory performance and continued funding availability.

HRI reserves the right to revise the award amount as necessary due to changes in the availability of funding.

H. Payment & Reporting Requirements of Awardees

1. The contractor shall submit *monthly* invoices and required reports of expenditures to:

oqps.hri@health.ny.gov

2. In association with monthly vouchering, the Contractor will provide a monthly progress report to the HRI/NYSDOH Contract Manager. As back up to the monthly progress report, the Contractor will provide copies* of the following (as appropriate):
 1. ROMC charter, as described in Section III.B.1 (for first report)
 2. ROMC ground rules, as described in Section III.B.2.
 3. ROMC membership list with names, titles, organizations, address, phone number, email address. The chairperson is identified on the list.
 4. Agendas and other meeting materials
 5. Transition plan for Goal #2
 6. Meeting attendance sheets
 7. Documentation related to inviting and securing stakeholder participation in the ROMC
 8. Communications distributed to employers, health plans and physician practices
 9. Meeting minutes (final version approved by ROMC)

*Note: The Contractor will provide any updated versions of the above, during the applicable reporting month, with modifications highlighted.

All vouchering requirements will be detailed in Exhibit A of the final contract.

I. General Specifications

1. By signing the "Application Cover Sheet" (Attachment 1), each applicant attests to its express authority to sign on behalf of the applicant.
2. Contractor will possess, at no cost to HRI or the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
3. Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this RFA, including the terms and conditions of the contract. Any exceptions allowed by HRI during the Question and Answer Phase (Section IV.B.) must be clearly noted in a cover letter attached to the application.
4. An applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.
5. Provisions Upon Default
 - a. The services to be performed by the Applicant shall be at all times subject to the direction and control of HRI as to all matters arising in connection with or relating to the contract resulting from this RFA.

- b. In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, HRI shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.
6. Applicant must maintain an active registration in the System for Award Management (SAM) at SAM.gov, have no exclusions or delinquent federal debt.

J. HRI Boilerplate Agreement

The following is the HRI boilerplate agreement that entities will be expected to sign if awarded a contract from this RFA. **THIS AGREEMENT**, made as of «Start_Date» (the “Effective Date”), by and between **HEALTH RESEARCH, INC.**, a not for profit corporation organized and existing under the laws of the State of New York, with principal offices located at Riverview Center, 150 Broadway, Ste. 560, Menands, NY 12204, hereinafter referred to as **HRI**, and «CONSULTANT_NAME», located at «Address_One», «Address_Two»«City», «STATE», «Zip», herein after referred to as the **CONSULTANT**.

WITNESSETH

WHEREAS, HRI has been awarded a grant from «Sponsor_Name» for the conduct of a project entitled "«Project_Title»"; and,

WHEREAS, funding for the project, in whole or in part, is provided under a federal government grant or contract; and,

WHEREAS, HRI desires the Consultant's performance of certain services for HRI in connection with such project; and,

WHEREAS, Consultant has represented to HRI that "he/she/it" is competent, willing and able to perform such services for HRI.

NOW THEREFORE, in consideration of the promises, mutual covenants, and agreements contained herein, it is mutually agreed by and between the respective parties as follows:

1. Consultant agrees to perform, as an independent contractor and not as an employee or agent of HRI, all the services set forth in Exhibit "A", appended hereto and made a part hereof, to the satisfaction of HRI's Principal Investigator, «PI_Name».
2. The Agreement shall be effective and allowable costs may be incurred by the Consultant from the Effective Date and shall continue until «End_Date» (the “Term”) unless terminated sooner as hereinafter provided or extended by written agreement of the parties.
3. In full and complete consideration of Consultant's performance hereunder, HRI agrees to compensate Consultant pursuant to the breakdown in Exhibit "A" attached. Final invoices are due within 60 days of the termination date of this Agreement. Requests received after this 60-day period may not be honored. Any reimbursement payable hereunder by HRI to the Consultant shall be subject to retroactive reductions and/or repayment for amounts included therein which are identified by HRI, on the basis of any review or audit, to not constitute an allowable cost or charge hereunder.

4. The Scope of Work and Budget in Exhibit "A" may be modified as conditions warrant by mutual agreement between HRI and Consultant, and confirmed in writing. In no event shall the total consideration under this Agreement exceed Total Contract Amount Typed Out Dollars (\$«Total_Contract_Amt_In_Numbers»).
5. Consultant acknowledges and agrees that all work products, deliverables, designs, writings, inventions, discoveries, and related materials, (collectively "Works") made, produced or delivered by Consultant in the performance of its obligations hereunder will be owned exclusively by HRI. All copyrightable Works are "works made for hire". Consultant will assign, and hereby assigns and transfers, to HRI all intellectual property rights in and to Works, including without limitation, copyrights, patent rights, trademark rights, and trade secret rights. Consultant further agrees that "he/she/it" shall not claim or assert any proprietary interest in any of the data or materials required to be produced or delivered by Consultant in the performance of its obligation hereunder. Consultant warrants that all Works shall be original except for such portion from copyrighted works as may be included with Consultant's advance permission of the copyright owner(s) thereof, that it shall contain no libelous or unlawful statements or materials, and will not infringe upon any copyright, trademark or patent, statutory or other proprietary rights of others. Consultant further agrees that "he/she/it" will not publish, permit to be published, or distribute for public consumption, any information, oral or written, concerning the results or conclusions made pursuant to this Agreement without the prior written consent of HRI.
6. Neither party shall use the name of the other or any adaptation, abbreviation or derivative of any of them, whether oral or written, without the prior written permission of the other party. For the purposes of this paragraph "party" on the part of HRI shall include the State of New York and the NYS Department of Health.
7. It is understood and agreed that the services to be rendered by Consultant are unique and that Consultant shall not assign, transfer, subcontract or otherwise dispose of its rights or duties hereunder, in whole or in part, to any other person, firm or corporation, without the advance written consent of HRI.
8. The nature of the relationship which the Consultant shall have to HRI pursuant to this Agreement shall be that of an independent contractor. Under no circumstance shall the Consultant be considered an employee or agent of HRI. This Agreement shall not be construed to contain any authority, either expressed or implied, enabling the Consultant to incur any expense or perform any act on behalf of HRI.
9. Consultant is solely responsible for complying with all applicable laws, including but not limited to those specified in Appendix "A", and obtaining, at Consultant's sole expense, any and all licenses, permits, or authorizations necessary to perform services hereunder.
10. This Agreement shall be void and no force and effect unless Consultant shall provide and maintain coverage during the life of this Agreement for the benefit of such employees as are required to be covered by the provisions of Workers' Compensation Law.
11. Unless otherwise agreed by HRI, Consultant shall maintain, or cause to be maintained, during the Term of this Agreement, insurance or self-insurance equivalents of the following types and amounts: a) Commercial General Liability (CGL) with limits of insurance of not less than \$1,000,000 each occurrence and \$2,000,000 annual aggregate: b) HRI and the

People of the State of New York shall be included as Additional Insureds on the Consultant's CGL, using ISO Additional Insured Endorsement CG 20 10 11 85 or an endorsement providing equivalent coverage to the Additional Insureds. The CGL insurance for the Additional Insureds shall be as broad as the coverage provided for the Named Insured Consultant. It shall apply as primary and non-contributing insurance before any insurance maintained by the Additional Insureds; c) other such insurance as may be specified by HRI, depending on the project and services provided by Consultant.

12. Consultant shall establish and maintain complete and accurate books, records, documents, accounts and other evidence directly pertinent to performance of the services under this Agreement (collectively, "Records"). The Records must be kept for the balance of the calendar year in which they are created and for six years thereafter. HRI shall have reasonable access to such Records as necessary for the purposes of inspection, audit, and copying. Records shall be maintained as Confidential Information and protected from public disclosure.
13. This Agreement, including all applicable attachments and appendices thereto, represents the entire Agreement and understanding of the parties hereto and no prior writings, conversations or representations of any nature shall be deemed to vary the provisions hereof. This Agreement may not be amended in any way except in writing, duly executed by both parties hereto.
14. HRI may terminate this Agreement with or without cause at any time by giving advance notice, when, in its sole discretion, HRI determines that it is in the best interests of HRI to do so, or as directed by the project sponsor. Such termination shall not affect any commitments which, in the judgment of HRI, have become legally binding prior to the effective date of termination. Upon termination of the Agreement by either party for any reason, Consultant shall immediately turn over to HRI any works in progress, materials, and deliverables (whether completed or not) related to the services performed up to the date of termination. It is understood and agreed, however, that in the event that Consultant is in default upon any of its obligations, hereunder, at the time of such termination, such right of termination on the part of HRI shall expressly be in addition to any other rights or remedies which HRI may have against Consultant by reason of such default.
15. Consultant acknowledges and agrees that, during the course of performing services for HRI, it may receive information of a confidential nature, whether marked or unmarked ("Confidential Information"). Consultant agrees to protect such Confidential Information with the same degree of care it uses to protect its own confidential information of similar nature and importance, but with no less than reasonable care. Consultant will not use Confidential Information for any purpose other than to facilitate the provision of services under this Agreement, and Consultant will not disclose Confidential Information to any third party without HRI's advance written consent.
16. Consultant represents and warrants that: a) it has the full right and authority to enter into and perform under this Agreement; b) it will perform the services set forth in Exhibit "A" in a workmanlike manner consistent with applicable industry practices; c) the services, work products, and deliverables provided by Consultant will conform to the specifications in Exhibit "A"; d) there is no pending or threatened claim or litigation that would have a material adverse impact on its ability to perform as required by this Agreement.

17. Consultant shall have no interest, financial or otherwise, direct or indirect, or engage in any business, transaction, or professional activity, that may create a conflict with the proper discharge of Consultant's duties under this Agreement. In the event any actual or potential conflict arises, Consultant agrees to notify HRI in writing within ten (10) days to allow HRI to evaluate any potential impact on Consultant's performance under this Agreement.
18. To the fullest extent permitted by law, Consultant shall indemnify, hold harmless and defend HRI, its agents, employees, officers, board members, the New York State Department of Health, and the People of the State of New York against all claims, damages, losses or expenses including but not limited to attorneys' fees arising out of or resulting from the performance of the agreement, provided any such claim, damage, loss or expense arises out of, or in connection with, any act or omission by Consultant, or anyone directly or indirectly employed or contracted by Consultant, in the performance of services under this Agreement, and such acts or omissions (i) constitute negligence, willful misconduct, or fraud; (ii) are attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property, including loss of use resulting there from; (iii) cause the breach of any confidentiality obligations set forth herein; (iv) relate to any claim for compensation and payment by any employee or agent of Consultant; (v) result in intellectual property infringement or misappropriation by Consultant, its employees, agents, or subcontractors; or (vi) are violations of regulatory or statutory provisions of the New York State Labor Law, OSHA or other governing rule or applicable law. The obligation of the Consultant to indemnify any party under this paragraph shall not be limited in any manner by any limitation of the amount of insurance coverage or benefits including workers' compensation or other employee benefit acts provided by the Consultant.
19. Should any provision of this Agreement be proven to be invalid or legally ineffective, the overall validity of this Agreement shall not be affected. Unless the parties agree on an amended provision, the invalid provision shall be deemed to be replaced by a valid provision accomplishing as far as possible the purpose and intent of the parties at the date of the Agreement.
20. The failure of HRI to assert a right hereunder or to insist on compliance with any term or condition of this Agreement shall not constitute a waiver of that right of HRI, or other rights of HRI under the Agreement, or excuse a subsequent failure to perform any such term or condition by Consultant.
21. This Agreement shall be governed and construed in accordance with the laws of the State of New York. The jurisdictional venue for any legal proceedings involving this Agreement shall be in the State of New York. Disputes involving this Agreement may not be submitted to binding arbitration.
22. In addition to the methods of process allowed by the State Civil Practice Law & Rules (CPLR), in any litigation arising under or with respect to this Agreement, Consultant hereby consents to the service of process upon it by registered or certified mail, return receipt requested, and will promptly notify HRI in writing in the event there is any change of address to which service of process can be made.
23. This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. Delivery of an executed signature page to the Agreement by facsimile transmission or PDF shall be as effective as delivery of a manually signed counterpart.

24. Consultant agrees to abide by the terms and conditions of Appendix "A" attached hereto and made a part hereof, including the provisions required for federally funded projects, if applicable.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the Effective Date.

**HEALTH RESEARCH, INC.
APPENDIX A to AGREEMENT WITH ENTITY**

The parties to the attached Agreement further agree to be bound by the following terms, which are hereby made a part of said Agreement:

1. During the performance of the Agreement, the Consultant agrees as follows:

- (a) Equal Opportunity and Non-Discrimination - Consultant acknowledges and agrees, whether or not required by Article 15 of the New York State Executive Law (also known as the Human Rights Law) or any other State or Federal statutory or constitutional non-discrimination or civil rights provisions, including but not limited to the American Disabilities Act, that Consultant will not discriminate against any employee or applicant for employment because of race, color, creed, religion, sex, sexual orientation, gender identity, national origin, age, disability, pregnancy-related condition, military or veteran status, genetic predisposition or carrier status, marital or familial status, domestic violence victim status, individual's relationship or association with a member of a protected category or any other basis protected by state and federal law. Furthermore, Consultant agrees that neither it nor its authorized subcontractors, if any, shall, by reason of race, color, creed, religion, sex, sexual orientation, gender identity, national origin, age, disability, pregnancy-related condition, military or veteran status, genetic predisposition or carrier status, marital or familial status, domestic violence victim status, individual's relationship or association with a member of a protected category or any other basis protected by applicable state and federal law: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this Agreement. Consultant is subject to Section 220-e or Section 239 of the New York State Labor Law for work performed under this Agreement. Pursuant thereto, Consultant is subject to fines of \$50.00 per person per day for any violation of this provision, which may be deducted from any amounts payable under this Agreement, as well as possible termination of this Agreement and forfeiture of all moneys due hereunder for a second or subsequent violation.
- (b) This contractor and subcontractor shall abide by the requirements of 41 CFR 60-1.4(a) which is hereby incorporated herein.

This contractor and subcontractor shall abide by the requirements of 41 CFR 60-741.5(a). This regulation prohibits discrimination against qualified individuals on the basis of disability, and requires affirmative action by covered prime contractors and subcontractors to employ and advance in employment qualified individuals with disabilities.

This contractor and subcontractor shall abide by the requirements of 41 CFR 60-300.5(a). This regulation prohibits discrimination against qualified protected veterans, and requires affirmative action by covered prime contractors and subcontractors to employ and advance in employment qualified protected veterans.

- (c) System for Award Management (SAM) - Consultant is required to register with SAM.gov and maintain active status as stated in 2 CFR Subtitle A, Chapter 1, and Part 25 of Code of Federal Regulations. **Consultant** must maintain the accuracy/currency of the information in SAM at all times during which your entity has an active agreement with HRI. Additionally, your entity is required to review and update the information at least annually after the initial registration, and more frequently if required by changes in your information.

2. Assurances Required by DHHS--HHS (Where Applicable)

(a) Human Subjects, Derived Materials or Data

The Consultant and HRI both agree to abide by DHHS regulations concerning Human Subjects. The DHHS regulation, 45 CFR 46, provides a systematic means, based on established ethical principles, protecting the rights and welfare of individuals who may be exposed to the possibility of physical, psychological or social injury while they are participating as subjects in research, development or related activities. The regulation extends to the human fetus (either in utero or ex utero), the dead, organs, tissues, and body fluids, and graphic, written or recorded information derived from human sources.

The DHHS regulation requires institutional assurances, including the implementation of procedures for review, and the assignment of responsibilities for adequately protecting the rights and welfare of human subjects. Safeguarding these rights and welfare is, by DHHS policy, primarily the responsibility of the grantee. The Consultant is responsible for ensuring that the activity described or covered by this Agreement, and additional information relating to human subjects, derived materials or data are annually reviewed and approved by the Institutional Review Board of the Consultant. The Consultant and HRI agree to complete a HHS 596 form on an annual basis.

(b) Laboratory Animals

The Consultant agrees to abide by HHS policy requiring that laboratory animals not suffer unnecessary discomfort, pain or injury. The Consultant must assure HHS, in writing that it is committed to following the standards established by the Animal Welfare Acts and by the documents entitled "Principles for Use of Animals "and" Guide for the Care and Use of Laboratory Animals."

(c) Recombinant DNA

The Consultant agrees to abide by the current HHS Guidelines for Research involving Recombinant DNA Molecules. All research involving recombinant DNA techniques that is supported by the Public Health Service must meet the requirements of these Guidelines, which were developed in response to the concerns of the scientific and lay communities about the possible effects of recombinant DNA research. Their purpose is to specify practices for the construction and handling of recombinant DNA molecules and organisms or viruses containing recombinant DNA. As defined by the Guidelines, "recombinant DNA" corresponds to: (1) molecules that are constructed outside living

cells by joining natural or synthetic DNA segments to DNA molecules that can replicate in a living cell; or (2) DNA molecules that result from the replication of a molecule described in (1).

Several types of studies involving recombinant DNA are exempt from the Guidelines while others are prohibited by the Guidelines. For the remainder, the Consultant must establish and implement policies that provide for the safe conduct of the research in full conformity with the Guidelines. This responsibility includes establishing an institutional biosafety committee to review all recombinant DNA research to be conducted at or sponsored by the Consultant and to approve those projects that are in conformity with the Guidelines. For each approved project, a valid Memorandum of Understanding and Agreement (MUA) shall be prepared for submission when solicited by an appropriate HHS staff member. The MUA is considered approved after review and acceptance by ORDA and by the Consultant.

(d) Promoting Objectivity in Research

Neither Consultant nor anyone working on its behalf shall have any interest, financial or otherwise, direct or indirect, or engage in any business, transaction, or professional activity that may create a conflict, or the appearance of a conflict, with the proper discharge of Consultant's duties under this Agreement or the conflict of interest policy of any agency providing federal funding under this Agreement. In the event any actual or potential conflict arises, Consultant agrees (i) to notify HRI in writing within ten (10) days to allow HRI to evaluate any potential or actual conflict, and, (ii) if required, eliminate the conflict or put in place an acceptable conflict management plan. Consultant agrees to comply with the DHHS/HHS regulatory requirements on Responsibility of Applicants for Promoting Objectivity in Research and financial conflicts of interest set forth in 42 CFR Part 50 Subpart F, as may be amended from time to time. Failure to disclose conflicts or provide information related thereto to HRI may be cause for termination of the Agreement

(e) Additional Assurances

Should any additional DHHS-HHS regulations be promulgated that are applicable to this Agreement, the Consultant and HRI will review and agree to include them as part of this Agreement.

(f) National Labor Relations Act (Executive Order 13496)

Contractors that are not exempt from the National Labor Relations Act and have contracts, subcontracts or purchase orders subject to EO 13496 must satisfy the requirements of that Executive Order and its implementing regulations at 29 CFR Part 471 to be in compliance with the law.

The following provisions 3-6 are applicable to federally funded projects:

3. Clean Air Act and the Federal Water Pollution Control Act Compliance - If this Agreement is in excess of \$150,000, Consultant agrees to comply and to require that all subcontractors comply, where applicable, with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. § 7401-7671q.) and the Federal Water Pollution Control Act as amended (33 U.S.C. §1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).

4. Notice as Required Under Public Law 103-333 - The Consultant is hereby notified of the following statement made by the Congress at Section 507(a) of Public Law 103-333 (The DHHS Appropriations Act, 1995, hereinafter the "Act"): It is the sense of the Congress that, to the greatest extent practicable, all equipment and products purchased with funds made available in this Act should be American-made.
5. Required Federal Certifications -Acceptance of this Agreement by Consultant constitutes certification by the Consultant of all of the following:
 - (a) The Consultant is not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal department or agency.
 - (b) The Consultant is not delinquent on any Federal debt.
 - (c) The Consultant will comply with the Byrd Anti-Lobbying Amendment (31 U.S.C. § 1352) requiring for Agreements of \$100,000 or more, that Consultant (i).will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. § 1352, and (ii) will disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award.
 - (d) The Consultant shall comply with the requirements of the Pro-Children Act of 1994 and shall not allow smoking within any portion of any indoor facility used for the provision of health, day care, early childhood development, education or library services to children under the age of eighteen (18) if the services are funded by a federal program, as this Agreement is, or if the services are provided in indoor facilities that are constructed, operated or maintained with such federal funds.
 - (e) The Consultant has established administrative policies regarding Scientific Misconduct as required by the Final Rule 42 CFR Part 93, Subpart A as published at the 54 Federal Register 32446, August 8, 1989.
 - (f) The Consultant maintains a drug free workplace in compliance with the Drug Free Workplace Act of 1988 as implemented in 45 CFR Part 76.
 - (g) If the Project Sponsor is either an agency of the Public Health Service or the National Science Foundation, the Consultant is in compliance with the rules governing Objectivity in Research as published in 60 Federal Register July 11, 1995.
6. Whistleblower Policy - Congress has enacted whistleblower protection statute 41 U.S.C. 4712, which applies to all employees working for contractors, grantees, subcontractors, and sub-grantees on federal grants and contracts. This program requires all grantees, sub-grantees and subcontractors to: inform their employees working on any federally funded award they are subject to the whistleblower rights and remedies of the program; inform their employee in writing of employee whistleblower protections under 41 U.S.C. 4712 in the

predominant native language of the workforce; and Contractors and grantees will include such requirements in any agreement made with a subcontractor or sub-grantee.

The statute (41 U.S.C. 4712) states that an “employee of a contractor, subcontractor, grantee [or sub-grantee] may not be discharged, demoted, or otherwise discriminated against as a reprisal for “whistleblowing”. In addition, whistleblower protections cannot be waived by any agreement, policy, form, or condition of employment.

Whistleblowing is defined as making a disclosure “that the employee reasonably believes is evidence of any of the following: gross mismanagement of a federal contract or grant; a gross waste of federal funds; an abuse of authority relating to a federal contract or grant; a substantial and specific danger to public health or safety; or a violation of law, rule, or regulation related to a federal contract or grant (including the competition for, or negotiation of, a contract or grant). To qualify under the statute, the employee’s disclosure must be made to: a Member of Congress or a representative of a Congressional committee; or an Inspector General; or the Government Accountability Office; or a Federal employee responsible for contract or grant oversight or management at the relevant agency; or an authorized official of the Department of Justice or other law enforcement agency; or a court or grand jury; a management official or other employee of the contractor, subcontractor, grantee or sub-grantee who has the responsibility to investigate, discover or address misconduct.

The Consultant shall require that the language of all of the above certifications will be included in the award documents for all subawards under this Agreement (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

The Consultant agrees to notify HRI immediately if there is a change in its status relating to any of the above certifications.

V. Completing the Application

A. Application Format and Content

All applications should conform to the format prescribed below.

Applications must not exceed 25 single-spaced typed pages on 8.5” x 11” paper (excluding Budgets and other attachments), using a 12-point font with one-inch margins. If the application narrative exceeds 25 pages, only the first 25 pages will be reviewed.

Points for each section are indicated in parenthesis. The value assigned to each section is an indication of the relative weight that will be given when scoring applications.

Application Contents (25 pages maximum, 100 points)

1. Program Summary (2 pages maximum, NOT scored)

The applicant should indicate the section number and subsection (e.g., III-A-1-a) of the requirement being addressed.

Provide a concise (not to exceed two pages) summary of the work that will be completed to meet the ROMC goals as outlined in Section I. .

2. Organizational Capacity and Experience (5 pages, 20 points)

The applicant should indicate the section number and subsection (e.g., III-A-1-a) of the requirement being addressed.

- a. Provide basic organizational information including a description of the applicant's organization, mission, and services provided.
- b. Describe how the applicant meets the minimum and preferred qualifications set forth in Section II.A and II.B. Applicants must provide specific information and examples that demonstrate and describe the organization's experience with the Minimum Eligibility Requirements listed in Section II AND describe experience with each of the Preferred Qualifications as listed in Section II.
- c. Provide a summary of personnel and resumes for staff who will work on the project. Include names, titles, job qualifications and experience and how their experience is relevant to the project. Resumes are not included in the page limit.

3. Summary of knowledge regarding the status of multi-payer or primary care initiatives in the Western region.(3 pages, 10 points)

The geographic area including designated counties for the Western Region is displayed in Attachment 2

The applicant should indicate the section number and subsection (e.g., III-A-1-a) of the requirement being addressed.

- a. Provide a summary of the applicant's knowledge regarding the status of multi-payer or primary care initiatives in the Western region.
- b. Describe relationships and experience working with payers, providers and other stakeholders in the Western region.

4. Formal Coordination and Convening Plan (5 pages, 20 points)

The applicant should indicate the section number and subsection (e.g., III-A-1-a) of the requirement being addressed.

The applicant should describe their formal convening and coordination plan for doing the following:

- a. Inviting and secure participation in the ROMC from appropriate stakeholders in the region (providers, payers, purchasers, consumers and policy makers);
- b. Scheduling ROMC meetings with appropriate and accessible space, maintain a calendar of meetings and provide details to ROMC members with advanced notice to assure maximum participation (conference calls may be held after initial in-person meetings at the ROMC Facilitator and participants' discretion);

- c. Conducting email and phone follow ups to stakeholders to secure attendance at meetings;
- d. Preparing attendance sheets before meetings;
- e. Completing draft meeting minutes, share with the ROMC in advance of meetings and edit/finalize after subsequent meetings; and
- f. Developing and distribute communications of progress, meetings and materials to employers, health plans and physician practices.

5. Formal Facilitation Method and Plan (7 pages, 30 points)

The applicant should indicate the section number and subsection (e.g., III-A-1-a) of the requirement being addressed.

Provide a facilitation plan that describes methods and strategies (including the staff responsible and time frames) for doing the following:

- a. Conducting an environmental scan of payers within the region to: (1) gather information from them about their current and prospective value-based payment arrangements, and (2) identify barriers to their participation in regional multi-payer initiatives. Conduct individual outreach as necessary to discuss and resolve barriers to participation in regional multi-payer arrangements.
- b. Assisting the ROMC to develop a charter with specific goals, objectives, tasks and timeframes for task completion, while identifying regional priorities and stakeholders. Guiding members to complete work in between meetings and communicating with members to assure timely completion.
- c. Assisting the ROMC to develop and adhere to formal ground rules to address typical problems that occur in group processes. Examples of potential ground rules are ensuring that individual ROMC members do not dominate discussions at meetings, decisions are made by group consensus and all members are treated with respect.
- d. Developing agendas for ROMC meetings that reflect input from ROMC members and continuity from previous meetings, and sharing meeting materials with members before meetings.
- e. Assisting the ROMC to select a chair person.
- f. Obtaining attendance sheets and ensuring signatures at ROMC meetings and providing copies to the HRI/NYSDOH Contract Manager.
- g. Acting as a neutral mediator at all times.
- h. Facilitating dialogue among members and ensuring that all members are able to actively participate in discussions, input gathering and decision-making. As necessary, conducting one-on-one conversations with ROMC members to achieve consensus on decisions.
- i. Tracking the work components of the ROMC.
 - i. Tracking technical, regulatory and jurisdictional issues. This includes issues related to multi-payer primary care value-based payment arrangements, with particular attention to the leverage and incorporation of the APC Score Card within the region.
 - ii. Monitoring ROMC work in between meetings and assisting the ROMC to adhere to its timeline.
- j. Preparing ROMC monthly progress reports to be shared with the HRI/NYSDOH Contract Manager.

- k. Providing information to the HRI/NYSDOH Contract Manager, upon request, to assist with public meetings (e.g., SSC).
- l. Participating in the SSC to identify opportunities and challenges.
- m. Facilitating linkages between ROMC participants, QEs, and relevant practices identified by ROMC payers for value-based payment contracts to support connection to the State Health Information Network of New York (SHIN-NY) and encourage the provision of high quality data to support development of the APC Score Card.

5. Sustainability (3 pages, 10 points)

The applicant should indicate the section number and subsection (e.g., III-A-1-a) of the requirement being addressed.

Provide a transition plan for continuation of the ROMC after the conclusion of the ROMC Facilitator/Convener contract. The plan should detail how the ROMC will achieve sustainability within the Contract Period in order for the ROMC to continue after the ROMC accomplishes its goals specific to the ROMC Facilitator/Convener contract.

6. Budget/Cost Sheet (not included in page limit, 10 points)

- a. The budget should be based on 16 months and will be split into two budget periods. The timeframe for the two budget periods are listed below:

Budget Period One: October 1, 2018 through January 31, 2019 (4 months)

Budget Period Two: February 1, 2019 through January 31, 2020 (12 months)

- a. The budget should consist of an hourly, all-inclusive rate with the number of hours for the proposed tasks/deliverables by staff name/title as outlined in the budget directions in Attachment 3. The all-inclusive rate cannot exceed \$300/hour.
- c. The budget should relate directly to tasks and activities described in the application and all costs must be related to the provision of services as described in this RFA.
- d. Budgets should be fiscally and programmatically sound. Requests should be consistent with the proposed scope of services, reasonable and cost effective.
- e. The justification for each item should be submitted in narrative form. Explain how the cost was calculated. For all existing staff, the budget justification should delineate how the percentage of time devoted to this initiative has been determined.
- f. Use the Budget Instructions and Application Budget Format (Attachment 3).

7. Letters of Support (not included in page limit, not scored)

- a. The applicant must provide at least two (2) letters of support from stakeholders for the applicant to be a ROMC Facilitator/Convener in the Western Region. Stakeholders may include providers, payers, purchasers, consumer representatives and policy-makers. Letters of support are not included in the page limit.

Application Content Page Limit and Scoring Breakdown		
Section	Page Limit	Scoring
<i>1. Program Summary</i>	<i>2 pages maximum</i>	<i>(not scored)</i>
<i>2. Organizational Capacity and Experience</i>	<i>5 pages maximum</i>	<i>(Maximum Score: 20 points)</i>
<i>3. Summary of Knowledge</i>	<i>3 pages maximum</i>	<i>(Maximum Score: 10 points)</i>
<i>4. Formal Coordination and Convening Plan</i>	<i>5 pages maximum</i>	<i>(Maximum Score: 20 points)</i>
<i>5. Formal Facilitation Method and Plan</i>	<i>7 pages maximum</i>	<i>(Maximum Score: 30 points)</i>
<i>6. Sustainability</i>	<i>3 pages maximum</i>	<i>(Maximum Score: 10 points)</i>
<i>7. Budget/Cost Sheet</i>	<i>not included in page limit</i>	<i>(Maximum Score: 10 points)</i>
Total Page Limit and Scoring	25 page limit	100 points maximum

B. Review Process

Applications meeting the guidelines set forth above will be reviewed and evaluated competitively by HRI/NYSDOH, Office of Quality and Patient Safety. Applications failing to provide all response requirements or failing to follow the prescribed format may be removed from consideration or points may be deducted.

Applications will be reviewed and scored using criteria outlined in Section V., Completing the Application, of this RFA.

Final Selection and Contract Award

Awards will be made based on the highest scores and proposed coverage area so as to ensure the provision of statewide services. In the event of a tie score, the highest scoring applicants may be invited to an interview to last for no longer than one hour in Albany, New York. Any cost related to this meeting or in response to this RFA is the obligation of the applicant and not the responsibility of the NYSDOH or HRI.

Final award amounts will be determined based upon successful applications and available funding.

VI. Attachments

- Attachment 1: Application Coversheet*
- Attachment 2: Current Regional Oversight & Management Committees (ROMCs)*
- Attachment 3: Budget Instructions and Application Budget Format*
- Attachment 4: Letter of Intent Template*

Application Cover Sheet

*Regional Oversight & Management Committee Facilitator/Convener – Western Region
RFA# QPS-2018-02*

Applicant: _____

Tax Identification Number (if applicable): _____

Duns & Bradstreet Number (if applicable): _____

Contact Person: _____

Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

Total Application Budget: _____

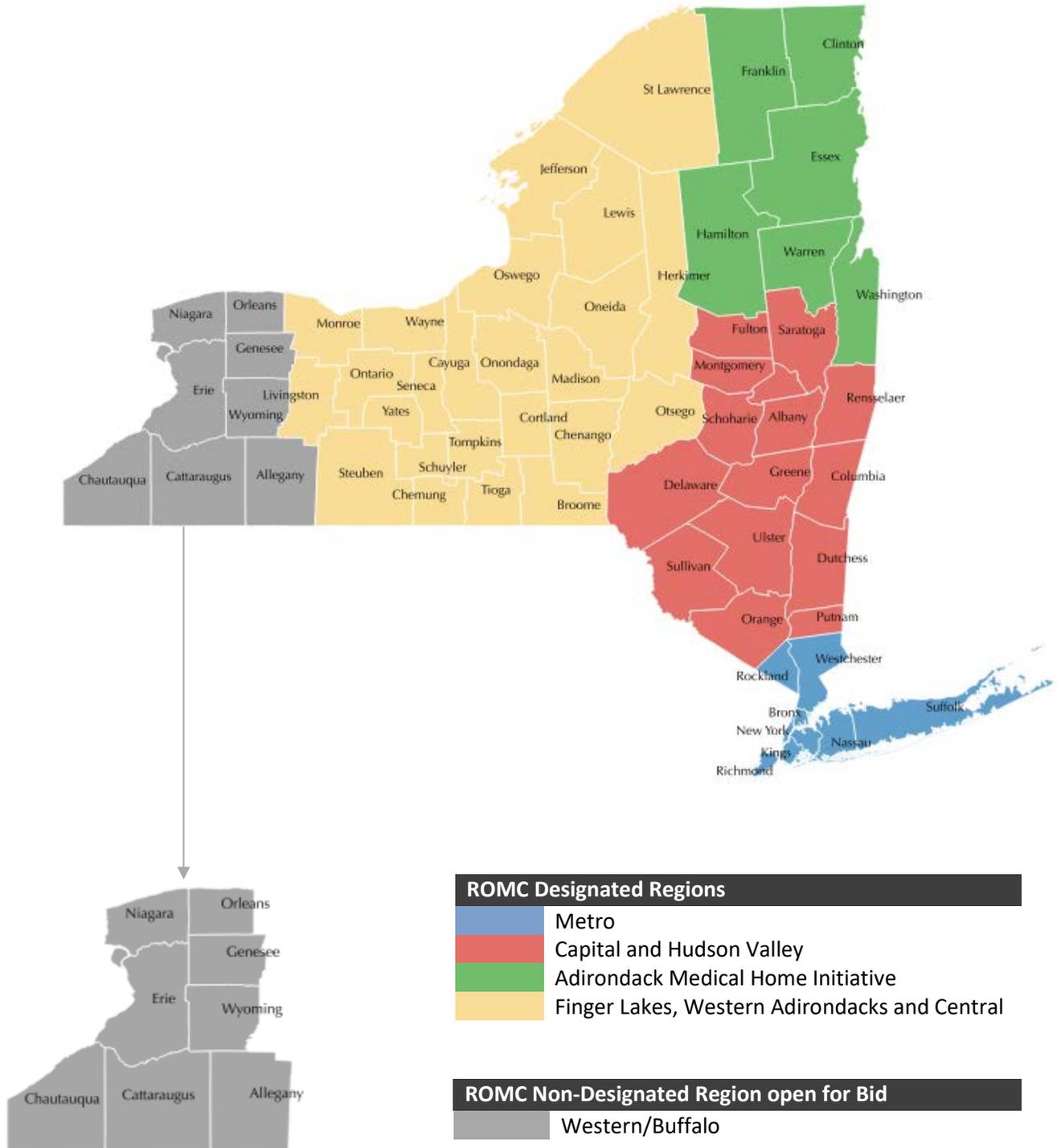
I, _____, for and on behalf of the applicant organization, signify that the following information is true and accurate to the best of my knowledge and that the above named network/organization agrees to abide by the content of this application and is fully able and willing to carry out the contract.

Signature: _____

Title: _____

Date: _____

Current Regional Oversight & Management Committees (ROMCs)



Budget Instructions and Application Budget Format

Regional Oversight & Management Committee Facilitator/Convener – Western Region

Applicants should develop a budget that includes detailed information as described below. The budget submitted should include two sections: Project Expenses and Budget Justification. Budget requests should be for a 16-month period only and should relate directly to activities described in the application.

HRI will not accept time and materials based budgeting. Please include all materials, travel, supplies and all other costs within the all-inclusive rate. Itemized reimbursement will not be accepted.

Follow these directions for developing and completing the budget form:

Budget Form Section One – Project Expenses

- The budget should be based on 16-months and will be split into two budget periods. The timeframe for the two budget periods are listed below:

Budget Period One: October 1, 2018 through January 31, 2019 (4 months)

Budget Period Two: February 1, 2018 through January 31, 2019 (12 months)

- Each budget period should include an all-inclusive rate not to exceed \$300/hour
- The budget should relate directly to tasks and activities described in the application and all costs must be related to the provision of services as described in this RFA.
- Include the anticipated number of hours needed to complete each Key Task.
- Classify each Key Task as a Convening or Facilitating Activity

Budget Form Section Two – Budget Justification

A justification for each item should be submitted in narrative form. Explain how the cost was calculated. For all existing staff, the budget justification should delineate how the percentage of time devoted to this initiative has been determined.

Project Expenses: Budget Period One: October 1, 2018 to January 31, 2019 Consultant rate cannot exceed \$300 per hour					
Key Task	Convening or Facilitating Activity	Staff Name/Title	# hours	Hourly Rate (all inclusive)	Total cost
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
Total Budget Period 1:					\$

Budget Justification for Budget Period One: Provide a narrative to justify the amount for each task within the budget above.

Project Expenses: Budget Period Two: February 1, 2019 to January 31, 2020 Consultant rate cannot exceed \$300 per hour					
Key Task	Convening or Facilitating Activity	Staff Name/Title	# hours	Hourly Rate (all inclusive)	Total cost
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
Total Budget Period 2:					\$

Budget Justification for Budget Period Two: Provide a narrative to justify the amount for each task within the budget above.

Letter of Intent

Regional Oversight & Management Committee Facilitator/Convener – Western Region

[Insert Date]

Organization Name

Address

City, State, Zip

Re: RFA# QPS-2018-02

Regional Oversight & Management Committee Facilitator/Convener – Western Region

Dear Mr. Juhas:

[Insert Organization Name] is interested in submitting an application for the Health Research, Inc./New York State Department of Health (HRI/NYSDOH) Request for Applications (RFA) for the Western Region Regional Oversight & Management Committee Facilitator/Convener.

Sincerely,

Signature

Date

Title

Official Contact (If different from above)

Address

City, State, Zip Code

Telephone Number

Fax Number

Contact Email Address