



Solicitation Information

1/06/2017

Request for Proposals # SIM-PE-17-1

Title: Increasing Patient Engagement in Healthcare, Including End-of-Life Planning

Submission Deadline: February 10, 2016 @ 12:00 PM (Eastern Time)

There will be a technical assistance regarding this RFP on January 18, 2017 from 10:30 AM -12:00 PM in the Department of Labor and Training, Training Room (1511 Pontiac Ave, Cranston RI 02920.

Questions concerning this solicitation must be received by the Executive Office of Health and Human Services at Melissa.lauer@ohhs.ri.gov no later than **January 20, 2017 at 12 noon (ET)**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP / LOI # on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. **No other contact with State parties will be permitted.**

SURETY REQUIRED: No

BOND REQUIRED: No

NAME OF BUYER: RI Executive Office of Health and Human Services, State Innovation Model (SIM) Test Grant

NAME OF CONTACT PERSON: Melissa Lauer

TITLE OF CONTACT PERSON: HIT Specialist, Executive Office of Health & Human Services

Applicants must register on-line at the State Purchasing Website at www.purchasing.ri.gov

Note to Applicants:

Offers received without the entire completed three-page RIVP Generated Bidder Certification Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

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NOTICE TO ALL OFFERORS:

During the RFP process, bidders shall not contact the RI Executive Office of Health & Human Services (EOHHS) or State Innovation Model (SIM) Test Grant staff regarding this RFP. Additionally, bidders and their employees of related agencies/companies as well as paid or unpaid personnel acting on their behalf shall not contact or participate in any type of contact with EOHHS staff regarding this RFP. Such contact may result in the vendor being disqualified.

Only written responses to written communication shall be considered official and binding. The state reserves the right, at its sole discretion, to determine appropriate and adequate responses to the written comments, questions, and requests for clarification.

All addendums and/or any other correspondence (e.g., general information, question, and responses) to this RFP will be made available through the EOHHS, SIM Test Grant website for retrieval and the RI Division of Purchases website.

The SIM Test Grant website where this information can be found is:

<http://www.eohhs.ri.gov/Initiatives/StateInnovationModel/AgendasMeetingsminutesOtherdocuments.aspx>

RI Division of Purchases website:

<http://www.purchasing.ri.gov/bidding/BidSearch.aspx>

Proposers are solely responsible for frequently checking this website for updates to this RFP. Addendums to this RFP, should any be provided, will also be located on the SIM Test Grant website.

INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS

Under delegated authority, the Rhode Island Executive Office of Health and Human Services (EOHHS), on behalf of the Department of Administration (DOA) is soliciting proposals from qualified vendors on behalf of the State Innovation Model Test Grant (hereafter referred to as SIM). These proposals will create or implement programs focused on improving Rhode Island patients' and their caregivers' engagement in their own healthcare and in health systems changes; as described elsewhere herein, in accordance with the terms of this Request for Proposals (RFP) and the State's General Conditions of Purchase, which may be obtained at the Rhode Island Division of Purchases Home Page at www.purchasing.ri.us. The contract period will begin March 1, 2017 through February 28, 2018, and contracts may be renewed for up to two additional 12-month periods based on vendor performance and the availability of funds.

This is a RFP, not an Invitation for Bid. Responses will be evaluated on the basis of the relative merits of the proposal, in addition to price; there will be no public opening and reading of responses received by the Division of Purchases pursuant to this Request, other than to name those offerors who have submitted proposals.

Potential offerors are advised to review all sections of this RFP carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.

Proposals which depart from or materially alter the terms, requirements, or scope of work defined by this RFP will be rejected as being non-responsive.

All costs associated with developing or submitting a proposal in response to this RFP, or to provide oral or written clarification of its content shall be borne by the offeror. The State assumes no responsibility for these costs.

Proposals are considered to be irrevocable for a period of not less than sixty (60) days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.

Proposals misdirected to other State locations or which are otherwise not present in the EOHHS at the time of opening for any cause will be determined to be late and will not be considered. The "Official" time clock is in the reception area of the EOHHS.

It is intended that an award(s) pursuant to this RFP will be made to a prime vendor, or prime vendors in the various categories, who will assume responsibility for all aspects of work. Subcontracts are permitted, provided that their use is clearly indicated in the bidder's proposal and the sub-contractor(s) to be used is identified in the proposal.

In addition, if sub-contracting is assumed, a required Memorandum of Understanding between all parties listed under the lead agency is required to be included with the proposal. Specific budgets pertaining to the work of sub-contractors, must be clearly

detailed in a spreadsheet and further explained in a justification (narrative) of all requested costs.

All proposals must include the Bidder's Cover Sheet with the bidder's FEIN or Social Security number as evidenced by a W-9. The Bidder's Cover Sheet is downloadable from the Division of Purchases website at www.purchasing.ri.gov

The purchase of services under an award made pursuant to this RFP will be contingent on the availability of funds.

Bidders are advised that all materials submitted to the State of Rhode Island for consideration in response to this RFP will be considered to be public records as defined in Title 38 Chapter 2 of the Rhode Island General Laws, without exception, and will be released for inspection immediately upon request once an award has been made.

As noted above, interested parties are instructed to visit the SIM page of the EOHHS website at: <http://www.eohhs.ri.gov/Initiatives/StateInnovationModel/AgendasMeetingminutesOtherrdocuments.aspx>) on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.

Equal Employment Opportunity (RIGL 28-5.1) § 28-5.1-1 Declaration of policy – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies to all areas where the State dollar is spent, in employment, public services, grants and financial assistance, and in state licensing and regulation. For further information, contact the Rhode Island Equal Opportunity Office at (401) 222-3090 or via email raymond1@gw.doa.state.ri.us

In accordance with Title 7, Chapter 1.1 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). *This is a requirement only of the successful Contractor.*

The offeror should be aware of the State's Minority Business Enterprise (MBE) requirements, which address the State's goal of ten percent (10%) participation by MBE's in all State procurements. For further information, contact the MBE Administrator at (401) 574-8670 or visit the website www.mbe.ri.gov or contact Dorinda.Keene@doa.ri.gov. Visit the website <http://www.mbe.ri.gov>.

The objective of this RFP is to procure the services of qualified non-profit community-based organizations that have the expertise to create or implement programs focused on improving Rhode Island patients' and their families' engagement in their own healthcare and in health systems changes.

Section I: Introduction, Focus, and Intent

The Rhode Island Executive Office of Health and Human Services (EOHHS), on behalf of the Department of Administration (DOA) and the State Innovation Model Test Grant, is soliciting proposals from qualified vendors to create or implement programs focused on improving Rhode Island patients' and their families' engagement in their own healthcare and in health systems changes in accordance with the State Innovation Model (SIM) Test Grant. The proposals shall be submitted in accordance with the terms of this Request for Proposals (RFP) and the State's General Conditions of Purchase, which may be obtained at the Rhode Island Division of Purchases Home Page by Internet at www.purchasing.ri.us.

Funding for this project comes from a grant from the United States Department of Health and Human Services (HHS), Centers for Medicaid and Medicare Services (CMS). The initial contract period will begin approximately February 1, 2017 through January 20, 2018. Contracts may be renewed for up to two additional 12-month periods based on vendor performance and the availability of funds.

This is a RFP, not an Invitation for Bid. Responses will be evaluated on the basis of the relative merits of the proposal, in addition to price; there will be no public opening and reading of responses received by the Division of Purchases pursuant to this RFP, other than to name those offerors who have submitted proposals.

RFP Organization and Instructions

The RFP is organized into the following sections for ease of use by the applicant.

Section I: Introduction, Focus, and Intent summarizes the purpose of the RFP and provides key information for applicants on how the RFP is organized.

Section II: Eligible Applicants provides an overview of what types of organizations are eligible to apply for funds through this RFP.

Section III: Background presents important frameworks, national goals, and local research findings that applicants should use as context and evidence in their proposal.

Section IV: Service Provision & Contract Conditions presents information on allowable costs, ineligible uses of funds, and the conditions for service provision.

Section V: Scope of Work explicates the responsibilities of each contractor, key program qualities and objectives and general requirements of all applicants.

Section VI: Corporate Experience, Staffing, and Contractor/State Requirements presents requirements that each contractor must fulfill during the contract period.

Section VII: Proposal Submission Requirements carefully explains how to prepare a proposal submission. Please note that budget should be completed using the provided worksheet.

Summary of Worksheets, Attachments, and References

The following section summarizes documents that will be useful for offerors as they prepare their application and be found in Appendix 1:

- (a) Worksheet 1: SMART Objectives
- (b) Worksheet 2: Budget Proposal

Offerors will fill out the appropriate worksheet for the project plan description, evaluation and sustainability plan, and the cost proposal. The worksheets should be submitted with their response to the RFP.

Procurement Objectives and Process

It is anticipated that the first year project period will begin on or about March 1, 2017 and end on or about February 28, 2018. This time frame may be increased, decreased, or withdrawn entirely based on actual federal awards received by EOHHS. Once vendors are selected, consideration will be given to modifying contract amounts based on need for services within the contract's scope of services, contractor performance, and availability of funding.

Funding for this project comes from a grant from CMS. The initial contract period will begin approximately February 1, 2017 to January 20, 2018. Contracts may be renewed for up to two additional 12-month periods based on vendor performance and the availability of funds. Services are expected to begin on February 1, 2017. EOHHS reserves the right to modify the scope of services within a contract, at any time, based on the availability of funding, contractor performance and new and/or modified federal or state requirements. EOHHS also reserves the right to modify the scope of services within a contract, at any time, to include services and needs related to the SIM Test Grant.

EOHHS will renew the project on an annual basis for up to two (2) additional one-year terms, subject to federal requirements, contractor performance, compliance with the terms and conditions of the contract, and availability of funds. EOHHS reserves the right, at any time during the term of the resultant award pursuant to this solicitation, to expand and/or reduce the base engagement. If a vendor and/or a client associated with a vendor is determined to be fraudulent in their use of SIM funds, the state has the right to request back payment and further invoke fiscal penalties and/or sanctions to the vendor.

Section II: Eligible Applicants

Eligible applicants include faith-based and nonprofit community-based organizations. Awards can be made to public or nonprofit entities, or to “for-profit” entities if such entities are the only available providers of quality care in the area. **If the applicant is a “for-profit” organization, the applicant must demonstrate that no profit is made from these funds, in accordance with, "Grants to For-Profit Organizations," of the Public Service Grants Policy Statement.**

All applicant organizations are required to have a Data Universal Numbering System (DUNS) number in order to apply for funds. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at <http://fedgov.dnb.com/webform> or call 1-866-705-5711. Please include the DUNS number on the Service Category Cover Sheet.

Applicants, if incorporated, must be incorporated for a minimum of three years prior to the submission of a proposal and they must not be delinquent in all or any federal, state, and local obligations.

All prospective bidders must have facilities capable of handling the specified volume and services.

Not-for-profit and governmental agencies receiving Federal funding assistance in the aggregate amount of \$750,000.00 or more within their fiscal year must have an audit conducted in accordance with Office of Management and Budget (OMB) Circular 2 CFR 200.

Twelve-Month Waiting Period for Employment of State Employees

In accordance with the State’s Ethics Policy, any applicant awarded a contract for the procurement of goods or services shall be prohibited from hiring any individual who has previously worked for the State and in that capacity either evaluated, recommended, approved, monitored, or managed a contract involving a contractor no sooner than twelve months after that individual has ceased to work for or be employed by the State. Failure to adhere to such a contractual requirement may result in the termination of the contract with the state of Rhode Island.

Section III: Background

Subsection A: State Innovation Model Test Grant

SIM Background

Within Rhode Island, several initiatives are underway to facilitate health system transformation and promote the integration of physical and behavioral healthcare needs. The Rhode Island State Innovation Model (SIM) Test Grant has three primary components: investment in Rhode Island's Healthcare workforce and practice transformation; increasing data capability and expertise; and engagement of patients and families in their healthcare. Within patient and family engagement, some funds have been specifically designated to address end of life planning and education for patients, families and providers. All SIM procurements and system transformation efforts are focused on achieving the Triple Aim:

- Better Care: Continuously improving Rhode Islanders' experience of care (including improved quality and patient satisfaction);
- Healthier People: Enhancing the physical and behavioral health of all Rhode Island's population; and
- Smarter Spending: Ensuring that our healthcare dollars are spent efficiently, and aiming to at least reduce the rate of increase of healthcare costs for Rhode Island residents.

This Request for Proposal aligns with the guiding principles of the Rhode Island's SIM Operational Plan and Integrated Population Health Plan. In support of improved health for all Rhode Islanders, both the SIM Operational Plan and Population Health Plan seek to:

- Make investments that better integrate behavioral health and physical health.
- Change the focus of the health care payment system toward value and less on volume.
- Increase use of data to provide feedback to policy makers, providers and consumers about quality of care, outcomes and costs/benefits of specific health care interventions.
- Address the social and environmental determinants that affect the overall health of individuals.
- Empower consumers, both individuals and families, to assume greater control and choice over their own health care.
- Support health care providers who are embarking on practice transformations that emphasize value over volume and providing services in the least restrictive settings possible (such as community-based versus hospital interventions).
- Identify and address disparities in health outcomes across various population groups or communities.

Subsection B: Patient Engagement

“A growing body of evidence demonstrates that patients who are more actively involved in their health care experience have better health outcomes and incur lower costs”¹. In order to fully transform our healthcare system, we must engage patients, consumers, and their families in the involvement in their own care, encouraging them to take control of their health and healthcare experiences. This means they will be active members of their healthcare team, actively participating in the creation and implementation of their care plans, and better equipped to self-manage their chronic conditions and exhibit other healthy behaviors.

To maximize the impact of the SIM patient engagement funds, all proposals should address one or more of the physical or behavioral health focus areas outlined in the SIM Integrated Population Health Plan. The Rhode Island SIM project is looking to improve Rhode Island’s health in the following areas:

- 1) Obesity
- 2) Tobacco Use
- 3) Chronic Disease (i.e., heart disease, stroke, and diabetes)
- 4) Maternal and Child Health
- 5) Depression (all severities)
- 6) Serious Mental Illness (e.g., schizophrenia)
- 7) Opioid Use Disorders
- 8) Children with Social and Emotional Disturbance

As identified by the SIM Patient Engagement Workgroup, proposals should include one or more of the following strategies:

- 1) Maximize relationships and coordination between existing population health efforts within communities
- 2) Focus on the specific points of interaction between targeted populations (e.g., adolescents) and the objective or goal of that interaction (e.g., engaging them in their reproductive health, healthcare, and their privacy rights)
- 3) Address patient ‘disengagement’ or lack of participation in their own healthcare
- 4) Focus on populations with the highest-risk and greatest known disparities
- 5) Focus on prevention, detection and diagnosis, triage and treatment, and/or end-of-life
- 6) Improve patients’ health literacy and ability to self-manage their own health and health choices (specifically in the health focus areas listed above)

All procurement activities must be developed or enhanced based on existing evidence-based interventions.

1 "Health Policy Brief: Patient Engagement," Health Affairs, February 14, 2013.

Subsection C: End of Life/ Advanced Illness Care Initiatives

As a result of advances in healthcare and life saving medical technology, individuals in the United States are living longer than ever before. With these advances in end-of-life care, new challenges emerge, including ensuring that end-of-life care reflects a person's values, goals and informed preferences². When patients or providers avoid discussions about end-of-life planning, this can lead to unwanted medical care and family distress. SIM will fund nonprofit organizations to carry out patient engagement targeted to end-of-life advance care planning and management that specifically target the following types of activities:

- 1) Promotion of effective collaboration between patients, families, community organizations, legal services, and providers in making healthcare decisions;
 - a. Provider education to support providers in carrying out patient engagement activities in the event of advanced illness;
 - b. Provider education about the availability of Medicare reimbursement for advance care planning conversations with patients;
 - c. Increasing provider cultural competency as it relates to patient care;
- 2) Improving health literacy among patients and their families specifically around end-of-life decision-making; and
- 3) Providing opportunities for participants to complete advance directives.

More information on the value of these activities can be found in the Institute of Medicine's report, *Dying in America*³, which highlights five key components of end-of-life care and advanced planning: delivery of person-centered, family oriented care; clinician-patient communication and advance care planning; professional education and development; policies and payment systems; and public engagement and education.

All procurement activities must be developed or enhanced based on existing evidence-based interventions.

² The Pew Charitable Trust, 2015.

³ Institute of Medicine, 2015. *Dying in America: Improving quality and honoring individual preferences near the end of life*. Washington,DC: The National Academies Press

Section IV: Service Provision & Contract Conditions

Subsection A: Patient Engagement and End-of-Life Frameworks for Allowable Costs and Services

Grant funds may be used for personnel, fringe benefits, staff travel, supplies, contractual services, and other direct and indirect costs. Reimbursement of administrative activities/expenses in support of a contract shall be limited to 10% of the total expenditure of the contract. All budget requests are subject to negotiation. Applicants are required to adhere to Federal principles for determining allowable costs. Such costs are determined in accordance with OMB Circular 2 CFR 200.

Applicants are reminded that, if awarded funds through this RFP, it is their responsibility to be fully cognizant of limitations on uses of funds as outlined in the HHS Grants Policy Statement, copies of which are available online at <http://www.hrsa.gov/grants/default.htm> (click on “HHS Grants Policy Statement” in the right-hand menu box). In the case of services being supported in violation of an existing federal policy (e.g. payment of home mortgages), the use of SIM funds will be terminated immediately and the contractor may be required to return already-spent funds to the federal government.

In no case may SIM funds be used to make direct payments of cash to recipients of services (i.e., clients). Where direct provision of the service is not possible or effective, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., transportation) must be used. Contractors are advised to administer voucher programs in a manner, which assures that vouchers cannot be used for anything other than the allowable service, and that systems are in place to account for disbursed vouchers.

Subsection B: Service Delivery Area and Lead Applicants

Non-profit organizations are eligible to submit proposals in accordance with this RFP. The service delivery area must be clearly defined and within the confines of the state of Rhode Island. Preference shall be given to projects that partner with or are located in areas covered by significant community investments, such as Community Health Teams, Health Equity Zones, or the Working Cities Challenge.

A single organization must be the lead applicant. However, EOHHS and SIM welcome collaboration and cooperation among organizations proposing to provide services. The lead applicant’s proposal must document and describe collaborative efforts through the inclusion of formal written agreements with collaborative organizations with the application. Sub-contractors are allowed and must be clearly identified. This includes a

description of services provided, budget information and narrative, clear outline of working relationship with the lead.

Non-profit organizations are prohibited from serving as conduits that pass on their awards to for-profit corporations. Federal grants management policy is clear that the eligibility requirements that apply to first-level entities cannot be evaded by passing awards through second or sub-level entities that could not have received the award in the original competition.

Section V: Scope of Work

This section refers to the scope expected from each successful applicant. This includes key underlining program objectives and qualities along with the service categories that applicants can apply for.

Subsection A: General Scope of Work

Specifically, the goal of this RFP is to create an infrastructure and strategies to allow patients to be more actively involved in their own care across their entire life course (meaning from birth to death). We will fund multiple proposals associated with this RFP – and a portion of the available funds will be allocated specifically to proposed patient engagement activities focused on end-of-life care and advanced care planning activities. The proposals we seek may include the implementation of new processes and tools that allow patients more control over their health choices and healthcare decision-making or the expansion of existing programs. The proposals may also include the creation or implementation of activities that train providers and patients in how to use these tools to maximize their effectiveness. All proposals should discuss how the project addresses health literacy for patient-centric activities. Proposal will be grouped and evaluated in three categories: proposals specific to end of life; pilots or new projects; or extensions or enhancements of existing activities. Applicants *must* clearly identify in which category their proposal should be evaluated.

Funding is available to conduct any of the following types of activities that:

- Create or expand on existing evidence-based **strategies** that allow patients and their families to be more actively involved in their own care across their entire life course;
- Develop and implement evidence-based patient and family engagement **tools** that improve and measure consumer satisfaction as well as behavior change readiness;
- Use **Community Health Teams** and/or **Community Health Workers** to help implement patient and family empowerment tools;
- **Increase the number/diversity of sites** engaging in referrals to evidence-based programs related to SIM health focus areas;
- Emphasize addressing patient engagement needs related to known **disparities** in SIM's health focus areas;
- Address **health literacy needs** through patient/family engagement and education, particularly in geographic areas where other community health activities are underway, as noted above;
- Increase the number of Rhode Islanders with **Advance Directives** through training of providers and patients with an emphasis on ensuring that Rhode Islanders can upload their Advance Directives electronically;

- Increase the use of CurrentCare among patients (and providers) as a means to understand their health and communicate with their providers.

The work of the vendor should be structured among four tasks, with the opportunity for an additional fifth task, if we identify new funding:

- Task One: Plan Development
- Task Two: Plan Implementation
- Task Three: Data Collection/Evaluation
- Task Four: Benefits and Sustainability
- Task Five: Special Enhancement Tasks as Needed

Subsection B: General Requirements

Applicants must clearly indicate how their proposed project will address the following:

Health Equity

Applicants are encouraged to 1) demonstrate how their efforts are leading to a community where all people feel a sense of security, belonging, and trust, and 2) show how collective problem-solving and diverse perspectives, including full participation by those most affected by poor health outcomes, are driving solutions.

Collaboration/Coordination

Applicants are encouraged to demonstrate how non-profit organizations, residents, government, and businesses are working together and across sectors and disciplines to improve health outcomes; and how becoming and staying healthy is valued by the entire community.

Maximizing Resources

Applicants are encouraged to demonstrate how they are creatively approaching the generation, allocation, and mobilization of diverse financial and non-financial resources to improve health.

Measuring Results:

Applicants should show how they are: 1) establishing shared priorities; 2) agreeing upon definitions of success; 3) identifying specific goals; 4) using data to track progress; 5) changing course when progress is not evident; 6) and communicating and celebrating successes as they achieve.

Sustainability

Applicants are encouraged to show how residents, leaders, and organizations across sectors are collectively identifying priorities and taking coordinated action to solve the health challenges facing their communities. Activities should be measurable, actionable, and evidence based.

Subsection C: Specific Activities/Tasks

This section will outline the specific activities/tasks the vendor(s) will be funded to complete if awarded funds through this RFP.

Task One: Plan Refinement

Awardee will maintain the primary responsibility for refining the overarching project plan with input from the SIM. Awardee will develop a comprehensive, implementation and evaluation plan for the intervention and its activities once the project plan is approved.

Task Two: Plan Implementation

Awardee will maintain the primary responsibility for conducting all activities related to the project and implementation plans. Awardee will ensure a continuous process for identifying areas of improvement and instituting recommendations, as needed.

Task Three: Data Collection/Evaluation

Awardee will use several data collection methods, including both qualitative and quantitative methods, for SIM evaluation of the intervention. Awardee will use multiple procedures for gathering, analyzing, and interpreting data and findings from evaluation to ensure project fidelity and effectiveness. Awardee will identify, collect, and report data, as well as make recommended data collection improvements to acquire additional data for SIM evaluation vendor(s), as needed.

Task Four: Benefits and Sustainability

Awardee will develop a sustainability plan, build partnerships for continued project implementation (if deemed successful), and share reports and best practices with the broader community. Awardee will attend SIM-required meetings determined by SIM staff.

Task Five: Special Enhancement Activities as Needed

In addition to the tasks identified above, should additional funding become available the State reserves the option to direct the vendor(s) to conduct additional tasks to support the overall scope of this project. It is critical that the state have the flexibility to bring on additional technical assistance and expertise, in a timely manner, in order to perform

activities which require similar expertise and work functions as those in Section 3: Scope of Work.

The decision to use services under this Special Enhancement will be solely at the State's request, and will be for specific enhanced activities not already included under the RFP. These optional activities will be defined, and agreed to in writing, by both the State and the vendor, before any enhanced work begins. There is no commitment on the part of the State to use any or all special projects/enhanced activities. This work must, support but not duplicate, the work described in the technical proposal's scope of work. This work cannot exceed 10% of the initial award. Should new funding become available the Purchasing Agent would need to authorize payments in excess of 10% of the contract for special enhancements. The awarded vendor shall not perform any special enhanced activities without receiving a formal change order issued by the Division of Purchases.

Section VI: Technical and Cost Proposal Requirements

Subsection A: Technical Proposal

The technical proposal consists of six main components:

- (1) Agency Cover Sheet, Abstract, and Table of Contents
- (2) Project Narrative
- (3) Work Plan
- (4) Agency Qualifications
- (5) Staffing Plan
- (6) Organizational Budget

(1) Agency Coversheet, Abstract, and Table of Contents

Agency Abstract – Submit a brief, one (1) page abstract of the proposed submission. The abstract may be single-spaced.

Note that you must clearly state into which RFP category you are submitting your proposal on the cover abstract: (1) end of life; (2) pilot or new project; (3) enhancement or existing project. The individual(s) authorized to sign on behalf of the applicant organization must sign the cover page.

As noted previously, the cover page must be included as the first page of the application. A Table of Contents must follow the abstract and the cover page.

(2) Project Narrative

Project Narrative – Applicants must follow the outline below when preparing narratives. Please organize the requested information with the appropriate number or letter as listed below. The page limit for this section is 10 pages.

The information contained in the Project Narrative section constitutes a bulk of the proposal. Requested supporting documentation must be included as appendices. Do not include oversized pages or attachments, audio/video clips, etc. All supplementary appendices must be directly related to this application. The Project Narrative must be presented in accordance with the following format:

(a) Introduction

Please describe to the reviewers what you plan to accomplish and outline the parameters of the content of your intent and proposal.

(b) Needs Assessment/Population to be Served

The applicant must provide the following information:

- A geographic description of the service area your agency will serve. Discuss seasonal or topographic factors if they impact the availability of and accessibility to service categories for which funding is requested.
- A demographic description of the service area and populations proposed to be served. Demographic statistics should be included if the information impacts access to or delivery of services categories for which funding is requested. Examples of data presented could include, but not be limited to, health disparities, including race/ethnicity, and special populations.
- A description of the needs and gaps of the eligible population to be served that experience disparities in access to the core medical and/or support service categories for which funds are requested.
- Data should be used to further demonstrate the need or gap in services for the targeted population to be served.

(c) Operational Description of the Program(s)

- A description of existing resources for the provision of this service category for which funding is requested.
- Description of any fee schedules and/or restrictions (such as waiting lists, cost-shares, or co-pays, etc.).
- A description of statewide or community resources and networks related to patient engagement or end of life care, including inter- and intra-agency linkages. Describe the relationship with these organizations. Describe how the agency will work with other agencies to minimize duplication of resources if appropriate. Provide copies of formal agreements if applicable.

(d) Helping to Address Disparities and Pursue Health Equity - A description of how the applicant's plan could help reduce disparities in health outcomes and pursue equity with the population(s) with whom the applicant is proposing to work.

(e) Unmet Needs/Gaps - A description of how proposed Work Plan activities will address unmet need and increase engagement of the identified population(s) in the healthcare system.

(f) SIM Operational & Integrated Population Health Plan Goals - How the proposed services and their goals and objectives relate to the goals of the Rhode Island SIM Operational and Integrated Population Health Plan and in particular, the SIM Population Health Focus Areas. See Page 13 for the [SIM Driver Diagram](#), and Page 104 for the [Population Health Focus Areas](#). (Please note that we added Maternal and Child Health as a Focus Area after this version of the Operational Plan).

Identify sources of all data. This Project Narrative parts (a) through (f) outlined above should be no longer than 10 pages in length.

(3) *Work Plan*

There are two parts to the work plan:

- (a) Description of Project Plan
- (b) Evaluation and Sustainability Plan

Work Plan – Applicants must follow the outline. Please organize the requested information with the appropriate number or letter as listed below.

The applicant must provide the following information for this section:

- (a) **Description of Project Plan** – Applicant must describe in detail, the framework within which requested services will be performed. The following elements must be included:

- Please describe the how the work outlined within this RFP will be organized and the model which the vendor/sub-vendors will implement. This includes the methods used to identify all sites and determination of the respective populations to be served.
- Please provide a narrative describing how you will incorporate the principles listed in the background section of this RFP into the activities and initiatives for which you are seeking funding.
- Please detail and describe a coordination plan that reflects how the project will address coordination between providers, patients, and families *and* any additional entities within communities and/or specific healthcare entities.
- Please include a marketing plan that describes how you will reach your targeted population and any additional outreach, marketing or education that may be necessary.
- Please detail and describe how all time sensitive tasks will be accomplished within the time frames proposed in the Scope of Work. This includes a timeline for implementation of the operational components of this RFP, such as education/training, pilot testing of technology/tools, and evaluation.

Please include the following details in your proposed plan:

- **What:** clearly describe what you would like to do and how it will lead to improvements in which specific health focus area(s) noted above
- **Who:** clearly identify your target population, number of people reached, type of healthcare provider/clinician (e.g., PCP, nurse care managers, specialists), and any other relevant entity or group.
- **Where:** identify if your project will target a specific geographic area,

healthcare setting, system etc. and include reasoning for this decision.

- How:
 - briefly describe how you will implement your proposed activities
 - briefly describe your approach to the development of a coordination plan that reflects how the project will address coordination between providers, patients, and families *and* any additional entities within communities and/or specific healthcare entities.
 - briefly describe your approach to development of a marketing plan that lays out how you will reach your targeted population and any additional outreach, marketing or education that may be necessary.
- When: Provide a detailed timeline of the project and activities, including key milestones for development/preparation, implementation, and evaluation.

(b) **Evaluation and Sustainability Plan** – Include goals and objectives for the first year of the proposed project period for each of the RFP categories for which funds are requested. Goals are relatively broad and express a sense of a desired future state or direction. Goals should address identified needs. Objectives are descriptions of Specific, Measurable, Achievable, Realistic, Time-Framed (SMART) results or outcomes projected. They can be used to identify an acceptable level of performance and/or establish criteria for evaluation. Please include a baseline, or starting point, for each objective, and an associated series of objectives or activities associated with the objectives for each goal. Applicants must use Worksheet 1: SMART Objectives, to clearly outline their objectives and goals.

In addition, please include the following details:

- Identify both process and outcome measures including the metric definition, data source, how it will be collected and frequency of data collection. SIM may work with the applicant to develop additional metrics during the contracting process
- Describe the approach to developing an internal evaluation of the effectiveness of the proposed interventions and define how you will measure success.
- SIM is working with in-state and national evaluators. Describe your approach to working with SIM evaluation vendor(s) to finalize metrics and ensure program design meets your specified goals and objectives.
- Describe how you will evaluate efficacy of the proposed activities, how progress will be measured, and provide a definition of success for the project.
- Describe the benefits of your proposed activity and your plan to develop a sustainability plan that outlines how activities will be continued post SIM funding.

(4) Agency Capability, Capacity, and Qualifications

The applicant must provide the following information within:

- (a) **Experience** - Please provide a detailed description of the applicant's experience in project and fiscal management as well as other experience that would inform the applicant's ability to provide the services listed above.
- (b) **Similar projects and clients** - A description of similar projects undertaken and/or similar clients served, including a brief detailing of the projects that have tasks similar to those included in this RFP.
- (c) **Process to track SIM funds** - A description of the applicant's process to track SIM funds, including information of the data systems used.
- (d) **Process for fiscal and program monitoring** - A description of the process used for fiscal and program monitoring, including the frequency of reports.
- (e) **References** - Please include the names and contact information for three references with whom the applicant has worked on similar projects and who can attest to the applicant's ability to carry out this proposal.
- (f) **Ability to adhere to EOHHS's reporting requirements** - A description of the applicant's ability to adhere to EOHHS's reporting requirements, including the applicant's plans to collect and monitor data.

The applicant must also include evidence of non-profit status*, a listing governing board and/or advisory board members that have identified expertise and populations represented, evidence of Medicaid certification (if the agency is providing Medicaid-eligible services), and, for home- and community-based health care services in a residential setting, evidence of Rhode Island Assisted Living Facility licensure as an appendix to the application.

Awards can be made to public or nonprofit entities or to "for-profit" entities if such entities are the only available providers of quality care in the area. **If the applicant is a "for-profit" organization, the applicant must demonstrate that no profit is made from these funds, in accordance with, "Grants to For-Profit Organizations," of the Public Service Grants Policy Statement.*

(5) Staffing Plan and Qualifications

- (a) **Detailing of Staffing Plan** – A detailed staffing plan that includes a detailing of the education, experience, qualifications, roles and responsibilities of each staff position (include both program and fiscal staff positions).
- (b) **Experience** - Highlight any experience or previous work with advanced care planning and/or end-of-life initiatives, activities, or any other relevant experience.
- (c) **Coordinating Fiscal and Program Staff** - A description of the process and coordination of program and fiscal staff in ensuring adequate

reporting, reconciliation, and tracking of expenditures for the proposed project.

- (d) **Professional Licenses** - A description of the applicant's policy and procedures for ensuring that required professional licenses are current and on file if appropriate.

The applicant must include the curriculum vitae or resume and job descriptions for key program staff, including the Project Director and Chief Financial Officer and, if applicable, the Medical Director. Place the Detail of Personnel Form and the curriculum vitae or resumes and job descriptions for key program staff as an Appendix in the application.

(6) Organizational Budget

Please include your organizational budget for 2017, or your most recent budget if your 2017 budget is not complete.

Subsection B: Cost Proposal

Cost Proposal

The cost proposal consists of two main components:

- (7) Work Plan Budget Form
- (8) Budget Narrative

The applicant must prepare a separate, signed, and sealed Cost Proposal using Worksheet 2: Budget Proposal attachment and the budget narrative.

(7) Work Plan Budget Form

Applicants must provide a proposed budget and budget justification for all 3 **years** of project period for which funds are requested for each year, broken out by year. (Please begin with a budget for February 1, 2017 through January 20, 2018 and two years beyond that.). Please note that applicants must provide a documented and verifiable 10% match of the total project cost in non-federal funds in each year. Include the source of funds for the match (e.g., development funds) and a description of how the match is being used to support proposed activities (e.g., 5% of a program manager FTE).

Line-Item Budget Proposals

A line item budget proposal form is provided as a part of this RFP (See Worksheet 2). The applicant is strongly recommended to use this form provided. However, if the applicant opts to use another form or format, the applicant must ensure that all requested information is present.

Provide a narrative in the budget form provided (or equivalent form) that explains the amounts requested for each line item in the budget. The budget justification must specifically describe how each item will support the achievement of proposed objectives. Applicants must estimate the number of clients to be served and the total estimated costs for each service category for which funds are requested. Line item information must be provided to explain the costs.

Pay particular attention to how each item in the “other” category is justified. The budget justification must be concise yet articulate all matters pertaining to the budget request.

Include the following in the budget justification narrative on the budget form provided (or equivalent form):

Personnel Costs: Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percent full time equivalency, hourly wages, and annual salary.

Fringe: List the components that comprise the fringe benefit rate, which may include taxes, unemployment insurance, life insurance, retirement plan, or tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated to the project.

Travel: List travel costs according to local travel. For local travel, the mileage rate, number of miles, reason for travel, and staff member completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops relevant to the project. The mileage rate requested for in-state travel cannot exceed the state mileage rate for in-state travel (currently, \$0.54 per mile).

Equipment: List equipment costs and provide justification for the need of the equipment to carry out the project’s goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment (a unit cost of \$5,000 and a useful life of one or more years).

Program Supplies: List the items that the project will use. In this category, separate office supplies from medical and educational purchases. Office supplies could include paper, pencils, and the like; medical supplies are blood tubes, plastic gloves, etc. and educational supplies may be pamphlets and educational videotapes.

Sub-Contracts: Subcontracts are permitted, provided that their use is clearly indicated in the vendor’s proposal and the subcontractor(s) to be used is identified in the proposal.

Other: Put all costs that do not fit into any other category into this category and provide an explanation of each cost in the category. In some cases, rent, utilities, insurance, and

other administrative costs fall under this category if they are not included in an approved indirect cost rate.

(8) Budget Narrative

Applicants must provide a narrative that describes all of the components derived in the budget form. The budget narrative must not exceed 5 pages in length. Include the Budget Narrative section behind the completed budget forms in the application.

Section VII: Corporate Experience and Contractor/State Requirements

Corporate Experience

The Contractor must have the corporate resources necessary to support the successful outcome of this contract. The contractor selected will have the requisite experience and resources to carry out the activities detailed in this Request. More specifically, the successful contractor:

- Must be an organization that meets the competence and independence requirements set forth in 42 CFR 438.354
- Must have staff available with the required expertise and experience for this proposed contract

Corporate Responsibilities

The following are the major responsibilities of the Contractor and the State of Rhode Island:

- **Multiple Awards** – A variety of contracts will be awarded.
- **Conditions Governing Subcontracting** – If the Contractor intends to use any subcontractors, the Contractor must clearly identify the subcontractor in the response to the RFP. The Contractor retains responsibility for the completion and quality of any work assigned to subcontractors. The Contractor is expected to supervise the activities of subcontractors and employees in order to ensure quality. A Memorandum of Agreement is a necessary component of this RFP for all sub-contractors.
- **Compliance with Statutory, Regulatory and Other Standards** – The Contractor must comply with all applicable State and Federal regulations and statutes.
- **Confidentiality and Protection of Public Health Information and Related Data** – The Contractor shall be required to execute a Business Associate Data Use Agreement, and any like agreement, that may be necessary from time to time, and when appropriate. The Business Associate Agreement, among other requirements, shall require the successful bidder to comply with 45 CFR 164.502(e), 164.504(e), 164.410, governing Protected Health Information (“PHI”) and Business Associates under the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191), 42 USC Section 1320d, et seq., and regulations promulgated there-under, and as amended from time to time, the Health Information Technology for Economic and Clinical Health Act (HITECH) and its

implementing regulations, and regulations promulgated there-under, and as amended from time to time, the Rhode Island Confidentiality of Health Care Information Act, R.I. General Laws, Section 5-37.3 et seq. The successful Bidder shall be required to ensure, in writing, that any agent, including a subcontractor, to whom it provides Protected Health Information received from or created or received by and/or through this contract, agrees to the same restrictions and conditions that apply through the above-described Agreements with respect to such information. Any information provided by the Department to the Contractor for the completion of the project may not be sold, given or otherwise shared with outside parties.

- **Office Space and Equipment** – The Contractor shall supply its own office space and equipment such as desks, file cabinets, and telephones. The Contractor must be located in the State of Rhode Island.
- **Computers** – The Contractor shall supply its own computers, printers, and basic Microsoft Office software. The Contractor is responsible for any special software required for tasks related to the scope of work.
- **Data and Reports** – Data, information, analyses, reports or publications prepared by the Contractor as part of the scope of work, shall be deemed to be the property of the State. Any equipment purchased and paid for by the State under this contract, if any, shall be considered as Rhode Island State property.

The contractor will work under the direction of the EOHHS-designated Project Director.

Section VIII: Proposal Submission Requirements

Subsection A: Submission Process

The Rhode Island Executive Office of Health and Human Services, within its delegated authority and on behalf of the Rhode Island Department of Administration (DOA) is issuing this Request for Proposal. Any attempt by a bidder to contact any State employees regarding this procurement, other than those named above, may cause rejection of a bid submitted by that party.

Questions

Questions concerning this solicitation may be emailed to Melissa.Lauer@ohhs.ri.gov, no later than the date and time indicated on page one of this solicitation. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP number of all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. For computer technical assistance, call the Help Desk at (401) 574-8100.

Bidders should recognize that the only official answers to any questions will be those made in writing and issued by the Office of Purchases to prospective bidders.

Proposal Submission Overview

Bidders shall submit a Technical Proposal with an associated budget and budget justification (narrative). The Technical Proposal shall be bound with clips and no staples.

Individual page limits have been specified for certain areas in the technical proposal and cost proposal in **Section VII, Subsection A**. Times New Roman font no smaller than 12 points must be used.

Proposals (an original, plus six (6) hard copies) must include the following:

1. A completed and signed three-page RIVIP Bidder Certification Form, available at www.purchasing.ri.gov.
2. Letter of Transmittal on company/organization letterhead that indicates the bidder's agreement to comply with the terms and conditions of this RFP and the name, address, telephone number and e-mail address of the individual who serve as the lead contact representing the bidder. The owner, officer of individual who is authorized to legally bind the organization in contractual matters, must sign the Letter of Transmittal.

3. A separate, signed, sealed Technical Proposal describing the qualifications and background of the applicant and experience with similar programs, as well as the work plan, or approach proposed for this requirement.
4. A separate, signed, sealed Cost Proposal consisting of the corresponding worksheets (specified in Section VII, Subsection A) proposed to complete all of the requirements of this project.
5. A completed and signed W-9 (taxpayer identification number and certification). Form is downloadable at www.purchasing.ri.gov.
6. In addition to the multiple hard copies of proposals required, Respondents are requested to provide their proposal in electronic format (flash drive). Microsoft Word/Excel or PDF format is preferable. Two (2) electronic copies are requested and should be identical to the original hard copy submission. In any variance between the hard copy and electronic file, the original hard copy takes precedence.

All proposals must conform to the following writing guidelines:

- Written in English;
- Use 8 ½ x 11 inch,
- One (1) inch margins on all sides, except for pre-printed forms provided;
- Font - Twelve (12) point;
- Text spacing - 1 ½ lines, with the exception of the abstract;
- Pages numbered;

The entire proposal must be typed in black ink on white paper. Applications may be bound with a metal clip or elastic band, but cannot be stapled or permanently bound. The narrative must be typed on one side of each page and the applicant's name must appear on each page. The entire application must be sequentially page numbered.

Submission Time and Location

Requests for Proposals to provide the services covered by this Request must be received by EOHHS on or before the date and time indicated on page one of this solicitation. Responses received after this time as registered by the official time clock in the reception area of EOHHS, will not be considered.

Responses (**an original, six (6) hard copies**) should be hand-delivered in a sealed envelope marked “**SIM-PE-17-1: Increasing Patient Engagement in Healthcare, Including End-of-Life Planning**”

Executive Office of Health and Human Services

Attn: Melissa Lauer
Hazard Building, 1st Floor Reception Desk
74 West Road
Cranston, RI 02920
401-462-3520

The technical proposal and cost proposal need to be separately sealed and signed with the RFP # and agency name visible on the outside of each envelope.

Proposals misdirected to other State locations or which are otherwise not presented at EOHHS by the scheduled due date and time will be determined to be late and will not be considered. We strongly recommend hand delivery. Proposals that have been faxed, or emailed to EOHHS will not be considered. The official time clock is located in the reception area of the EOHHS.

Subsection B: Review and Scoring Process

Applications will first be reviewed administratively by a Technical Review Committee within EOHHS for completeness, responsiveness, and eligibility. EOHHS will disqualify a proposal at this point if it does not meet the basic eligibility requirements set forth in the RFP. Proposals that pass the entry review will then be evaluated by a Technical Review Committee composed of state government personnel.

If the applicant passes the Technical Review, a Proposal Review Committee will evaluate proposals competitively for adherence to the intent of the RFP and federal CMS requirements.

EOHHS reserves the right to accept and/or reject proposals in their entirety or any part thereof.

The following list outlines the relevant evaluation categories and their maximum scores for the components of the technical and cost proposals. Please see Section VI for the requirements in each section that will be evaluated and scored as indicated below. Each proposal will receive a rating score with a maximum of 100 points, and a minimum score of 55 points for consideration.

Technical Proposal

- (1) Agency Cover Sheet, Abstract, and Table of Contents (1 point)
- (2) Project Narrative (20 points)
- (3) Work Plan (25 points)
- (4) Agency Qualifications (10 points)
- (5) Staffing Plan (14 points)

Cost Proposal

- (6) Budget Plan (18 points)

(7) Budget Narrative (12 points)*Contract Award*

The Technical Review Subcommittee will provide a written recommendation, including the results of all evaluations, to the Rhode Island Department of Administration, Division of Purchases who will make the final selection for this RFP.

The State also reserves the right to accept or reject any or all options, bids, or proposals and to act in its own best interest.

The State also reserves the right to send qualifying questions and to receive responses to those question from bidders, request interviews and presentations from bidders, contact references, and/or use other appropriate means to evaluate submitted proposals and a bidder's qualifications.

Proposals found to be technically and substantively non-responsive at any point in the evaluation process may be rejected and not considered further.

State and Federal Approvals

Final contract approval is contingent upon Federal and State approvals. Every effort will be made by the State to facilitate rapid approval upon award.

Appendix 1: RFP Worksheets

Rhode Island Executive Office of Health and Human Services SMART OBJECTIVES WORKSHEET

This worksheet is designed to be used in conjunction with the technical proposal description in the RFP.

Agency Name: _____

Service Category: _____

Date Prepared: _____

Instructions:

Please use the template below to clearly identify project goals and SMART objectives for reach goal. Not all tables must be completed and/or if additional are needed please copy and paste and update number accordingly. This worksheet must be completed submitted with applicant's response to this RFP.

GOAL 1:

SMART objective 1a:	
Key Component	
Detail	
Specific - What is the specific task?	
Measurable - What are the standards or parameters?	
Achievable - Is the task feasible?	
Realistic - Are sufficient resources available?	
Time-Bound - What are the start and end dates?	

Patient Engagement and End of Life RFP
Worksheet 1: SMART Objectives

SMART objective 1b:	
Key Component	Detail
Specific - What is the specific task?	
Measurable - What are the standards or parameters?	
Achievable - Is the task feasible?	
Realistic - Are sufficient resources available?	
Time-Bound - What are the start and end dates?	

SMART objective 1c:	
Key Component	Detail
Specific - What is the specific task?	
Measurable - What are the standards or parameters?	
Achievable - Is the task feasible?	
Realistic - Are sufficient resources available?	
Time-Bound - What are the start and end dates?	

GOAL 2:

SMART objective 2a:	
Key Component	Detail
Specific - What is the specific task?	
Measurable - What are the standards or parameters?	
Achievable - Is the task feasible?	
Realistic - Are sufficient resources available?	
Time-Bound - What are the start and end dates?	

SMART objective 2b:	
Key Component	Detail
Specific - What is the specific task?	
Measurable - What are the standards or parameters?	
Achievable - Is the task feasible?	
Realistic - Are sufficient resources available?	
Time-Bound - What are the start and end dates?	

SMART objective 2c:	
Key Component	Detail
Specific - What is the specific task?	
Measurable - What are the standards or parameters?	
Achievable - Is the task feasible?	
Realistic - Are sufficient resources available?	
Time-Bound - What are the start and end dates?	

GOAL 3:

SMART objective 3a:	
Key Component	Detail
Specific - What is the specific task?	
Measurable - What are the standards or parameters?	
Achievable - Is the task feasible?	
Realistic - Are sufficient resources available?	
Time-Bound - What are the start and end dates?	

SMART objective 3b:	
Key Component	Detail
Specific - What is the specific task?	
Measurable - What are the standards or parameters?	
Achievable - Is the task feasible?	
Realistic - Are sufficient resources available?	
Time-Bound - What are the start and end dates?	

SMART objective 3c:	
Key Component	Detail
Specific - What is the specific task?	
Measurable - What are the standards or parameters?	
Achievable - Is the task feasible?	
Realistic - Are sufficient resources available?	
Time-Bound - What are the start and end dates?	

**Rhode Island Executive Office of Health and Human Services
 BUDGET PROPOSAL WORKSHEET**

Agency Name: Budget Period: Estimated Total Cost:

Please provide a budget summary by project year in the table below. Specific budget information should be included in the provided tables in the subsequent pages.

	PY 1	PY2	PY3	Total Amount
Personnel				
Fringe				
Travel				
Equipment				
Program Supplies				
Subcontracts				
Other				
Total Costs				
Percentage to Total Amount				
TOTAL				

**PY- project year*

Patient Engagement and End of Life RFP
 Worksheet 2: Budget Proposal

Personnel	Description	Total PY1	Total PY1	Total PY1	Total Amount
Total Personnel					
Fringe					Total Amount
Total Fringe					
Travel					Total Amount
Total Travel					
Equipment					Total Amount
Total Equipment					
Program Supplies					Total Amount
Total Program Supplies					

Patient Engagement and End of Life RFP
 Worksheet 2: Budget Proposal

Sub-Contracts					Total Amount
Total Sub-Contracts					
Other					Total Amount
Total Other					
TOTAL COST REQUESTED					TOTAL AMOUNT

Amount and source of required 10% match in non-federal sources

10% Match Amount \$
Narrative Description: