**

**Critical Information to Include in an RFP**

*Completing this worksheet allows your team to translate important takeaways from the “needs assessment” stage of procurement into a solicitation document. Ensuring your solicitation document clearly communicates the answers to each question below sets your contracts up to achieve better outcomes for your department.*

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| **Advance Strategic Priorities**  *Align the procurement with department strategy and program goals* | **Encourage Innovation**  *Articulate a vision of success while leaving appropriate flexibility for creative solutions* | **Prepare for Active Contract Management**  *Set the stage for collaborating with vendors to use data and improve performance over time* |
| 1. What is the problem this procurement is intended to help address? Specifically:    1. What outcome goal(s) is the department trying to make progress on?    2. What is the gap between where we are today and where we want to be? | 1. What elements of the scope of work are required? | 1. What language will you include in the draft contract attached to the RFP to communicate your department’s expectations for vendors around the performance objectives and priorities defined in question 1? |
| 1. How will you measure whether you have made progress on the goal(s) you defined in question 1? Specifically:    1. Which metrics can be used in the RFP to orient vendors toward your vision of success? | 1. Where could you adjust the scope of work to allow vendors flexibility to develop innovative solutions?    1. Which specifications and requirements can be loosened or eliminated?    2. How can you shift focus to “what” the department is trying to achieve, rather than limiting “how”?    3. Where can you ask vendors to use their expertise to propose an appropriate standard, rather than imposing one? | 1. What expectations around reporting, meeting, and data will you include in both the RFP and the attached draft contract to set vendors up for Active Contract Management and continual performance improvement? |
| 1. What contract and payment structure best aligns vendor incentives with cost-effective performance? Where might there be opportunities to link provider payments to results? What contract term or length is most appropriate? |
| 1. Who is the target population, or intended users, for this product or service? Describe this population and their needs. |
| 1. Which priorities are most important to integrate into scoring criteria? Consider:    1. Measuring past performance, if appropriate    2. Asking vendors to justify the proposal’s potential to achieve the goal(s) identified in question 1 | 1. What are the biggest risks to the success of this procurement and contract? How will you mitigate these? |
| 1. What other insights came out of your needs assessment work (see the “Needs Assessment Worksheet” at the Purchases online [Agency Procurement Library](https://ridop.ri.gov/node/606)) that would help potential vendors prepare useful and creative proposals? Use the RFP to clearly communicate these. |

**Example responses for an RFP for services to help elderly individuals live at home**

Advance Strategic Priorities

*1. (a) Outcome goals: We seek to enable at-risk elderly individuals to safely live at home, with improved quality of life, by preventing physical health crises that often lead to permanent moves into expensive long-term residential nursing facilities.*

*(b) Currently:*

* *62% of elderly population is living at home, compared to a regional average of 70%, and a leading neighboring state’s average of 96%*
* *The share of the state’s budget spent on preventable ER visits for seniors has steadily increased for 3 yrs*
* *Few of our services are oriented toward prevention; most of our resources pay for recovery services once a crisis has already occurred*

*2. Possible metrics:*

* *Number of ER visits among seniors for preventable injuries, such as injuries associated with falls at home*
* *Clients at home, 3-months and 12-months following referral for services*
* *Improvement in well-being, as measured by pre- and post-service assessment on healthy aging indicators*
* *Percentage of clients who are assessed as at most high-risk for nursing stays*

*3. Our data show there are 800,000 citizens over the age of 60 who are often living with chronic conditions such as heart disease, physical disability, or Alzheimer’s disease. This population has increased difficulty living independently and is frequently experiencing behavioral or physical health crises.*

*4. The biggest challenge the state has is identifying especially high-risk individuals to offer at-home, preventative services before a crisis occurs. We are looking for vendors to suggest innovations not previously available that can help identify, assess, and intervene with at-risk individuals early.*

Encourage Innovation

*5. Required elements:*

* *Assessment of all elderly individuals within their geographic catchment area who are involved with the Department or who are referred*
* *Use formal assessments to inform service needs*
* *Centralized mechanisms to accept referrals from healthcare providers 24 hours a day, 365 days per year*
* *Provider’s staff must meet any applicable licensing regulations by the state and provider must have Medicaid provider billing capability*
* *Provider must have the capacity to collect, manage, and report data electronically to the Department for managing program performance*

*6. Opportunities for innovation:*

* *Previously, we’ve required all clients to be assessed within the same timeframe. In this RFP, we will allow providers to propose a triage system that could focus resources on clients at highest-risk.*
* *Previously we’ve asked only for immediate, in-home responses to the sudden onset of problematic behaviors or crises. In this RFP, we will leave room for providers to propose other approaches, such as preventive or diversionary services.*
* *Previously we’ve specified the staffing levels and qualifications of the provider service teams. In this RFP, we will ask providers to propose the right size and mix of personnel for teams to effectively address the goals we want the program to achieve, as stated in question 1.*

*7. Integration of priorities into scoring:*

* *The RFP will include case study style questions around how a provider would work with each of three example seniors experiencing different issues. The first of these three cases, for example: “During a follow-up visit, you consult with a 78-year-old man who has a history of congestive heart failure, arthritis, depression, and difficulty sleeping. He takes several prescription medications for these conditions as well as over-the-counter sleep and allergy medications. While his chronic conditions appear to be stable, his wife tells you that he has fallen twice over the last 4 months. Please describe your approach for this client.”*
* *The RFP will ask providers to submit data that reflects their ability to achieve results in preventing crisis situations when they’ve served similar populations in the past.*
* *This RFP will ask vendors to use the evidence base for their approach to justify the likelihood that the approach will increasing elder quality of living, decrease preventable ER visits, and decrease long-term nursing home stays.*

Prepare for Active Contract Management

*8. The draft contract attached to the RFP will:*

* *Identify the target population: “The Target Population shall consist of individuals over the age of 60 residing in the State.”*
* *Set expectations for referrals from the target population: “The contractor will identify and screen the target population residing in the geographic catchment area for eligibility for services under the criteria set forth in Appendix XX.”*
* *Define program goals the contract is intended to make progress against, as stated in question 1: “The purpose of this contract to reduce preventable ER visits for seniors, reduce moves into long-term residential nursing facilities, and improve the quality of life for our elderly population.”*

*9. The RFP will include an appendix detailing three general principles of Active Contract Management based upon the DOA template.*

*The draft contract attached to the RFP will include an appendix that lays out expectations of the vendor and the Department in managing performance of the program over the life of the contract. This appendix will:*

* *Define key performance objectives that the services are intended to accomplish*
* *Outline responsibilities of the contractor and the Department regarding data collection, reporting, analysis, the schedule of such activities*
* *Set expectations for regular meetings between the contractor and Department to improve program performance, including meeting cadence, attendance, tone and objectives*
* *Clarify understanding around the Department’s use of data to guide program development, evaluate programs, inform policies, and inform contract decisions*

*10. Contract and payment structure:*

* *Because there are substantial fixed costs involved in outreach and providing service coverage for an entire region, this contract will be a cost-reimbursement contract up to a maximum annual amount for each region, rather than a per-unit type contract.*
* *There will be a opportunities to earn up to additional 5% in bonus payments based upon number of referred clients who are at home 6 months following services, in order to make sure the department is providing information to providers about what happens after the client is cared for.*
* *The term of the contract will be for three years, with two one-year options to extend. This will allow sufficient time to work with providers throughout the initial three years to collect data and improve performance. The options provide incentive for providers who are performing well.*

*11. Risk mitigation*

* *Risk: Vendors won’t recognition the innovations we are seeking and will submit proposals for the same services previously offered. Strategy: We will hold a vendor “town hall” event before releasing the RFP to explain our vision and rationale for program changes.*
* *Risk: Vendors may miss how much we are expecting them to be responsible for identifying clients. Strategy: We include this in an “introduction” section that summarizes how this RFP is different from services offered previous years.*
* *Risk: We may not have the right vendors in our community for this and need new options or creative solutions to achieve the goals we’ve laid out. Strategy: We will publicize the vendor town hall event and RFP itself with national provider associations. We will explicitly call out the need for new approaches in the RFP and loosen requirements in the scope of work to allow for different and more creative solutions.*