**\*\*IMPORTANT NOTICE\*\***

1. The format of this RFP has been simplified.
2. Only the following pages require signatures:
3. Exhibit A – Bid Response Packet, [Bidder Information and Acceptance](#BidderAcceptance) page
   1. [Must be signed by Bidder](#BidderAcceptance)
4. Exhibit A – Bid Response Packet, [SLEB Partnering Information Sheet](#SLEBPrime)
   1. [Must be signed by Bidder](#SLEBPrime)
   2. [Must be signed by SLEB Partner](#SLEBSubcontractor) if subcontracting to a SLEB

Please read **EXHIBIT A – Bid Response Packet** carefully, **INCOMPLETE BIDS WILL BE REJECTED.** Alameda County will not accept submissions or documentation after the bid response due date.

COUNTY OF ALAMEDA

Health Care Services Agency (HCSA)

REQUEST FOR PROPOSAL No. HCSA-900318

**for**

Social Health Information Exchange (SHIE) and Community Health Record (CHR)

for Alameda County Care Connect (AC Care Connect)

|  |  |
| --- | --- |
| **Bidders Conferences** | |
| **March 22, 2018 at 1 p.m.**  Behavioral Health Care Services  Brooklyn/Tilden Room  1900 Embarcadero, First Floor  Oakland, CA 94606 | **March 23, 2018 at 1p.m.**  Health Care Services Agency  Redwood Room  1100 San Leandro Blvd., Suite 120  San Leandro, CA 94577 |
| Additional Information:  In-person attendance at one of the Bidders Conferences is **mandatory** to submit a Bid Response for this RFP (See [Section II.G of the RFP](#NetWorkingBiddersConf)). Free parking is available at both Oakland and San Leandro conferences. The San Leandro Bidders Conference is easily accessible from the San Leandro BART station. | |
| **For complete information regarding this project, see RFP posted at** [**http://www.acgov.org/gsa\_app/gsa/purchasing/bid\_content/contractopportunities.jsp**](http://www.acgov.org/gsa_app/gsa/purchasing/bid_content/contractopportunities.jsp)  **or contact the County representative listed below. Thank you for your interest!**  **Contact Person:** **Hanna Flores, Program Specialist**  **Phone Number: (510) 346-1084**  **E-mail Address: Hanna.Flores@acgov.org** | |

**RESPONSE DUE**

by

**2:00 p.m.**

On

**May 4, 2018**

at

**Alameda County, Health Care Services Agency**

**1000 San Leandro Blvd, Suite 300**

**San Leandro, CA 94577**

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COUNTY OF ALAMEDA

REQUEST FOR PROPOSAL No. HCSA-900318

SPECIFICATIONS, TERMS & CONDITIONS

for

Social Health Information Exchange (SHIE) and Community Health Record (CHR)

for Alameda County Care Connect (AC Care Connect)

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ATTACHMENTS

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EXHIBIT B - INSURANCE REQUIREMENTS

EXHIBIT C - MINIMUM INSURANCE REQUIREMENTS

EXHIBIT D - VENDOR RESPONSIBILITIES

EXHIBIT E - LIST OF STAKEHOLDERS

# STATEMENT OF WORK

## INTENT

It is the intent of these specifications, terms, and conditions to describe the consultation and solution (i.e., software, transmission) services being requested by the County. These servicesrelate to the development and implementation ofa social health information exchange (SHIE) and an accompanying community health record (CHR) application to support the Alameda County Care Connect (henceforth referred to as AC Care Connect) pilot’s Data Exchange Unit (DEU). The DEU is divided into five discrete subunits of work, two of which are being procured in this RFP. **Prime Bidders must bid on both components in the Scope below to qualify for participation in this RFP, but may subcontract a portion of the proposed work as needed. Only one Prime Bidder will be selected for contract award.**

The County intends to award an eighteen (18) month contract (with option to renew) to the most responsible Bidder whose response conforms to the RFP and meets the County’s requirements. Up to $8 million may be available during the eighteen (18) month contract term to cover all services and scopes of work specified in this RFP. The actual amount of award will be determined by the development of the service delivery model and financing plan that will be negotiated and finalized by the County, in conjunction with the selected Bidder during the contract negotiation period and is subject to availability of funding. If the option to renew for (an) additional fiscal year(s) is exercised, the term for each shall be for 12 months, pending availability of funding and negotiation of additional services.

## BACKGROUND

**Alameda County Health Care Services Agency (HCSA)**

Alameda County Health Care Services Agency is the health authority in Alameda County whose mission is to provide fully integrated health care services to its residents. These services are provided through a comprehensive network of public and private partnerships that ensure optimal health and well-being and respect the diversity of all residents. HCSA recognizes that to achieve this mission, it must develop high quality services and operations that are consistent with any changes in relevant economic and policy environments.

**Whole Person Care Pilot (WPCP)**

The services and products being procured through this RFP are foundational to Alameda County’s Whole Person Care Pilot (WPCP). The WPCP is part of California’s current 1115 Medicaid Waiver. Alameda County has been awarded $140 million over a period of five (5) years through 2020 to develop infrastructure and test programs and incentives to better connect physical health, mental health, substance abuse treatment, and social supports (including housing connections) for vulnerable Medi-Cal beneficiaries with poor health outcomes who are high users of multiple public systems. Locally, our WPCP is called Alameda County Care Connect or “Care Connect” for short.

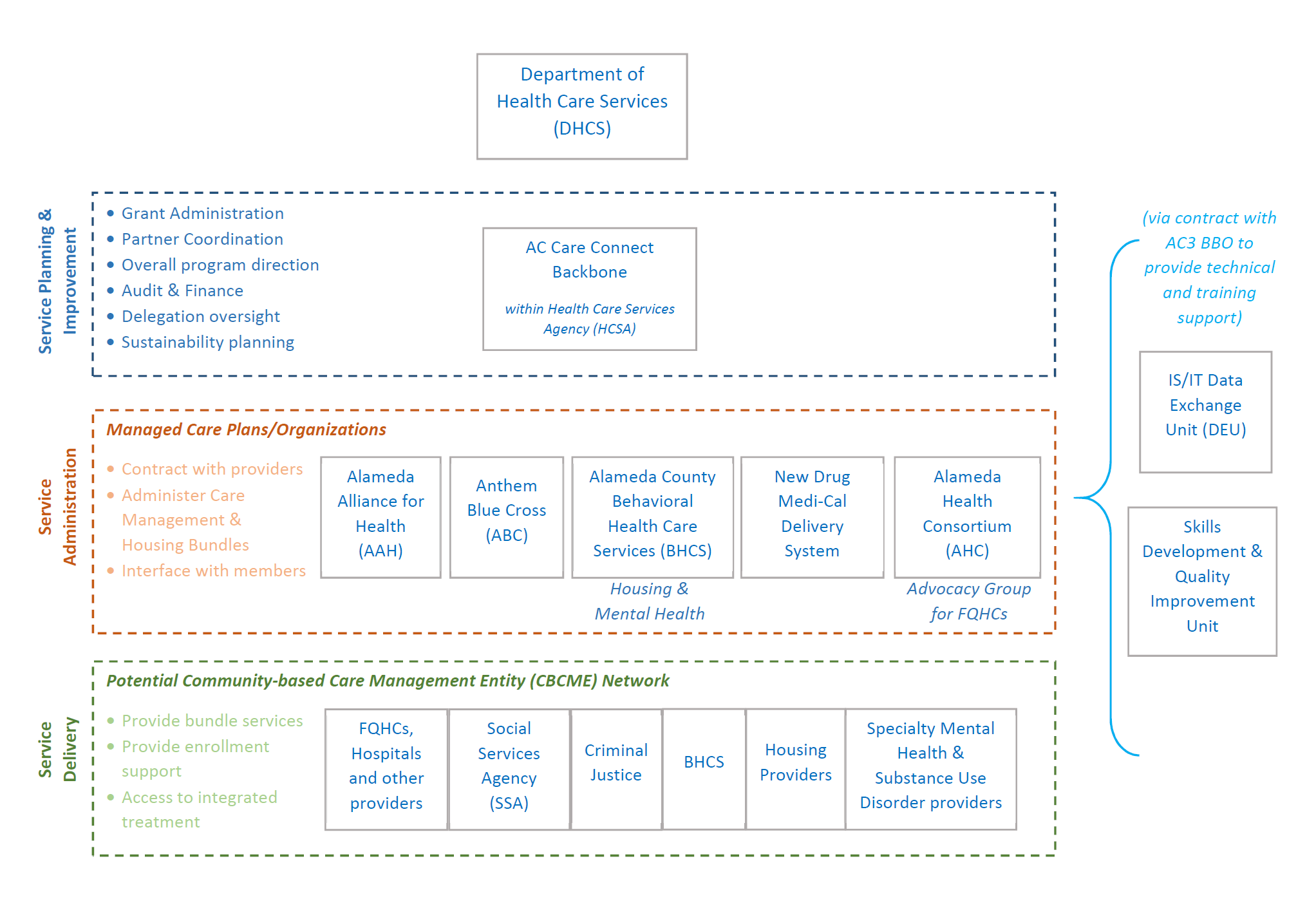
AC Care Connect is administered by Alameda County HCSA and will establish a new, standardized system of care coordination to transform care and outcomes for some of the most vulnerable Medi-Cal beneficiaries, especially those who are homeless and/or are frequently relying on crisis services.

The overarching goals of the larger AC Care Connect pilot are to accomplish and sustain six critical system changes:

1. **Care Coordination:** Create a concerted system of communication throughout the consumer’s support network that synchronizes health services (physical, mental and substance abuse treatment), and integrates social resources (including housing and family supports) into the person’s care plan.
2. **Care Integration:** Increase the number and fidelity of linkages in individual consumer and family support services, especially among primary care, mental health, substance use, and housing, so that there are no duplications and no gaps. The consumer receives the highest quality of care; what they need, when they need it, where they need it.
3. **Data Sharing:** Establish a Community Health Record—an aggregate of selected useful information from all the places the consumer receives health care and social support from, and which providers can access when and where they need it. This is essential to care coordination.
4. **Housing & Homelessness:** Fully implement Housing Resource Centers and Coordinated Entry to make it possible to prioritize the most in need for supportive housing slots and quickly match resources to those who need them; and enhance affordable housing to increase the number of supportive housing units available.
5. **Behavioral Health Crisis Response System:** Organize across the crisis system to decrease over-utilization of the highest cost and most restrictive crisis services, and link consumers to the right service at the right place at the right time.
6. **Consumer & Family Experience:** Improve the experience and outcomes for consumers and families by creating a partnership between health care providers and consumers in the consumer’s own health care; gather lessons on how to do this well and replicate this practice throughout the circle of care.

Partners in the AC Care Connect pilot include health plans, hospital systems, Federally Qualified Health Centers (FQHCs), community-based organizations (CBOs) providing homeless and housing services, Alameda County public agencies, city representatives, and others.

Below is an AC Care Connect Concept Map which describes the overall organization of the WPCP.

***Figure A***

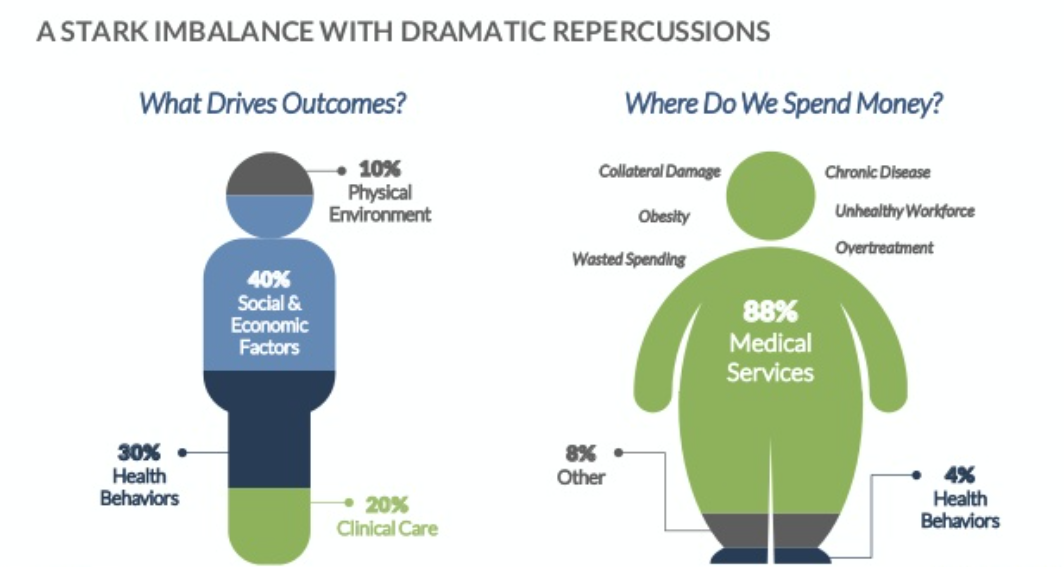
*AC Care Connect Concept Map,*

*updated from Proposal Approved by Department of Health Care Services*

For more information about the AC Care Connet project, including the approved program proposal, please visit [www.accareconnect.org](http://www.accareconnect.org)

**ONE PROBLEM AC CARE CONNECT IS HELPIING TO SOLVE**

In a national survey conducted by the Robert Wood Johnson Foundation, 80% of surveyed physicians mentioned that patients’ social needs are as important to address as their medical conditions. For physicians serving in low-income communities, 9 in 10 physicians believe this is true. Information about a patient’s unmet social needs, however, is not always available to primary care physicians or other care team members in the absence of a health record system that can aggregate data from various medical and social care assessments and documented episodes for a patient. In the same survey, 4 out of 5 physicians did not feel confident in their capacity to meet their patients’ social needs and they believe this impeded their ability to provide quality care to their patients.

***Figure B***

*Diagram from David Chase’s Future Health Ecosystem Today presentation;*

*Source: RWF JF/UWPHI Bipartisan Policy Center*

While clinical care contributes to just 20% of patient outcomes, medical services make-up 88% of costs. To move the needle toward addressing patients’ full needs, the services outlined in this RFP focus on developing and implementing a SHIE and CHR system that facilitates effective integration, coordination, and collaboration toward the promise of whole person care. AC Care Connect’s specific infrastructure enhancements include:

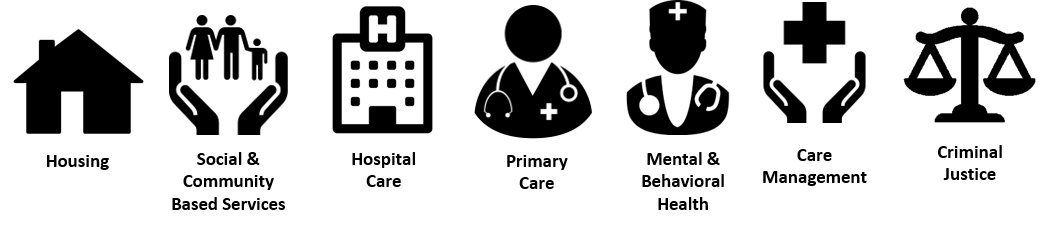
1. Creating a process and system for interdisciplinary communication, data sharing, and care coordination across a range of crisis settings (including emergency departments, psychiatric emergency facilities, homeless service settings, crisis centers and acute settings) and the support services that can help consumers avoid crisis (i.e., primary care, case managers, behavioral health outpatient providers, etc.).
2. Enhancing collaboration and care coordination skills within the existing service workforce and adding outreach workers who will be critical to engaging homeless individuals;
3. Implementing and testing new service bundles to support care coordination, housing transitions, housing preservation, and housing move-in costs;
4. Creating a new locally-funded housing development pool to expand supportive housing; and
5. Implementing and testing new payment structures that move both managed care organizations (MCOs) and providers into value-based payment models.

**AC CARE CONNECT DATA EXCHANGE UNIT (DEU): ADDRESSING THE NEED FOR AN SHIE AND CHR**

From a data sharing perspective, Alameda County is currently faced with the following challenges across the full network of medical, behavioral health, and social service providers that prevent them from obtaining a full picture of patient needs:

1. Varying types of electronic medical records (EMRs) and databases across different systems and provider types;
2. Lack of interoperability due to the fragmentation of these already fragmented data systems and workflow processes across the County provider network; and
3. Inconsistent understanding of appropriate levels and permissions related to the sharing of sensitive health information between providers.

These challenges have resulted in the inability to efficiently determine the appropriate level of care and service for a high utilizing and vulnerable consumer in real-time, and have inhibited the realization of care teams that span agencies and sectors which could be building from one another’s work instead of recreating it.

***Figure C***

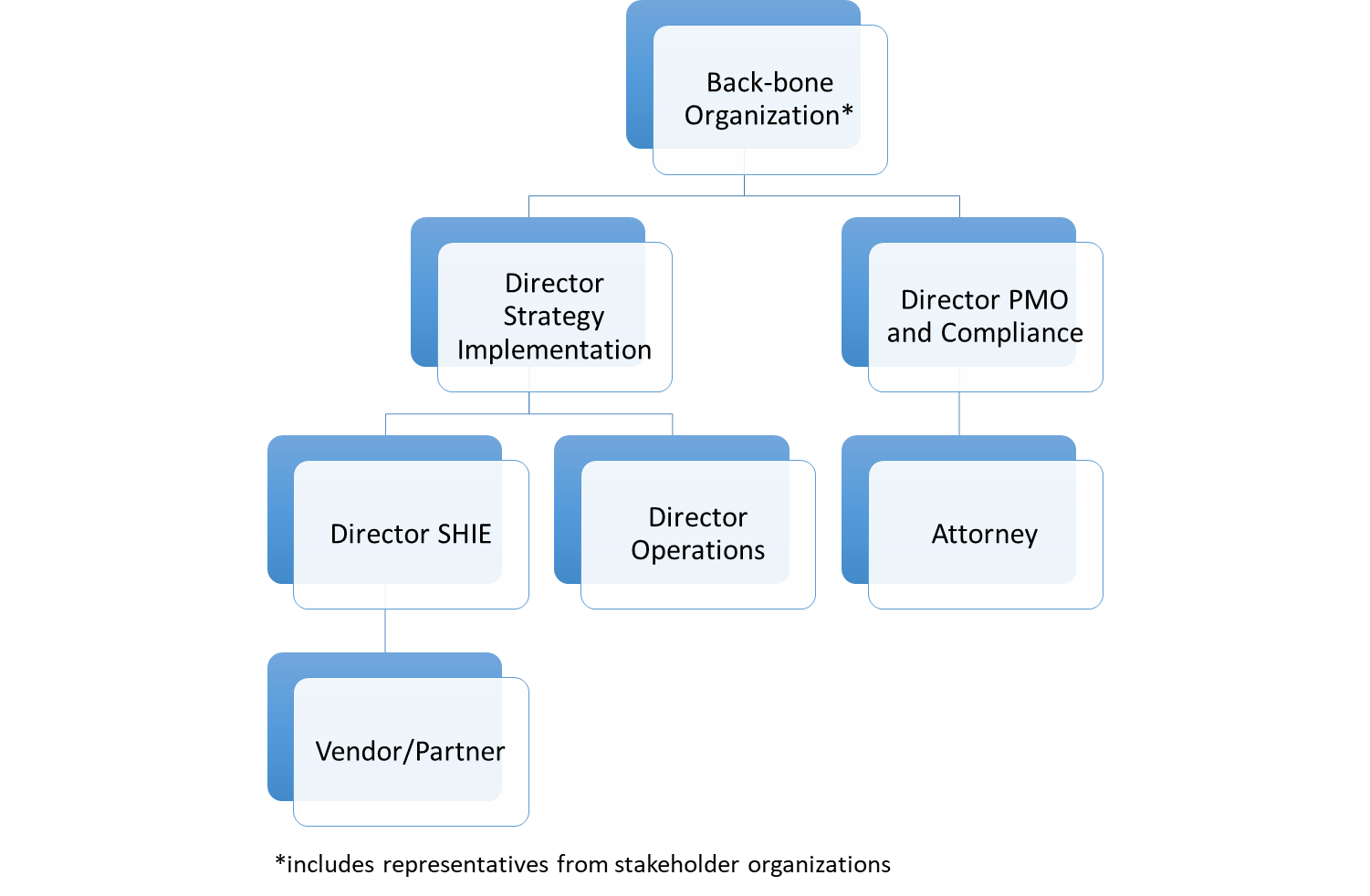
*AC Care Connect Sectors*

The DEU is one of two units (see [Figure A](#FigureA) above) that is staffed primarily with contracted, local resources that are 100% dedicated to WPCP activities, providing a consistent and sustainable support structure for the AC Care Connect administrative backbone organization (BBO) through the life of the pilot. The DEU’s primary deliverable is the establishment of a technical solution (i.e., SHIE and CHR) that supports improved care coordination across the physical, mental, and social services provider network for the Care Connect target population. This will allow providers and case managers to exchange complex information using common protocols in (close to if not) real time. This access to information and communication support will bridge care team members across organizations and sectors who are providing care to a shared consumer, enabling more efficient care and a more streamlined consumer experience.

The DEU itself is comprised of five discrete subunits (numbers 4 and 5 below are included in the Scope of this RFP):

1. **Governance.** This subunit is accountable to AC Care Connect Leadership and represents the core executive governance and administrative support function of the unit, providing leadership to the remaining subunits and is currently staffed by existing contractors.
2. **Permissions Monitoring.** This subunit is primarily responsible for managing the development and vetting of data sharing agreements, business associate agreements (BAAs), consent/release of information and Notice of Privacy Practices between participating partner entities, and all permissions, policies, and procedures related to laws and regulations affecting or impacted by the AC Care Connect pilot and is currently staffed by existing contractors and County employees.
3. **Data and Information Architecture.** This subunit will oversee data and information architecture development and associated data and technology infrastructure governance. It will provide technical input, as appropriate, to support the vendor selection process and will guide the work of the Software and Business Intelligence subunits. This is being staffed by existing contractors and County employees.
4. **Software.** With guidance from the Governance and Data and Information Architecture subunits, this subunit will plan and execute all applications to support the AC Care Connect SHIE, with the CHR being the first priority. This will include analysis, development, quality assurance, user acceptance testing (UAT) and implementation activities. This subunit is being procured through this RFP.
5. **Business Intelligence.** The subunit represents the core reporting and analysis functions for AC Care Connect.  It will develop monitoring processes, provide guidance on reporting standards and performance-based metrics, develop business intelligence reports necessary for the program evaluation and stakeholder requirements, and work closely with the subunits 3 and 4 to provide business operations requirements and ad hoc reporting. This subunit is also being procured through this RFP.

The following organization chart displays reporting relationships for the DEU.

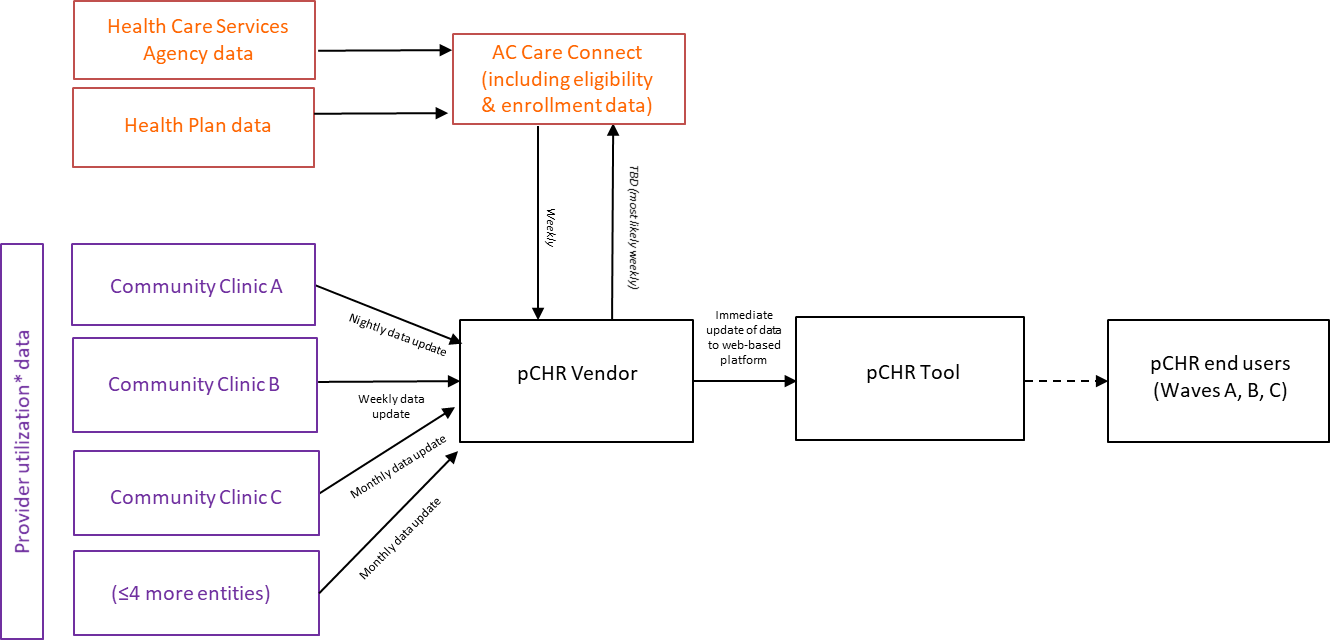
***Figure D***

*DEU Organization Chart*

**DEU PROJECT TIMELINE**

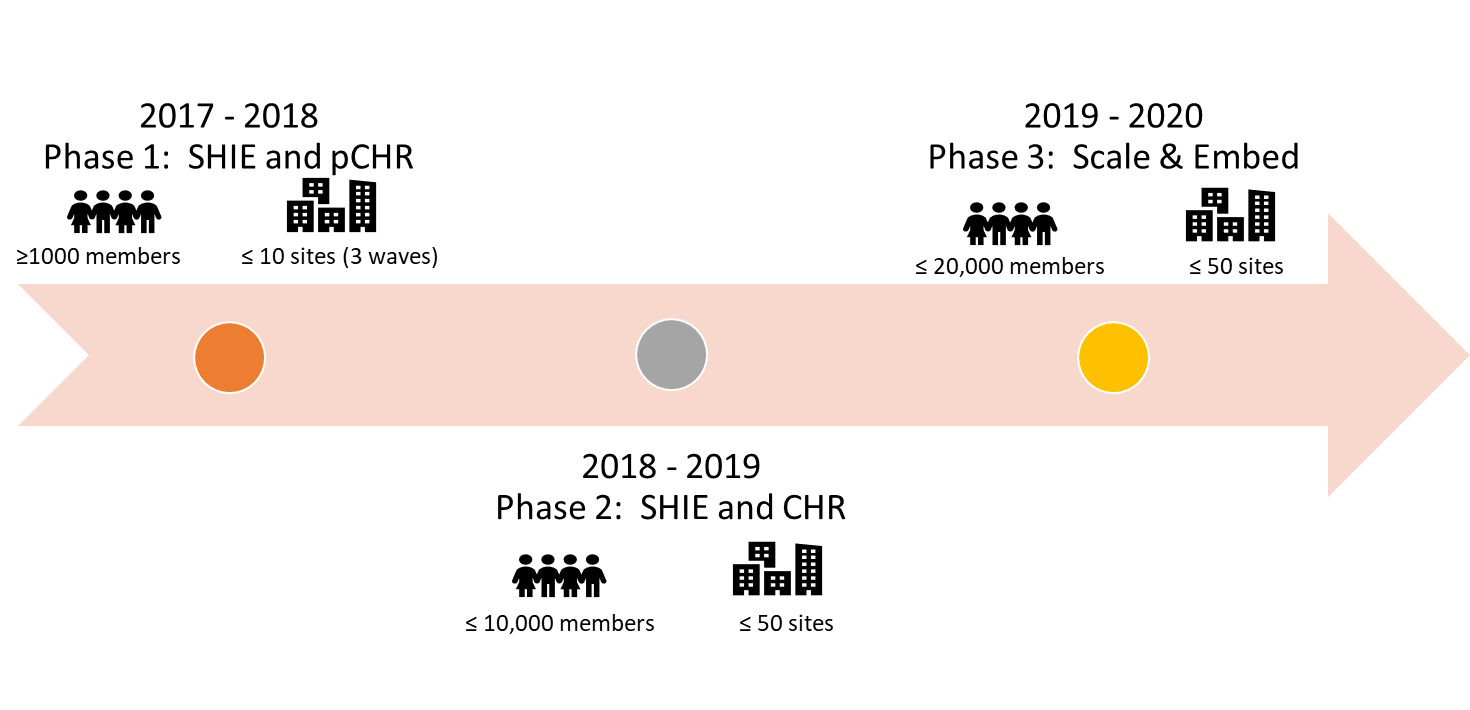
Below is a high level DEU project timeline. A Phase 1 (pilot) Prototype CHR (pCHR) is currently being executed with internal and external contracted resources. The pCHR provides timely (i.e., real- to minimal lag time) data sharing and notification functionality across a limited number of partners across the County. The intent of the Phase 1 pilot is to explore and confirm useful data sharing elements and communication processes, towards a refined set of functional and technical specifications. Those specifications will be made available to the awarded bidder to guide development of the long-term CHR to be built in Phase 2. Examples of learnings to date span a wide range of interests including, but not limited to:

* Interfacing with housing, mental health, and case management systems
* Increased visibility to referral status, follow-up and outcomes (e.g., specialty care, housing)
* Increased interfacing with hospital systems (e.g., ability to receive notifications of ED encounters, inpatient discharges, SNF discharges)
* Access to and effective use of a shared care plan
* Capacity to run local, real-time operational reports
* Ability to manage various levels of access to data based on login credentials

***Figure E***

*pCHR Data Flow Map*

Phases 2 and 3 are applicable to the Scope in this RFP, where the selected Bidder will build the permanent SHIE system and CHR to replace the Phase 1 pCHR by the time it sunsets in Fall 2018. From the start of the contract resulting from this RFP, the buildout of the Phase 2 CHR should leverage existing connections and learnings from Phase 1, while offering a highly configurable, iterative, permission-based solution that is nimble enough to deliver new features and enhancements in a short time-frame.

**

***Figure F***

*Program Timeline*

**Stakeholders**

AC Care Connect stakeholders represent a wide range of data management systems and data needs that span across physical, mental and social determinants of health. Consumers frequently access multiple hospitals, outpatient care, and social service settings. There is currently no unifying data or communication infrastructure to link providers from these organizations, or even to illuminate when they have shared consumers. The County’s vision of the SHIE/CHR is that it will stitch together multiple, incomplete, disconnected, siloed Electronic Health Records (EHRs) to display a more complete, whole person view with one central access point. This will enable quicker access to reliable and curated information on health and social history, thereby improving the quality and efficiency of treatment decisions, facilitating referrals and communication across organizations, and reducing the risk of duplicative or conflicting treatment, coordination, and prescribing decisions. This progress will relieve much of the frustration currently felt by providers and consumers. See [Exhibit E List Stakeholders](#_EXHIBIT_E) for full description of AC Care Connect stakeholders.

## SCOPE

The Scope of work in this RFP is comprised of two distinct components. To participate in this RFP, Prime Bidders must bid on both components, but may choose to subcontract a portion of or an entire component in their Bid Response. Bidders choosing to subcontract shall propose how they will collaborate with their subcontract partner and describe their proposed team structure in their Bid Response in accordance with [Exhibit A Bid Response Packet](#ExhibitA) (page 7 Required Documentation and Submittals, Item 6) below. Selected Bidder will be required to coordinate the entire scope of work as part of a single contract that the County will award and negotiate.

Additionally, Bidders must propose a solution centric versus a software centric approach. All AC Care Connect DEU infrastructure, even when hosted by the vendor, will be owned by Alameda County Health Care Services Agency.

**See descriptions below for each component of the Scope.**

**COMPONENT 1: Software**

Bidder will propose, plan, and execute all infrastructure and software applications to support the AC Care Connect SHIE, with the CHR being the first priority, under the oversight of the Governance and Data and Information Architecture subunits. Under this component, Bidder will develop, customize and implement all software tools and core technological elements that would be required to stand up and operationalize the CHR and DEU Infrastructure for AC Care Connect. Bidder will need to leverage existing infrastructure developed for the Phase 1 pCHR and already present within HCSA, such as existing admission, discharge, transfer (ADT) feeds and flat files while adding extensive data ingestion capability to accommodate data from diverse stakeholders. For the current status, refer to the [Figure E pCHR Data Flow Map](#_Figure_E) above in the Background section.

Various software applications will be needed to generate an enterprise master person index (EMPI), to create matching reports, data quality analysis reports, to enable metadata management, and to build business intelligence dashboards and reports for the AC Care Connect program team. To facilitate a seamless user experience for stakeholders using the CHR data, interfaces will need to be developed and/or revamped by the Bidder for each participating organization including: hospitals (inpatient and ED), specialty mental health (SMH), primary care clinics, housing, HMIS, emergency medical services (EMS), substance use disorder (SUD), laboratory, pharmacy, the criminal justice system, referral management services and others.

In addition, the CHR should be configurable at an administrator level, allowing the Care Connect team to include clinical and social information that they deem to be valuable and important across the patient care continuum. This information should have a security hierarchy that supports different views for different types of providers, various levels of consumer consent, as well as compliance with all federal, state, and local laws and regulations that apply, leveraging the maximum levels of sharing allowed at its core. The expectation is that access to this curated, standardized set of coordinated information will activate more timely and effective communication between providers, capture a **consistent whole person representation** of a consumer **at any point of access** in the system, thus, ultimately improving overall consumer outcomes and enhanced quality of life.

See [Figure G AC Care Connect Consumer Profile](#_Figure_G) below for a case study of the impacts this kind of intervention will have on consumer care and provider collaboration.

|  |  |
| --- | --- |
| **Hannah**  Hannah is a 44-year-old woman currently at John George inpatient with a history of multiple 5150s for suicidality.   She has a history of suicide attempts, trauma, and substance use – mostly cocaine and alcohol. She has also been diagnosed with Bipolar Disorder, Schizophrenia, and is living with a chronic health condition. She has several complicated physical and mental health issues which are complicated to manage while living on the streets. She has frequent ER and Inpatient Hospital stays in both psychiatric and medical facilities. She most frequently goes to John George, Highland, San Leandro Hospital, and Alta Bates Summit. She has had pneumonia 5 times in the last year. | |
| Current State | Future State |
| * History of multiple 5150s (involuntary psychiatric holds) for suicidality * Estranged from family and living with a chronic health condition * Recently living on the streets with frequent medical and psychiatric hospitalizations in the trailing 12 months:   + 112 medical inpatient days   + 100 medical ER visits   + 21 psychiatric emergency service (PES) visits   + 5 inpatient psychiatric hospitalizations. * Not connected to case management | * Hannah is enrolled in Care Connect. * Through a Care Connect Pilot at John George, Hannah is connected to the Trust Clinic in downtown Oakland which can work on both her physical and behavioral health needs in one place. * The Trust Clinic connects her to both intensive case management through BACS’ Oakland Project Connect and connects her to Healthcare for the Homeless for respite bed housing while Project Connect works on her permanent housing needs. * Her Full-Service Partnership provider, Joe, along with the psychiatrist and LCSW at the Trust Clinic work on a plan with Hannah towards stability:   + They find emergency housing that she can stay in until permanent housing becomes available.   + All of Hannah’s records, particularly the Community Health Record (CHR), say to call Joe in an emergency and the next time Hannah goes to PES, Joe is called and shows up within an hour.   + Joe uncovers that Hannah has a god-mother she is very close to and works on housing which would allow them to live together and support each other. * Her providers stay updated on her care through the CHR and each time she comes in for a visit, they review CHR notes. * With new support and a safe place to stay, Hannah has longer periods of sobriety and health. She gets medical and psychiatric care at Trust. |

***Figure G***

*AC Care Connect Consumer Profile*

In the Bid Response, Bidder shall describe the proposed software to be used to support the AC Care Connect SHIE. All software developed or used off-the-shelf will meet the requirements for encryption, security, and auditing per health care industry specific standards and Alameda County standards and guidelines.

Any integration to County applications require the vendor to comply and follow the County standards specific to that application. At a minimum, vendor software should conform to the data formats and security protocols of the County.[[1]](#footnote-1)

Any software implementation plan which includes hosting within the Alameda County infrastructure or which passes data across the Alameda County network must be submitted for review and approval by the Alameda County Information Technology Department (ITD) at least 30 days prior to implementation. Vendor agrees to modify their software implementation to satisfy any security or other requirements as determined necessary by ITD to insure Alameda County’s network and data security**.**

If during the contract term, the selected Bidder and larger DEU team determine that such an infrastructure will be hosted in a private/public cloud environment rather than on premise, and vendor offers hosting service (or managed hosting service on a public cloud environment), then compliance to the stated service level agreement (SLA) will be required. As part of this scope, Bidder will set up dedicated help desk support for all stakeholder users both during and after onboarding.

**APPLICATIONS**

To stand up the AC Care Connect DEU infrastructure, on-boarded stakeholder and providers will need access to the following functional applications (“apps”) to be developed and implemented by the Bidder in partnership with the DEU:

1. The **Community Health Record (CHR)**, including a shared care plan
2. Secure **Communication** among multiple stakeholders
3. Consumer **Consent Management** (integration and light customization of SAMSHA provided Consent2Share app to match common user experience)
4. Dashboard, Reporting and Self-Service **Business Intelligence** tools
5. **Referral Management** (inter-operable w/ Epic and other referral systems)
6. Scanned **Document Management**
7. Consumer **Engagement** (member web portal and mobile application)
8. Consumer **Enrollment**

Essential DEU Infrastructure will be prioritized in the 1st wave of implementation (estimated for Q1 2019) and will include apps 1 through 5 above. The remaining apps will be implemented as early as possible, but no later than Q4 2020. In addition to the rollout of software and added functionality, new stakeholder organizations and end users will be added in waves throughout the life of the project, with all partner end users live by Q4 2020.

Given the number of stakeholders involved, the Bidder will, at a minimum, support the clinical data standards of HL7 v2.x and 3.x, ADT, and C-CDA (XML) along with the ability to ingest large custom format flat files from non-clinical data sources. The solution will also handle electronic data interchange (EDI) message formats in transaction sets 270/271 (eligibility inquiry), 834 (benefit enrollment and maintenance), 837 (claims), 278 (healthcare services referral and prior-authorization). In the future, the solution will be able to support FHIR standards for interoperability as well.

Based on preliminary research of stakeholder organizations, the Bidder can anticipate working with the following systems, mechanisms and formats to extract key information for the CHR, involving upwards of 30 points of integration:

| **Systems** | **Network Locations** | **Data Transport Mechanisms** | **Data Formats Supported** |
| --- | --- | --- | --- |
| Adult Probation System | Alameda County Jail | Flat file using secure FTP | Flat files (custom format) |
| MediWare Service Point (HMIS) | Housing Department, Oakland | Flat file using secure FTP | Flat files (custom format) |
| CalWin | Social Services Department, Oakland | Flat file using secure FTP | Flat files (custom format) |
| Cerner Soarian Clinicals (inpatient EHR) | -Highland Hospital -John George Psychiatric Hospital | HL7 ADT, C-CDA and flat files using Secure FTP | HL7 2.x, C-CDA and flat files via Secure FTP |
| Clinicians’ Gateway/Insyst | Behavioral Health Care Services, Oakland | Flat file using secure FTP | Flat files (custom format) |
| Epic | -Sutter Alta Bates  -Sutter Eden -Kaiser Hayward  -Kaiser Oakland  -Kaiser San Leandro -4 AHS hospital (end of 2019+)  - Washington Hospital  - Valley Care / Stanford | ADT, C-CDA via Direct or flat files via secure FTP | HL7 2.x, C-CDA and flat files via Secure FTP |
| Picis | St. Rose Hospital | ADT, C-CDA and flat files using Secure FTP |  |
| EZ-CAP | CHCN MCO in San Leandro | Flat files via secure FTP | Flat files (using custom format or EDI X12 format) |
| iCarol (211 service by Eden I&R) | TBD | Flat file using secure FTP | CSV or XML |
| Meditech | San Leandro Hospital | Flat files via secure FTP, ADT | ADT Hl7 and flat files via secure FTP |
| NextGen | - 6 CHCN clinics - 4 instances hosted at MedTech Solutions, Los Angeles  4 AHS clinics on 1 instance | Flat files using secure FTP, C-CDA via Direct | Flat files (custom format), C-CDA |
| Tri-Bridge | Alameda County Jail | Flat file using secure FTP | Flat file using secure FTP |
| TrueCare (prior-authorization) | Alameda Alliance for Health in Alameda | Flat file using secure FTP | Flat files (using custom format or EDI X12 format) |
| Health Suite (claims) | Alameda Alliance for Health in Alameda | Flat file using secure FTP | Flat files (using custom format or EDI X12 format) |
| Wellsoft EDIS | Highland Hospital, Oakland | Flat file using secure FTP | Flat files (custom format) |
| Zoll (EMS ePCR) | TBD | Zoll HL7 EMS Data Exchange | HL7 (standard HL7 interface available) |

***Figure H***

*Systems for Integration*

**COMPONENT 2: BUSINESS INTELLIGENCE (BI) AND REPORTING**

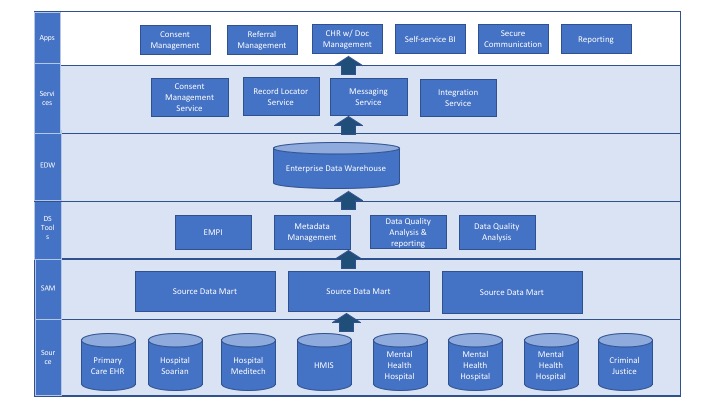
In addition to operational needs, the WPCP requires a substantial amount of grant reporting which necessitates deployment of a BI solution in Q1 2019. The Bidder will offer either off-the-shelf or custom-built solutions (or a combination of both) to include or support (1) evaluation, compliance, and operational reporting, (2) governance and stakeholder dashboards and (3) self-service business intelligence custom reporting in that order of priority. Bidder will also need to develop data feeds from SHIE to existing BI tools, such as the Results Based Accountability (RBA) Scorecard and Yellowfin. Bidder BI team will work with the DEU and an internal team of BI analysts within the HCSA to define those reports and value indicators for stakeholder dashboards. Bidder will propose cost of their BI software (if proprietary) or recommend a scalable and powerful BI tool.

The Bidder will also provide training to build competencies within the DEU and in the broader HCSA organization for sustaining the BI effort. This includes, but is not limited to data stewardship, data governance, and the BI tool training. Data governance and data stewardship programs need to be set up with the appropriate level of policies, procedures, tools and training. Vendor will submit a plan to help develop such competencies with knowledge and expertise support to develop policies and procedures within the HCSA organization for on-going operations.

**ADDITIONAL INFORMATION**

In the Exhibit A Bid Response Packet, Bidder will meet the mandatory technical requirements as outlined in Technical Questionnaire (See [Exhibit A Bid Response Packet](#ExhibitA), page 7 Required Documentation and Submittals, Item 4) in order to be considered for full County Selection Committee Review (CSC) (See [Section D. Bidder Minimum Qualifications](#BidderMinQuals) below). It is required that the Bidder’s response describe in detail how they intend to approach the scope of work and the anticipated timeline for full implementation, as well as exchange and best practices for interoperability with multiple stakeholders.

Below is a concept architecture diagram of the SHIE and CHR system.



***Figure I***

*Sample SHIE and CHR Architecture Diagram*

## BIDDER MINIMUM QUALIFICATIONS

To be eligible to participate in this RFP, Bidder must meet the following Bidder Minimum Qualifications.

* + 1. Bidder shall be regularly and continuously engaged in the business of developing and delivering data exchange systems related to health care or human services for at least five (5) years.
    2. Bidder has demonstrated required knowledge of data structures and relationship of medical data (EHR), eligibility data, claims or cost data, lab and pharmacy data, and behavioral health related data. Please include in your Bid Response a customer testimonial, performance narrative from past project, published research or a combination of these to demonstrate this qualification.
    3. Bidder shall be regularly and continuously engaged in the business of developing and delivering business intelligence and analytic systems related to health care or human services for at least five (5) years.
    4. Bidder has demonstrated an ability and capacity to offer staff augmentation for the HCSA business intelligence team in a “hub and spoke” manner. In this model, HCSA BI team will be the manager/owner of the core pieces of the BI solution while the Bidder augmented team will be brought in for high value-added services including but not limited to developing predictive models for better population health management, forecasting hospitalization risks for higher utilizers of healthcare services, complex Key Performance Indicator (KPI) story-boards for different stakeholders and on-demand data science functions.
    5. Bidder has demonstrated experience in building or integrating an Enterprise Master Patient Index (EMPI) with 80% or higher degree of accuracy via sophisticated matching procedures, including both deterministic and probabilistic matching.
    6. Bidder has demonstrated experience within the past 5 years of successfully scaling up a major project within a short time frame, with the administrative capacity and staff to rapidly train and support diverse users and stakeholder organizations in a feasible, scalable manner.
    7. Bidder has demonstrated experience in developing and training staff on critical functions like Data Stewardship, Master Data Management, Metadata Management and Data Quality Analysis.
    8. Bidder will possess all permits, licenses and professional credentials necessary to supply product and perform services as specified under this RFP.
    9. Bidder will meet the mandatory technical requirements as outlined in the Technical Questionnaire with a minimum score of 600 or more in Qualifying Points.

Bidders are eligible to participate in the RFP process if they meet the Bidder Minimum Qualifications. The County will disqualify proposals that do not demonstrate that Bidder meets the specified Bidder Minimum Qualifications, and these disqualified proposals will not be evaluated by the County Selection Committee (CSC)/Evaluation Panel and will not be eligible for contract award under this RFP.

## DELIVERABLES / REPORTS

During contract negotiations, the AC Care Connect DEU and the selected Bidder/ Contractor will finalize the deliverables and milestones for the scope of work. At a minimum, the Bidder will describe its methodology and approach for each deliverable in the Bid Response and deliver each milestone listed below during the contract term. It will be the responsibility of the selected Bidder to document when each milestone has been delivered in the Project Plan. The AC Care Connect DEU team will be allowed ten (10) business days for the review of each deliverable and milestone to review and approve that each deliverable and milestone has been satisfactorily completed. The selected Bidder will comply with any reporting and evaluation standards and agreements as set forth by HCSA staff.

[Figure I Sample SHIE and CHR Architecture Diagram](#_Figure_I) in Section I.C entails the following elements that need to be delivered as part of the total proposed solution (Components 1 and 2) . [Note: Some of the elements could be organized differently in the proposed solution but need to be addressed in the response with an appropriate narrative describing how the function of the element will be provided].

| **Element Name** | **Description** |
| --- | --- |
| Data Sources | Please see [Figure H Systems for Integration](#_Figure_H) table above for details |
| Source Data Marts | These are essentially data marts created for applying EMPI and data analysis tools. This is the staging area for all data to get transformed as required prior to loading into the central data warehouse system. |
| Enterprise (or Community) Master Person Index Software | This is the central software utility, which will ensure that a unique person index is applied to a golden record belonging to a person within the AC CARE CONNECT-DEU infrastructure. Presence of a person record denotes that the person has an episode with any of the participating data source locations either as a patient to receive care or by any other means (e.g. touch point with the housing support or HMIS or Criminal Justice System). This EMPI needs to be based on both deterministic and probabilistic matching criteria and shall be easily configurable by the DEU team. |
| Data Quality Analysis Tools | A set of built-in reports generated that shall help Data Stewards to analyze quality of data (or resolve EMPI matching issues) before transforming and loading into the Data Warehouse. There shall be tools to visualize possible matched records and determine if those are to be merged into a single record in the Data Warehouse. |
| Metadata Management tool | A graphical tool to manage all metadata for the Data Warehouse in a scalable fashion by data analysts and database administrators for the AC CARE CONNECT-DEU infrastructure. However, this operation can also be performed in manual manner but may involve substantial resources. |
| Enterprise Data Warehouse (EDW) | This is the central data repository for all source data after applying matching algorithm to data records from various sources and subsequently applying transformation logic. This Data Warehouse shall be organized in various transactional data tables or Facts and master data tables or Dimensions. Along with that this data warehouse shall also have by design various aggregate tables for faster data reporting. |
| Consent Management | All individual level Protected Health Information (PHI) requests shall be routed through consumer consent captured in the solution via Consent Management module. Consent Management shall be of sufficient granularity so that consumer or consumer’s family member shall be able to provide appropriate consent online for sharing consumer PHI among various stakeholders. Consumer can provide consent to share their PHI or rescind at any time. Consumer shall be able to grant consent at the provider level and at various attribute level. For example, a consumer may choose to share only certain medical data but not sensitive information like the SUD or HIV status. DEU team intends to use the Consent2Share software developed by Substance Abuse and Mental Health Services Administration (SAMSHA). This is freely available but needs to be integrated to the overall solution. |
| Record Locator Service (RLS) | This is a service that will be provided via AC CARE CONNECT-DEU infrastructure and will be presented to the user making a record location request via the Community Health Record app. |
| Messaging Service | This is a service that will allow different providers to get alerted about a consumer’s medical or social status change with encrypted messages delivered through the Secure Communication app. |
| Integration Service | Data from different source data systems will get to the AC CARE CONNECT-DEU infrastructure for transformation and load into the Data Warehouse. However, in future there may be integration of the apps become required with other source data systems like the EHR of Eligible Hospitals or the Community Based Organizations. This service can provide an app level integration (i.e. Single-Sign-On via URL embedding or embedded frame) or bi-directional data level integration with the source systems. |
| Document Management | Throughout the County there are multiple relevant and scanned documents of a County resident are available (e.g. scanned image of Driver License). Within primary care and hospital EHR there are different kinds of scanned images are also available. Instead of trying to pool all those images in a single file the solution shall use a Record Locator Service (RLS) to provide links to certain documents via the Community Health Record. |
| Enrollment and Care Management | An app for creating, sharing and viewing of a person’s / consumer’s care plan across multiple clinical / social care workers. |
| Referral Management | It is anticipated that medical referral from the primary care clinics and hospitals in the County would be linked via Epic Care Everywhere by 2020. However, many community-based specialty and behavioral providers do not have Epic to link up that way. Non-medical care providers do not use Epic either. Therefore, this app will provide creating and tracking referrals for those kinds of services. The AC CARE CONNECT-DEU infrastructure will obtain Epic referrals via the ETL process. It is required that the referral app is interoperable with Epic Ambulatory Care as well as Epic Inpatient systems. It is desirable the app becomes an Epic certified app by 2020 and become available within Epic’s Orchard app store. |
| Self Service Business Intelligence | This is a Tableau / Qlik / Power BI / Other BI tool) based app that will allow users of different stakeholders based on their authentication and authorization create ad-hoc report / dashboards. |
| Reporting | This will be an app for standardized canned reports that will be required by the Business Intelligence unit for program evaluation. |
| Secure Communication | This will be an app (with a mobile option) that will be used for encrypted communication between multiple providers. This could be a 3rd party app like Tiger Text that is also integrated with the solution. |
| Community Health Record | This is a key app for the program overall. This app will ultimately allow users to contribute to a collaborative shared care plan, either directly or through upload of care plan information from source systems. The CHR app shall also allow access to scanned documents (e.g. copy of driver’s license, birth certificate etc.) that are stored in other County IT systems via a record locator service. |

***Figure J***

*Software Elements*

In addition to the elements listed in Figure J Software Elements above, selected Bidder will need to deliver the following work products:

* + 1. Project Management Plan
    2. Project Schedule
    3. Risk Management Plan
    4. Communication Plan
    5. Budget management Plan
    6. Training Plan
    7. User Guides
    8. Configurations Management Plan
    9. Project Status Reports
    10. Ad-hoc reports as needed and or requested by the AC Care Connect DEU
    11. Report Specifications Document
    12. Requirements Traceability Matrix
    13. Technical Specification Documents
    14. Design and Architecture Plan as appropriate
    15. Disaster Recovery and Contingency Plan for a hosted solution
    16. Implementation Plan
    17. Any other deliverable not listed here but referenced in [**Exhibit D Vendor Responsibilities**](#_Exhibt_D).

## SPECIFIC REQUIREMENTS

The selected Bidder/Contractor will be expected to collaborate and partner with other existing contractors or vendors, the DEU, HCSA, and external stakeholders. Solution must support all the legal data sharing constructs and framework to be compliant with all federal, state, and local laws and regulations that apply, including without limitation the HIPAA Rules, the regulations regarding the confidentiality of substance use disorder patient records set forth at 42 CFR Part 2, the California Confidentiality of Medical Information Act (California Civil Code § 56 *et. seq.*), the Lanterman-Petris-Short Act (California Welfare and Institutions Code § 5238 *et. seq*.), and laws regarding the confidentiality of HIV test results (California Health and Safety Code § 120975 *et. seq.*). (See Statutory Mandates referenced in [**Exhibit D Vendor Responsibilities**](#_Exhibt_D)).

* + 1. Contractor solution will include Enterprise Master Person Index (EMPI) generation software.
    2. Contractor solution will include a mechanism to maintain a single “golden” record for each person touched by the AC Care Connect program.
    3. Contractor solution roadmap will provide future extensibility like remoted monitoring device data integration, predictive models for population health management and other Health IT apps.
    4. Contractor will implement a customized business intelligence solution using a proprietary cloud-based tool or an off-the-shelf tool like Qlik, Tableau, Cognos, Powere BI, YellowFin etc.
    5. Contractor shall provide dedicated resources that include, at a minimum, one Project Sponsor, one Project Manager, one Technical Manager, one Clinical Subject Matter Expert (SME), and two Business / Requirement Analysts.
    6. The proposed Contractor team shall remain in place throughout the duration of the project. Any proposed changes to the team, shall be approved by DEU in writing. There shall not be more than two changes to the proposed team throughout the project to ensure continuity of stakeholder and requirement knowledge, which in turn is a critical success factor for the project. In the event of a team member transition, vendor will provide a clear transition plan including timeline, open tasks, deliverables and a warm hand-off so no time or effort is lost as the new team member comes up to speed.
    7. Given the size and complexity of the project, it is desirable that the Project Sponsor is onsite in the Oakland area for the monthly Project Status meetings with the DEU team, for the duration of the Project, and is available as needed for communication with the DEU / HCSA Project Sponsor and DEU leadership team. The Project Manager provided by the Contractor shall be available at a minimum of 80% (level of engagement may be negotiable) of the time for the component 1 delivery to ensure appropriate level of execution and will attend all project meetings with the DEU team.
    8. Contractor shall warrant that all materials and/or Products produced hereunder shall not infringe upon or violate any patent, copyright, trade secret, or other proprietary right of any third party. In the event of a claim by any third party against the County or HCSA, the County or HCSA shall promptly notify the Contractor, and the Contractor shall defend such claim and the County’s name. All expenses pertaining to such defense shall be borne by the vendor.

# CALENDAR OF EVENTS

|  |  |  |
| --- | --- | --- |
| **EVENT** | **DATE/LOCATION** | |
| Request Issued | March 9, 2018 | |
| Due Date to Request On-Line Access to Bidders Conference (See Section II.G below) | by 2:00 p.m. on March 21, 2018 | |
| Written Questions Due | by 5:00 p.m. on March 23, 2018 | |
| Networking/Bidders Conference #1 | March 22, 2018@ 1 pm | At:  Behavioral Health Care Services  Brooklyn/Tilden Room  1900 Embarcadero, First Floor  Oakland, CA 94606 |
| Networking/Bidders Conference #2 | March 23, 2018 @ 1 pm | At:  Health Care Services Agency  Redwood Room  1100 San Leandro Blvd., Suite 120  San Leandro, CA 94577 |
| Addendum 1 Issued | March 29, 2018 | |
| Addendum 2 Issued | April 13, 2018 | |
| Response Due | May 4, 2018 by 2:00 p.m. | |
| Evaluation Period | May 7-June 1, 2018 | |
| Vendor Interviews | May 29-June 1, 2018 | |
| Board Letter Recommending Award Issued | September 4, 2018 | |
| Board Consideration Award Date | September 18, 2018 | |
| Contract Start Date | September 18, 2018 | |

**Note**: Award and start dates are approximate.

## NETWORKING / BIDDERS CONFERENCES

**Attendance at one of the scheduled networking/bidders conferences is mandatory to submit a bid response to this RFP. At least one representative from the Bidder organization must attend the conference in person to meet the requirement. Additional representatives may join the conference remotely, by request. Please contact Hanna Flores for the remote participation option. See** [**Calendar of Events**](#_CALENDAR_OF_EVENTS) **above for the deadline to request this option.**

Networking/bidders conferences will be held to:

* + 1. Provide an opportunity for bidders to ask specific questions about the project and request RFP clarification.
    2. Provide the County with an opportunity to receive feedback regarding the project and RFP.
    3. Provide an opportunity for Small Local Emerging Businesses (SLEBs) and large firms to network and develop subcontracting relationships in order to participate in the contract(s) that may result from this RFP.

All questions will be addressed, and the list of attendees will be included, in an RFP Addendum following the networking/bidders conference(s).

By attending one of the networking/bidder’s conference(s) potential bidders will have the opportunity to further facilitate subcontracting relationships. Vendors who attend a networking/bidders conference will be added to the Vendor Bid List to be included in a subsequent Addendum.

# COUNTY PROCEDURES, TERMS, AND CONDITIONS

## EVALUATION CRITERIA / SELECTION COMMITTEE

All proposals that pass the initial Evaluation Criteria which are determined on a pass/fail basis (Completeness of Response, Debarment and Suspension, and Technical Questionnaire) will be evaluated by a County Selection Committee (CSC).  The County Selection Committee may be composed of County staff and other parties that may have expertise or experience in the areas consultation and solution (i.e., software, transmission) services and related work. The CSC will score and recommend a Contractor in accordance with the evaluation criteria set forth in this RFP.  Other than the initial pass/fail Evaluation Criteria, the evaluation of the proposals will be within the sole judgment and discretion of the CSC.

All contact during the evaluation phase will be through Hanna Flores, Program Specialist only. Bidders will neither contact nor lobby evaluators during the evaluation process. Attempts by Bidder to contact and/or influence members of the CSC may result in disqualification of Bidder.

The CSC will evaluate each proposal meeting the qualification requirements set forth in this RFP. Bidders should bear in mind that any proposal that is unrealistic in terms of the technical or schedule commitments, or unrealistically high or low in cost, will be deemed reflective of an inherent lack of technical competence or indicative of a failure to comprehend the complexity and risk of the County’s requirements as set forth in this RFP.

Bidders are advised that in the evaluation of cost it will be assumed that the unit price quoted is correct in the case of a discrepancy between the unit price and an extension.

As a result of this RFP, the County intends to award a contract to the responsible bidder(s) whose response conforms to the RFP and whose bid presents the greatest value to the County, all evaluation criteria considered. The combined weight of the evaluation criteria is greater in importance than cost in determining the greatest value to the County. The goal is to award a contract to the bidder(s) that proposes the County the best quality as determined by the combined weight of the evaluation criteria. The County may award a contract of higher qualitative competence over the lowest priced response.

The basic information that each section should contain is specified below, these specifications should be considered as minimum requirements. Much of the material needed to present a comprehensive proposal can be placed into one of the sections listed. However, other criteria may be added to further support the evaluation process whenever such additional criteria are deemed appropriate in considering the nature of the goods and/or services being solicited.

Each of the Evaluation Criteria below will be used in ranking and determining the quality of bidders’ proposals. Proposals will be evaluated according to each Evaluation Criteria and scored on the zero to five-point scale outlined below. The scores for all Evaluation Criteria will then be added, according to their assigned weight (below), to arrive at a weighted score for each proposal. A proposal with a high weighted total will be deemed of higher quality than a proposal with a lesser-weighted total. The final maximum score for any project is five hundred fifty (550) points, including the possible fifty (50) points for local and small, local and emerging, or local preference points (maximum 10% of final score).

The evaluation process may include a two-stage approach including an initial evaluation of the written proposal and preliminary scoring to develop a short list of bidders that will continue to the final stage of oral interview and reference checks.  The preliminary scoring will be based on the total points, excluding points allocated to references and oral presentation and interview.

If the two-stage approach is used, the three (3)-five (5) bidders receiving the highest preliminary scores and with at least 200 points will be invited to an oral interview.  Only the bidders meeting the short list criteria will proceed to the next stage.  All other bidders will be deemed eliminated from the process.  All bidders will be notified of the short list participants; however, the preliminary scores at that time will not be communicated to bidders.

The zero to five-point scale range is defined as follows:

|  |  |  |
| --- | --- | --- |
| 0 | Not Acceptable | Non-responsive, fails to meet RFP specification. The approach has no probability of success. If a mandatory requirement this score will result in disqualification of proposal. |
| 1 | Poor | Below average, falls short of expectations, is substandard to that which is the average or expected norm, has a low probability of success in achieving objectives per RFP. |
| 2 | Fair | Has a reasonable probability of success, however, some objectives may not be met. |
| 3 | Average | Acceptable, achieves all objectives in a reasonable fashion per RFP specification. This will be the baseline score for each item with adjustments based on interpretation of proposal by Evaluation Committee members. |
| 4 | Above Average / Good | Very good probability of success, better than that which is average or expected as the norm. Achieves all objectives per RFP requirements and expectations. |
| 5 | Excellent / Exceptional | Exceeds expectations, very innovative, clearly superior to that which is average or expected as the norm. Excellent probability of success and in achieving all objectives and meeting RFP specification. |

The Evaluation Criteria and their respective weights are as follows.

|  |  |  |
| --- | --- | --- |
|  | **Evaluation Criteria** | **Weight** |
|  | **Completeness of Response:**  Responses to this RFP must be complete. Responses that do not include the proposal content requirements identified within this RFP and subsequent Addenda and do not address each of the items listed below will be considered incomplete, be rated a Fail in the Evaluation Criteria and will receive no further consideration.  Responses that are rated a Fail and are not considered may be picked up at the delivery location within 14 calendar days of contract award and/or the completion of the competitive process. | Pass/Fail |
| **B.** | **Debarment and Suspension:**  Bidders, its principal and named subcontractors are not identified on the list of Federally debarred, suspended or other excluded parties located at [www.sam.gov](http://www.sam.gov). | Pass/Fail |
| **C.** | **References (See Exhibit A – Bid Response Packet)** | Pass/Fail |
| **D.** | **Technical Questionnaire:**  Bidder meets the mandatory technical requirements as outlined in provided Technical Questionnaire with a minimum score of 600 in Qualifying Points. | Pass/Fail |
|  | **Ranking Criteria** |  |
| **E.** | **Cost:**  The points for Cost will be computed by dividing the amount of the lowest responsive bid received by each bidder’s total proposed cost.  While not reflected in the Cost evaluation points, an evaluation may also be made of:   1. Reasonableness (i.e., does the proposed pricing accurately reflect the bidder’s effort to meet requirements and objectives?); and 2. Realism (i.e., is the proposed cost appropriate to the nature of the products and services to be provided?     Consideration of price in terms of overall affordability may be controlling in circumstances where two or more proposals are otherwise adjudged to be equal, or when a superior proposal is at a price that the County cannot afford. | 15 Points |
| **F.** | **Key Personnel and Relevant Experience:**  Proposals, including the Technical Questionnaire, will be evaluated against the RFP specifications and the questions below:   1. What is the bidder’s experience supporting similar projects related to the County’s requirements? 2. How extensive or robust is the bidder’s experience with health and social stakeholders and data sets? 3. Does the proposal clearly explain the roles that each person assigned to the project will play in connection with the RFP? 4. Do the individuals assigned have necessary education and experience? Is there an appropriate amount of staff time assigned to complete the work? | 15 Points |
| **G.** | **Profile, Capacity, and Readiness:**  Proposals, including the Technical Questionnaire, will be evaluated against the RFP specifications and the questions below:   1. How fiscally strong is the bidder to take on the current contract? 2. How well matched is the bidder’s capacity to adhere to the County’s requirements and timeline? 3. Does the bidder demonstrate ability to begin contract services immediately? | 15 Points |
| **H.** | **Experience and Ability to Collaborate with Multiple Stakeholders:**  Proposals, including the Technical Questionnaire, will be evaluated against the RFP specifications and the questions below:  1. Does the bid response clearly describe a relevant previous experience collaborating with multiple stakeholders?  2. Does the description clearly show in what way(s) the example is applicable and relevant to AC Care Connect and the services described in the RFP? | 15 Points |
| **I.** | **Description of the Proposed Services:**  Proposals, including the Technical Questionnaire, will be evaluated against the RFP specifications and the questions below:   * + 1. Is the description of proposed services comprehensive, clear, and detailed?     2. Does it meet the County’s requirements as outlined in the Scope and Deliverables/Reports sections of this RFP?     3. Does the description include a realistic and achievable plan for collaborating in and executing the work?     4. Are the solutions provided innovative and dynamic, in accordance with the needs of the AC Care Connect Pilot? | 20 Points |
| **J.** | **Deliverables and Reports:**  Proposals will be evaluated against the RFP specifications and the questions below:   * + 1. Does the bidder’s plan explain how deliverables and reports will be produced in a timely fashion?     2. How thorough, thoughtful, and relevant is the bidder’s plan to collect data to monitor the progress of the proposed project? | 10 Points |
| **K.** | **Oral Interview:**  Should interviews take place, the oral interview on the proposal will not exceed 60 minutes. The oral interview may include responding to standard and specific questions from the CSC regarding the Bidder’s proposal. The scoring may be revised based on the oral interview. | 10 Points |
| **SMALL LOCAL EMERGING BUSINESS PREFERENCE** | | |
|  | Local Preference: Points equaling five percent (5%) of bidder’s total score, for the above Evaluation Criteria, will be added. This will be the bidder’s final score for purposes of award evaluation. | Five Percent (5%) |
|  | Small and Local or Emerging and Local Preference: Points equaling five percent (5%) of bidder’s total score, for the above Evaluation Criteria, will be added. This will be the bidder’s final score for purposes of award evaluation. | Five Percent (5%) |

## CONTRACT EVALUATION AND ASSESSMENT

During the initial 60-day period of any contract which may be awarded to Contractor, the County may review the proposal, the contract, any goods or services provided, and/or meet with the Contractor to identify any issues or potential problems.

The County reserves the right to determine, at its sole discretion, whether:

1.         Contractor has complied with all terms of this RFP; and

2.         Any problems or potential problems with the proposed goods and services were evidenced which make it unlikely (even with possible modifications) that such goods and services have met or will meet the County requirements.

If, as a result of such determination, the County concludes that it is not satisfied with Contractor, Contractor’s performance under any awarded contract and/or Contractor’s goods and services as contracted for therein, the Contractor will be notified that the contract is being terminated.  Contractor will be responsible for returning County facilities to their original state at no charge to the County.  The County will have the right to invite the next highest ranked bidder to enter into a contract.  The County also reserves the right to re-bid this project if it is determined to be in its best interest to do so.

## NOTICE OF INTENT TO AWARD

* + 1. At the conclusion of the RFP response evaluation process (“Evaluation Process”), all bidders will be notified in writing by e-mail, fax, or US Postal Service mail, of the contract award recommendation, if any. The document providing this notification is the Notice of Intent to Award.

The Notice of Intent to Award will provide the following information:

* + - 1. The name of the bidder being recommended for contract award; and
      2. The names of all other parties that submitted proposals.
    1. At the conclusion of the RFP response evaluation process and negotiations, debriefings for unsuccessful bidders will be scheduled and provided upon written request and will be restricted to discussion of the unsuccessful offeror’s bid. Under no circumstances will any discussion be conducted with regard to contract negotiations with the successful bidder.
    2. The submitted proposals will be made available upon request no later than five calendar days before approval of the award and contract is scheduled to be heard by the Board of Supervisors.

## TERM / TERMINATION / RENEWAL

* + 1. The term of the contract, which may be awarded pursuant to this RFP will be eighteen (18) months, with actual funding level and scope of work contingent on funding availability.
    2. By mutual agreement, any contract which may be awarded pursuant to this RFP, may be extended for an additional one- or two-year term at agreed prices with all other terms and conditions remaining the same.

## PRICING

* + 1. Prevailing Wages: Pursuant to Labor Code Sections 1770 et seq., Contractor will pay to persons performing labor in and about Work provided for in Contract not less than the general prevailing rate of per diem wages for work of a similar character in the locality in which the Work is performed, and not less than the general prevailing rate of per diem wages for legal holiday and overtime work in said locality, which per diem wages will not be less than the stipulated rates contained in a schedule thereof which has been ascertained and determined by the Director of the State Department of Industrial Relations to be the general prevailing rate of per diem wages for each craft or type of workman or mechanic needed to execute this contract.

## AWARD

* + 1. Proposals will be evaluated by a committee and will be ranked in accordance with the RFPsection entitled “Evaluation Criteria/Selection Committee.” The committee will recommend award to the bidder who, in its opinion, has submitted the proposal that best serves the overall interests of the County and attains the highest overall point score. Award may not necessarily be made to the bidder with the lowest price.
    2. Small and Emerging Locally Owned Business: The County is vitally interested in promoting the growth of small and emerging local businesses by means of increasing the participation of these businesses in the County’s purchase of goods and services.

As a result of the County’s commitment to advance the economic opportunities of these businesses, **Bidders must meet the County’s Small and Emerging Locally Owned Business requirements in order to be considered for the contract award.** These requirements can be found online at:

<http://acgov.org/auditor/sleb/overview.htm>

For purposes of this bid, applicable industries include, but are not limited to, the following NAICS Code(s): 541511, 541512, 541519, 541690, and 541990.

A small business is defined by the [United States Small Business Administration](http://www.sba.gov/) (SBA) as having no more than the number of employees or average annual gross receipts over the last three (3) years required per SBA standards based on the small business’s appropriate NAICS code.

An emerging business is defined by the County as having either annual gross receipts of less than one-half (1/2) that of a small business OR having less than one-half (1/2) the number of employees AND that has been in business less than five (5) years.

* + 1. The County reserves the right to reject any or all responses that materially differ from any terms contained in this RFP or from any Exhibits attached hereto, to waive informalities and minor irregularities in responses received, and to provide an opportunity for bidders to correct minor and immaterial errors contained in their submissions. The decision as to what constitutes a minor irregularity will be made solely at the discretion of the County.
    2. The County reserves the right to award to a single or multiple Contractors.
    3. The County has the right to decline to award this contract or any part thereof for any reason.
    4. Board approval to award a contract is required.
    5. Any proposal/bids that contain false or misleading information may be disqualified by the County.
    6. A contract must be negotiated, finalized, and signed by the recommended awardee prior to Board approval.
    7. Final Standard Agreement terms and conditions will be negotiated with the selected bidder. Bidder may access a copy of the Standard Services Agreement template can be found online at:

<http://www.acgov.org/gsa/purchasing/standardServicesAgreement.pdf>

The template contains minimal Agreement boilerplate language only.

* + 1. The RFP specifications, terms, conditions and Exhibits, RFP Addenda and Bidder’s proposal, may be incorporated into and made a part of any contract that may be awarded as a result of this RFP.

## INVOICING

* + 1. Contractor will invoice the requesting department, unless otherwise advised, upon satisfactory receipt of product and/or performance of services.
    2. County will use best efforts to make payment within thirty (30) days following receipt and review of invoice and upon complete satisfactory receipt of product and performance of services.
    3. County will notify Contractor of any adjustments required to invoice.
    4. Invoices will contain County PO number, invoice number, remit to address and itemized products and/or services description and price as quoted and will be accompanied by acceptable proof of delivery.
    5. Contractor will utilize standardized invoice upon request.
    6. Invoices will only be issued by the Contractor who is awarded a contract.
    7. Payments will be issued to and invoices must be received from the same Contractor whose name is specified on the POs.
    8. The County will pay Contractor monthly or as agreed upon, not to exceed the total RFPquoted in the bid response.

## BID PROTEST/APPEALS PROCESS

* + 1. HCSA prides itself on the establishment of fair and competitive contracting procedures and the commitment made to following those procedures. The following is provided in the event that bidders wish to protest the bid process or appeal the recommendation to award a contract for this project once the Notices of Intent to Award/Non-Award have been issued. Bid protests submitted prior to issuance of the Notices of Intent to Award/Non-Award will not be accepted by the County.

Any Bid protest by any Bidder regarding any other Bid must be submitted in writing to Rebecca Gebhart, HCSA Finance Director, 1000 San Leandro Blvd., Suite 300, San Leandro, CA 94577, Fax (510) 351-1367 **before 5:00 pm of the FIFTH (5th) business day following the date of issuance of the Notice of Intent to Award, not the date received by the Bidder**. A Bid protest received after 5:00 pm is considered received as of the next business day.

* 1. The Bid protest must contain a complete statement of the reasons and facts for the protest.
  2. The protest must refer to the specific portions of all documents that form the basis for the protest.
  3. The protest must include the name, address, email address, fax number and telephone number of the person representing the protesting party.
  4. The County Agency/Department will transmit a copy of the bid protest to all bidders as soon as possible after receipt of the protest.

1. Upon receipt of written protest, HCSA Finance Director, or designee will review and evaluate the protest and issue a written decision. The HCSA Director, may, at his or her discretion, investigate the protest, obtain additional information, provide an opportunity to settle the protest by mutual agreement, and/or schedule a meeting(s) with the protesting Bidder and others (as appropriate) to discuss the protest. The decision on the bid protest will be issued at least ten (10) business days prior to the Board hearing or HCSA award date.   
     
   The decision will be communicated by e-mail or fax, and certified mail, and will inform the bidder whether or not the recommendation to the Board of Supervisors or HCSA in the Notice of Intent to Award is going to change. A copy of the decision will be furnished to all Bidders affected by the decision. As used in this paragraph, a Bidder is affected by the decision on a Bid protest if a decision on the protest could have resulted in the Bidder not being the apparent successful Bidder on the Bid.
2. The decision of the HCSA Finance Director on the bid protest may be appealed to the Auditor- Controller’s Office of Contract Compliance & Reporting (OCCR) located at 1221 Oak St., Room 249, Oakland, CA 94612, Fax: (510) 272-6502 unless the OCCR determines that it has a conflict of interest in which case an alternate will be identified to hear the appeal and all steps to be taken by OCCR will be performed by the alternate. The Bidder whose Bid is the subject of the protest, all Bidders affected by the HCSA Finance Director’s decision on the protest, and the protestor have the right to appeal if not satisfied with the HCSA Finance Director’s decision. All appeals to the Auditor-Controller’s OCCR shall be in writing and submitted within five (5) business days following the issuance of the decision by the HCSA Finance Director, not the date received by the Bidder. An appeal received after 5:00 p.m. is considered received as of the next business day.
   1. The appeal shall specify the decision being appealed and all the facts and circumstances relied upon in support of the appeal.
   2. In reviewing protest appeals, the OCCR will not re-judge the proposal(s). The appeal to the OCCR shall be limited to review of the procurement process to determine if the contracting department materially erred in following the Bid or, where appropriate, County contracting policies or other laws and regulations.
   3. The appeal to the OCCR also shall be limited to the grounds raised in the original protest and the decision by the HCSA Interim Finance and Administration Director. As such, a Bidder is prohibited from stating new grounds for a Bid protest in its appeal. The Auditor-Controller (OCCR) shall only review the materials and conclusions reached by the HCSA Interim Finance and Administration Director or department designee and will determine whether to uphold or overturn the protest decision.
   4. The Auditor’s Office may overturn the results of a bid process for ethical violations by HCSA staff, County Selection Committee members, subject matter experts, or any other County staff managing or participating in the competitive bid process, regardless of timing or the contents of a bid protest
   5. The decision of the Auditor-Controller’s OCCR is the final step of the appeal process. A copy of the decision of the Auditor-Controller’s OCCR will be furnished to the protestor, the Bidder whose Bid is the subject of the Bid protest, and all Bidders affected by the decision
3. The County will complete the Bid protest/appeal procedures set forth in this paragraph before a recommendation to award the Contract is considered by the Board of Supervisor or HCSA.
4. The procedures and time limits set forth in this paragraph are mandatory and are each Bidder's sole and exclusive remedy in the event of Bid Protest. A Bidder’s failure to timely complete both the Bid protest and appeal procedures shall be deemed a failure to exhaust administrative remedies. Failure to exhaust administrative remedies, or failure to comply otherwise with these procedures, shall constitute a waiver of any right to further pursue the Bid protest, including filing a Government Code Claim or legal proceedings.

## ACCOUNT MANAGER / SUPPORT STAFF

* + 1. Contractor shall provide a dedicated competent account manager who shall be responsible for the County account/contract. The account manager shall receive all orders from the County and shall be the primary contact for all issues regarding Bidder’s response to this RFP and any contract which may arise pursuant to this RFP.
    2. Contractor shall also provide adequate, competent support staff that shall be able to service the County during normal working hours, Monday through Friday. Such representative(s) shall be knowledgeable about the contract, products offered and able to identify and resolve quickly any issues including but not limited to order and invoicing problems.
    3. Contractor account manager shall be familiar with County requirements and standards and work with HCSA to ensure that established standards are adhered to.

# INSTRUCTIONS TO BIDDERS

## COUNTY CONTACTS

All contact during the competitive process is to be through Hanna Flores, Program Specialist, only. Contact Information is provided in [Section IV.R.2](#ContactInfo) below. All questions regarding these specifications, terms and conditions are to be submitted in writing, preferably via e-mail to Hanna Flores by the specified date on the Calendar of Events.

The evaluation phase of the competitive process will begin upon receipt of sealed bids until a contract has been awarded. Bidders will not contact or lobby evaluators during the evaluation process. Attempts by Bidder to contact evaluators may result in disqualification of bidder.

The GSA Contracting Opportunities website will be the official notification posting place of all Requests for Interest, Proposals, Quotes and Addenda. Go to <http://www.acgov.org/gsa_app/gsa/purchasing/bid_content/contractopportunities.jsp> to view current contracting opportunities.

## SUBMITTAL OF BIDS

* + 1. All bids must be SEALED and must be received at the Health Care Services Agency of Alameda County BY 2:00 p.m. on the due date specified in the [Calendar of Events](#_CALENDAR_OF_EVENTS).

NOTE: LATE AND/OR UNSEALED BIDS CANNOT BE ACCEPTED. IF HAND DELIVERING BIDS PLEASE ALLOW TIME FOR METERED STREET PARKING OR PARKING IN AREA PUBLIC PARKING LOTS AND ENTRY INTO SECURE BUILDING.

Bids will be received only at the address shown below, and by the time indicated in the Calendar of Events. Any bid received after said time and/or date or at a place other than the stated address cannot be considered and will be returned to the bidder unopened.

All bids, whether delivered by an employee of Bidder, U.S. Postal Service, courier or package delivery service, must be received and time stamped at the stated address prior to the time designated. The Health Care Services Agency’s timestamp will be considered the official timepiece for the purpose of establishing the actual receipt of bids.

* + 1. Bids are to be addressed and delivered as follows:

**Alameda County, Health Care Services Agency**

**RFP No. HCSA-900318**

**Attn: Hanna Flores, Program Specialist**

**1000 San Leandro Blvd, Suite 300**

**San Leandro, CA 94577**

For questions:  
E-MAIL: Hanna.Flores@acgov.org

PHONE: (510) 346-1084

**Bidder’s name, return address, and the RFP number and title must also appear on the mailing package.**

**\*PLEASE NOTE** that on the bid due date, a bid reception desk will be open between 9:00 a.m. – 2:00 p.m. and will be located on the third floor at 1000 San Leandro Blvd, Suite 300.

* + 1. Bidders are to submit one (1) original hardcopy bid (Exhibit A – Bid Response Packet, including additional required documentation), with original ink signatures, plus five (5) copies of their proposal. Original proposal is to be clearly marked “ORIGINAL” with copies to be marked “COPY”. All submittals should be printed on plain white paper, and must be either loose leaf or in a 3-ring binder (**NOT** bound). It is preferred that all proposals submitted shall be printed double-sided and on minimum 30% post-consumer recycled content paper. Inability to comply with the 30% post-consumer recycled content recommendation will have no impact on the evaluation and scoring of the proposal.

Bidders **must** also submit an electronic copy of their proposal. The electronic copy must be in a single file (PDF with OCR preferred) and shall be an **exact** scanned image of the original hard copy Exhibit A – Bid Response Packet, including additional required documentation. The file must be on disk or USB flash drive and enclosed with the sealed original hardcopy of the bid.

* + 1. BIDDERS SHALL NOT MODIFY BID FORM(S) OR QUALIFY THEIR BIDS. BIDDERS SHALL NOT SUBMIT TO THE COUNTY A SCANNED, RE-TYPED, WORD-PROCESSED, OR OTHERWISE RECREATED VERSION OF THE BID FORM(S) OR ANY OTHER COUNTY-PROVIDED DOCUMENT.
    2. No email (electronic) or facsimile bids will be considered.
    3. All costs required for the preparation and submission of a bid shall be borne by Bidder.
    4. Only one bid response will be accepted from any one person, partnership, corporation, or other entity; however, several alternatives may be included in one response. For purposes of this requirement, “partnership” shall mean, and is limited to, a legal partnership formed under one or more of the provisions of the California or other state’s Corporations Code or an equivalent statute.
    5. All other information regarding the bid responses will be held as confidential until such time as County Selection Committee has completed its evaluation, an recommended award has been made by County Selection Committee, and the contract has been fully negotiated with the recommended awardee named in the recommendation to award/non-award notification(s). The submitted proposals shall be made available upon request no later than five (5) calendar days before the recommendation to award and enter into contract is scheduled to be heard by the Board of Supervisors. All parties submitting proposals, either qualified or unqualified, will receive mailed recommendation to award/non-award notification(s), which will include the name of the bidder to be recommended for award of this project.  In addition, award information will be posted on the County’s “Contracting Opportunities” website, mentioned above.
    6. Each bid received, with the name of the bidder, shall be entered on a record, and each record with the successful bid indicated thereon shall, after the award of the order or contract, be open to public inspection.
    7. California Government Code Section 4552: In submitting a bid to a public purchasing body, the bidder offers and agrees that if the bid is accepted, it will assign to the purchasing body all rights, title, and interest in and to all causes of action it may have under Section 4 of the Clayton Act (15 U.S.C. Sec. 15) or under the Cartwright Act (Chapter 2, commencing with Section 16700, of Part 2 of Division 7 of the Business and Professions Code), arising from purchases of goods, materials, or services by the bidder for sale to the purchasing body pursuant to the bid. Such assignment shall be made and become effective at the time the purchasing body tenders final payment to the bidder.
    8. Bidder expressly acknowledges that it is aware that if a false claim is knowingly submitted (as the terms “claim” and “knowingly” are defined in the California False Claims Act, Cal. Gov. Code, §12650 et seq.), County will be entitled to civil remedies set forth in the California False Claim Act. It may also be considered fraud and the Contractor may be subject to criminal prosecution.
    9. The undersigned Bidder certifies that it is, at the time of bidding, and shall be throughout the period of the contract, licensed by the State of California to do the type of work required under the terms of the Contract Documents. Bidder further certifies that it is regularly engaged in the general class and type of work called for in the Bid Documents.
    10. The undersigned Bidder certifies that it is not, at the time of bidding, on the California Department of General Services (DGS) list of persons determined to be engaged in investment activities in Iran or otherwise in violation of the Iran Contracting Act of 2010 (Public Contract Code Section 2200-2208).
    11. It is understood that County reserves the right to reject this bid and that the bid shall remain open to acceptance and is irrevocable for a period of one hundred eighty (180) days, unless otherwise specified in the Bid Documents.

## RESPONSE FORMAT

* + 1. Bid responses are to be straightforward, clear, concise and specific to the information requested.
    2. In order for bids to be considered complete, Bidder **must** provide responses to all information requested. See Exhibit A – Bid Response Packet.
    3. Bid responses, in whole or in part, are NOT to be marked confidential or proprietary. County may refuse to consider any bid response or part thereof so marked. Bid responses submitted in response to this RFPmay be subject to public disclosure.  County will not be liable in any way for disclosure of any such records. Please refer to the County’s website at: <http://www.acgov.org/gsa/departments/purchasing/policy/proprietary.htm> for more information regarding Proprietary and Confidential Information policies.

### EXHIBIT A

**BID RESPONSE PACKET**

**RFP No. HCSA-900318**

To: The County of Alameda

From:

(Official Name of Bidder)

* **AS DESCRIBED IN THE SUBMITTAL OF BIDS SECTION OF THIS RFP, BIDDERS ARE TO SUBMIT ONE (1) ORIGINAL HARDCOPY BID (EXHIBIT A – BID RESPONSE PACKET), INCLUDING ADDITIONAL REQUIRED DOCUMENTATION), WITH ORIGINAL INK SIGNATURES, PLUS FIVE (5) Copies AND ONE (1) ELECTRONIC COPY OF THE BID IN PDF (with OCR preferred)**
* **ALL PAGES OF THE BID RESPONSE PACKET (EXHIBIT A) MUST BE SUBMITTED IN TOTAL WITH ALL REQUIRED DOCUMENTS ATTACHED THERETO; ALL INFORMATION REQUESTED MUST BE SUPPLIED; ANY PAGES OF EXHIBIT A (OR ITEMS THEREIN) NOT APPLICABLE TO THE BIDDER MUST STILL BE SUBMITTED AS PART OF A COMPLETE BID RESPONSE, WITH SUCH PAGES OR ITEMS CLEARLY MARKED “N/**
* **A”**
* **BIDDERS SHALL NOT SUBMIT TO THE COUNTY A RE-TYPED, WORD-PROCESSED, OR OTHERWISE RECREATED VERSION OF EXHIBIT A – BID RESPONSE PACKET OR ANY OTHER COUNTY-PROVIDED DOCUMENT**
* **ALL PRICES AND NOTATIONS MUST BE PRINTED IN INK OR TYPEWRITTEN; NO ERASURES ARE PERMITTED; ERRORS MAY BE CROSSED OUT AND CORRECTIONS PRINTED IN INK OR TYPEWRITTEN ADJACENT, AND MUST BE INITIALED IN INK BY PERSON SIGNING BID**
* **BIDDER MUST QUOTE PRICE(S) AS SPECIFIED IN RFP.**
* **BIDDERS THAT DO NOT COMPLY WITH THE REQUIREMENTS, AND/OR SUBMIT INCOMPLETE BID PACKAGES, SHALL BE SUBJECT TO DISQUALIFICATION AND THEIR BIDS REJECTED IN TOTAL**
* **IF BIDDERS ARE MAKING ANY CLARIFICATIONS AND/OR AMENDMENTS, OR TAKING EXCEPTION TO POLICIES OR SPECIFICATIONS OF THIS RFP, INCLUDING THOSE TO THE COUNTY SLEB POLICY, THESE MUST BE SUBMITTED IN THE EXCEPTIONS, CLARIFICATIONS, AMENDMENTS SECTION OF THIS EXHIBIT A – BID RESPONSE PACKET IN ORDER FOR THE BID RESPONSE TO BE CONSIDERED COMPLETE**

#### BIDDER INFORMATION AND ACCEPTANCE

1. The undersigned declares that the Bid Documents, including, without limitation, the RFP, Addenda, and Exhibits have been read.
2. The undersigned is authorized, offers, and agrees to furnish the articles and/or services specified in accordance with the Specifications, Terms & Conditions of the Bid Documents of RFP No. HCSA-900318 Social Health Information Exchange (SHIE) and Community Health Record (CHR) for Alameda County Care Connect.
3. The undersigned has reviewed the Bid Documents and fully understands the requirements in this Bid including, but not limited to, the requirements under the County Provisions, and that each Bidder who is awarded a contract shall be, in fact, a prime Contractor, not a subcontractor, to County, and agrees that its Bid, if accepted by County, will be the basis for the Bidder to enter into a contract with County in accordance with the intent of the Bid Documents.
4. The undersigned acknowledges receipt and acceptance of all addenda.
5. The undersigned agrees to the following terms, conditions, certifications, and requirements found on the County’s website:

* [**Debarment / Suspension Policy**](http://www.acgov.org/gsa/departments/purchasing/policy/debar.htm)

[<http://www.acgov.org/gsa/departments/purchasing/policy/debar.htm>]

* [**Iran Contracting Act (ICA) of 2010**](http://www.acgov.org/gsa/departments/purchasing/policy/ica.htm)

[<http://www.acgov.org/gsa/departments/purchasing/policy/ica.htm>]

* [**General Environmental Requirements**](http://www.acgov.org/gsa/departments/purchasing/policy/environ.htm)

[<http://www.acgov.org/gsa/departments/purchasing/policy/environ.htm>]

* **Small Local Emerging Business Program**

[<http://acgov.org/auditor/sleb/overview.htm>]

* [**First Source**](http://www.acgov.org/gsa/departments/purchasing/policy/first.htm)

[<http://acgov.org/auditor/sleb/sourceprogram.htm>]

* [**Online Contract Compliance System**](http://www.acgov.org/gsa/departments/purchasing/policy/compliance.htm)

[<http://acgov.org/auditor/sleb/elation.htm>]

* [**General Requirements**](http://www.acgov.org/gsa/departments/purchasing/policy/genreqs.htm)

[<http://www.acgov.org/gsa/departments/purchasing/policy/genreqs.htm>]

* [**Proprietary and Confidential Information**](http://www.acgov.org/gsa/departments/purchasing/policy/proprietary.htm)

[<http://www.acgov.org/gsa/departments/purchasing/policy/proprietary.htm>]

1. The undersigned acknowledges that Bidder will be in good standing in the State of California, with all the necessary licenses, permits, certifications, approvals, and authorizations necessary to perform all obligations in connection with this RFP and associated Bid Documents.
2. It is the responsibility of each bidder to be familiar with all of the specifications, terms and conditions and, if applicable, the site condition. By the submission of a Bid, the Bidder certifies that if awarded a contract they will make no claim against the County based upon ignorance of conditions or misunderstanding of the specifications.
3. Patent indemnity: Vendors who do business with the County shall hold the County of Alameda, its officers, agents and employees, harmless from liability of an nature or kind, including cost and expenses, for infringement or use of any patent, copyright or other proprietary right, secret process, patented or unpatented invention, article or appliance furnished or used in connection with the contract or purchase order.
4. Insurance certificates are not required at the time of submission. However, by signing Exhibit A – Bid Response Packet, the Contractor agrees to meet the minimum insurance requirements stated in the RFP. This documentation must be provided to the County, prior to award, and shall include an insurance certificate and additional insured certificate, naming the County of Alameda, which meets the minimum insurance requirements, as stated in the RFP.
5. The undersigned acknowledges ***ONE*** of the following (please check only one box):

Bidder is not local to Alameda County and is ineligible for any bid preference; **or**

Bidder is a certified SLEB and is requesting 10% bid preference; (Bidder must check the first box and provide its SLEB Certification Number in the [SLEB PARTNERING INFORMATION SHEET](#SLEBCerta)); **or**

Bidder is LOCAL to Alameda County and is requesting 5% bid preference, and has attached the following documentation to this Exhibit:

* Copy of a verifiable business license, issued by the County of Alameda or a City within the County; and
* Proof of six (6) months business residency, identifying the name of the vendor and the local address. Utility bills, deed of trusts or lease agreements, etc., are acceptable verification documents to prove residency.

Official Name of Bidder:

Street Address Line 1:

Street Address Line 2:

City:  State:  Zip Code:

Webpage:

Type of Entity / Organizational Structure (check one):

Corporation  Joint Venture

Limited Liability Partnership  Partnership

Limited Liability Corporation  Non-Profit / Church

Other:

Jurisdiction of Organization Structure:

Date of Organization Structure:

Federal Tax Identification Number:

Primary Contact Information:

Name / Title:

Telephone Number:  Fax Number:

E-mail Address:

**SIGNATURE:**

Name and Title of Signer:

Dated this  day of  20

#### BID FORM(S)

The proposed budget should not exceed $8 million for the eighteen (18)-month project and state line item costs, including staffing, indirect costs, etc. for the proposed services and is the cost the County will pay for the eighteen (18)-month term of any contract that is a result of this bid.

Bidder hereby certifies to County that all representations, certifications, and statements made by Bidder, as set forth in this Bid Form and attachments are true and correct and are made under penalty of perjury pursuant to the laws of California.

Sample template included here IS an EXAMPLE BUDGET. bidders must provide their own comprehensive budget FOR THE 18 month CONTRACT TERM.

|  |  |
| --- | --- |
| **PROGRAM Service Description** | **PROPOSED 18 MONTH AMOUNT** |
| **Personnel** *(include lines for all positions included in the service delivery model)* |  |
|  |  |
| Subtotal Salaries |  |
| Staff Benefits @ ( )% |  |
| **Subtotal Personnel** |  |
| **Subcontracts** |  |
|  |  |
| **Subtotal Subcontracts** |  |
| **Operating Costs** *(examples include staff travel; ongoing facility expenses; office supplies; and all other operating costs associated with the required services)* |  |
|  |  |
|  |  |
| **Subtotal Operating Costs** |  |
| **Start-Up Expenses** *(may include line-items for equipment, hiring, etc., as appropriate to the scope of services in this RFP.)* |  |
|  |  |
|  |  |
| **Subtotal One-Time Costs** |  |
| **Total Direct Costs:** |  |
|  |  |
| **Indirect Costs @ \_\_\_ % (Not to exceed 11.18%)** |  |
| **Total Proposed Cost** |  |
| **ALAMEDA COUNTY REVENUE**  **TOTAL AMOUNT NOT TO EXCEED** |  |

#### REQUIRED DOCUMENTATION AND SUBMITTALS

**All of the specific documentation listed below is required to be submitted with the** [**Exhibit A**](#_EXHIBIT_A) **– Bid Response Packet in order for a bid to be deemed complete. Bidders will submit all documentation, in the order listed below and clearly label each section with the appropriate title (i.e. Table of Contents, Letter of Transmittal, Key Personnel, etc.).**

1. **Table of Contents**: Bid responses shall include a table of contents listing the individual sections of the proposal/quotation and their corresponding page numbers. Tabs should separate each of the individual sections.

2. **Letter of Transmittal**: Bid responses shall include a description of Bidder’s history including capabilities and approach in providing its services to the County, and provide a brief synopsis of the highlights of the Proposal and overall benefits of the Proposal to the County. Description should also include a statement of how the Bidder meets each of the [Bidder Minimum Qualifications](#_BIDDER_MINIMUM_QUALIFICATIONS) described in Section I.D. This synopsis should not exceed two (2) pages in length and should be easily understood.

3. **Exhibit A – Bid Response Packet:** Every bidder must fill out and submit the complete Exhibit A – Bid Response Packet.

**(a)** **Bidder Information and Acceptance:**

(1) Every Bidder must select one choice under Item 10 of page 3 of Exhibit A and must fill out, submit a signed page 4 of Exhibit A.

**(b)** **SLEB Partnering Information Sheet:**

(1) Every bidder must fill out and submit a signed SLEB Partnering Information Sheet, (found on page 9 of Exhibit A) indicating their SLEB certification status. If bidder is not certified, the name, identification information, and goods/services to be provided by the named CERTIFIED SLEB partner(s) with whom the bidder will subcontract to meet the County SLEB participation requirement must be stated.  Any CERTIFIED SLEB subcontractor(s) named, the Exhibit must be signed by the CERTIFIED SLEB(s) according to the instructions. All named SLEB subcontractor(s) must be certified by the time of bid submittal.

**(c)** **References:**

(1) Bidders must use the templates on page 10 of this Exhibit A – Bid Response Packet to provide references.

(2) Bidders are to provide a list of at least three (3) references. References must be satisfactory as deemed solely by County. References should have similar scope, volume and requirements to those outlined in these specifications, terms and conditions.

* + Bidders must verify the contact information for all references provided is current and valid.
  + Bidders are strongly encouraged to notify all references that the County may be contacting them to obtain a reference.

(3) The County may contact some or all the references provided in order to determine Bidder’s performance record on work similar to that described in this request. The County reserves the right to contact references other than those provided in the Response and to use the information gained from them in the evaluation process.

**(d)** **Exceptions, Clarifications, Amendments:**

1. This shall include clarifications, exceptions and amendments, if any, to the RFP and associated Bid Documents, and shall be submitted with your bid response using the template on page 16 of this Exhibit A – Bid Response Packet.
2. **THE COUNTY IS UNDER NO OBLIGATION TO ACCEPT ANY EXCEPTIONS, AND SUCH EXCEPTIONS MAY BE A BASIS FOR BID DISQUALIFICATION.**

4. **Technical Questionnaire:** Bidder shall complete a self-scoring questionnaire provided in an Excel workbook. The Excel workbook is provided as a supplemental document to the RFP and is found at the same weblink where the original RFP can be downloaded from. Instructions for populating the Technical Questionnaire are provided on the first tab of the Excel file. Bidder must include a full print out of the completed Technical Questionnaire in the Bid Response Packet. The County will evaluate whether the submission satisfies the requirements as outlined in [Section D. Bidder Minimum Qualifications](#BidderMinQuals). Responses to the Technical Questionnaire will also be used to score the Bid Response as outlined in [Section H. Evaluation Criteria / Selection Committee](#_EVALUATION_CRITERIA_/). See Technical Questionnaire Excel file for limitations around response length.

5. **Bidder Company Profile (1 page):** Bid responses shall include key information about the company including:

* + - * 1. Status as publicly or privately held;
        2. Revenue for last three (3) years;
        3. If privately held, identify investors;
        4. Total number of employees;
        5. Company organization structure;
        6. Locations in the San Francisco Bay Area;
        7. Number of current customers and number in health and/or social care vertical;
        8. Number of active multi-year contracts

6. **Key Personnel (2-3 pages)**: Bid responses shall include a complete list of all key personnel associated with this RFP. This list must include all key personnel who will provide services/training to County staff, all key personnel who will provide maintenance and support services and a proposed governance structure. Bidder should also include a description of the governance structure between Prime Bidder and Subcontractor, if applicable. For each person on the list, include the following information and attach most recent resume (resumes do not count toward any page limitation):

(a) The person’s relationship with Bidder, including job title and years of employment with Bidder;

(b) The role that the person will play in connection with the RFP;

(c) The person’s experience as it relates to the RFP;

(d) The person’s availability to be local and/or on-site.

7. **Capacity and Readiness (1-2 pages):** Bid response shall describe Bidder’s capacity and readiness to deliver the services requested in the RFP. The response should describe:

1. The portfolio, including quantity, of current implementation projects; and
2. Given Bidder’s current portfolio of work, how they will expect to meet the County’s requirements and timeline.

8. **Experience in and Ability to Collaborate with Multiple Stakeholders (1 page):** As described in the [Background](#_BACKGROUND) and [Scope](#_SCOPE) sections of this RFP, the core objective of AC Care Connect is to collaborate to provide better services to vulnerable populations in Alameda County who are high users of multiple systems. Coordination of care for these populations will require facilitating connections among providers, institutions, and other “siloed” entities that have not worked together in the past and that AC Care Connect may ask for changes in the way they provide services. This diverse group has a range of backgrounds, experience and learning styles.

The bid response shall provide an example of a previous experience working with multiple stakeholders that is applicable to the services requested in the RFP.

9. **Description of the Proposed Services (2-3 pages)**: Bid response shall clearly and comprehensively describe the process and timeline it proposes to deliver the services and implement the program requested in this RFP as described in the [Scope](#_SCOPE) and [Deliverables/Reports](#_DELIVERABLES_/_REPORTS) sections, including:

* 1. A plan for collaborating in the work; and
  2. A description of proposed services that is specific to each component under the Scope of the RFP.

10. **Deliverables and Reports (1 page)**: Bid response shall clearly describe data collection to support reporting on the deliverables requested in this RFP, as outlined in the [Deliverables/Reports](#_DELIVERABLES_/_REPORTS) section. Bidder should explain how they will be able to produce the deliverables and reports in a timely fashion, including program evaluations. Selected Bidder will submit regular performance reports with clear measures of progress toward project objectives throughout the contract period.

11. **Budget Table and Narrative (2-3 pages)**:

The proposed budget should state costs, including staffing, indirect costs, etc. for the proposed services requested in this RFP. Budgets should include a narrative description to aid the reader in evaluating the budget.

**SMALL LOCAL EMERGING BUSINESS (SLEB)**

PARTNERING INFORMATION SHEET

**RFP No. HCSA-900318**

**In order to meet the Small Local Emerging Business (SLEB) requirements of this RFP**, **all bidders must complete this form as required below.**

**Bidders not meeting the** [**definition of a SLEB**](http://acgov.org/auditor/sleb/overview.htm) **(**[**http://acgov.org/auditor/sleb/overview.htm**](http://acgov.org/auditor/sleb/overview.htm)**) are required to subcontract with a SLEB for at least twenty percent (20%) of the total estimated bid amount in order to be considered for contract award. SLEB subcontractors must be independently owned and operated from the prime Contractor with no employees of either entity working for the other. This form must be submitted for each business that bidders will work with, as evidence of a firm contractual commitment to meeting the SLEB participation goal. (Copy this form as needed.)**

**Bidders are encouraged to form a partnership with a SLEB that can participate directly with this contract. One of the benefits of the partnership will be economic, but this partnership will also assist the SLEB to grow and build the capacity to eventually bid as a prime on their own.**

**Once a contract has been awarded, bidders will not be able to substitute named subcontractors without prior written approval from the Auditor-Controller, Office of Contract Compliance (OCC).**

**County departments and the OCC will use the web-based Elation Systems to monitor contract compliance with the SLEB program** **(Elation Systems:** [**http://www.elationsys.com/elationsys/**](http://www.elationsys.com/elationsys/)**).**

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| --- |
| **BIDDER IS A CERTIFIED SLEB (sign at bottom of page)**  **SLEB BIDDER Business Name:**  **SLEB Certification #:       SLEB Certification Expiration Date:**  **NAICS Codes Included in Certification:** |

|  |
| --- |
| **BIDDER IS NOT A CERTIFIED SLEB and will subcontract      % with the SLEB named below for the following goods/services:**  **SLEB Subcontractor Business Name:**  **SLEB Certification #:       SLEB Certification Expiration Date:**  **SLEB Certification Status:  Small /  Emerging**  **NAICS Codes Included in Certification:**  **SLEB Subcontractor Principal Name:**  **SLEB Subcontractor Principal** **Signature: Date:** |

**Upon award, prime Contractor and** **all SLEB subcontractors** that receive contracts as a result of this bid process agree to register and use the secure web-based ELATION SYSTEMS. ELATION SYSTEMS will be used to submit SLEB subcontractor participation including, but not limited to, subcontractor contract amounts, payments made, and confirmation of payments received.

Bidder Printed Name/Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Bidder Signature: Date:

****REFERENCES

**RFP No. HCSA-900318**

Bidder Name:

|  |  |
| --- | --- |
| Company Name: | Contact Person: |
| Address: | Telephone Number: |
| City, State, Zip: | E-mail Address: |
| Services Provided / Date(s) of Service/ Technology Deployed/ Results and Time to Achieve Results (200 words or less): | |

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| Company Name: | Contact Person: |
| Address: | Telephone Number: |
| City, State, Zip: | E-mail Address: |
| Services Provided / Date(s) of Service/ Technology Deployed/ Results and Time to Achieve Results (200 words or less): | |

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| Services Provided / Date(s) of Service/ Technology Deployed/ Results and Time to Achieve Results (200 words or less): | |

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| Address: | Telephone Number: |
| City, State, Zip: | E-mail Address: |
| Services Provided / Date(s) of Service/ Technology Deployed/ Results and Time to Achieve Results (200 words or less): | |

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| City, State, Zip: | E-mail Address: |
| Services Provided / Date(s) of Service/ Technology Deployed/ Results and Time to Achieve Results (200 words or less): | |

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#### EXCEPTIONS, CLARIFICATIONS, AMENDMENTS

**RFP No. HCSA-900318**

Bidder Name:

List below requests for clarifications, exceptions and amendments, if any, to the RFP and associated Bid Documents, and submit with your bid response.

The County is under no obligation to accept any exceptions and such exceptions may be a basis for bid disqualification.

|  |  |  |  |
| --- | --- | --- | --- |
| **Reference to:** | | | **Description** |
| Page No. | Section | Item No. |  |
| **p. 23**  EXAMPLE | **D** | **1.c.** | ***Vendor takes exception to…*** |
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\*Print additional pages as necessary

### EXHIBIT B

**INSURANCE REQUIREMENTS**



Insurance certificates are not required at the time of submission; however, by signing Exhibit A – Bid Packet, the bidder agrees to meet the minimum insurance requirements stated in the RFP, prior to award. This documentation must be provided to the County, prior to award, and will include an insurance certificate and additional insured certificate, naming the County of Alameda, which meets the minimum insurance requirements, as stated in this Exhibit B – Insurance Requirements.

The following page contains the minimum insurance limits, required by the County of Alameda, to be held by the Contractor performing on this RFP:

\*\*\* see next page for county of alameda minimum insurance requirements \*\*\*



### Exhibt D

### Vendor Responsibilities

Like [Figure I Sample SHIE and CHR Architecture Diagram](#FigureI), the AC Care Connect DEU team is expecting the vendor to propose a solution centric approach and not a software centric approach. There are various elements listed in [Figure J Software Elements](#FigureJ) that need to be made available as part of the solutions delivery. AC Care Connect-DEU infrastructure, even when hosted by the vendor, would be owned by Alameda County Health Care Services Agency. Since the solution delivery would require various aspects of solution development, quality assurance, operation readiness testing and finally deployment in a scalable, reliable, redundant and high-performance infrastructure. Vendor will be responsible for various development and operational planning activities as defined below.

* + - 1. **Project Staffing Qualifications**

The vendor will be responsible for training all AC Care Connect user groups. Various stakeholder user groups should be offered full training on the use of the system. Training will encompass the functions, procedures, and proper operation of the Community Health Record, AC Care Connect DEU infrastructure and supported apps and will have a role-based curriculum that will include a description of training methods that will be used for each user group. Training methods will include, but are not limited to, “train the trainer”, online tutorials, and written materials. The vendor will provide a training management plan to include a knowledge transfer strategy for approval by the Alameda County Health Care Services Agency or their designee. This document will describe the strategy for training AC Care Connect/DEU users on the functions, procedures, and proper operation of the system. As part of the training plan the vendor will also provide a roadmap to train additional users as the adoption of the infrastructure grows outside of the preliminary list of stakeholders.

* + - 1. **Quality assurance and quality control of the solution prior to deployment**

Excellent quality assurance and quality control of the solution prior to the deployment is a critical success factor. It is anticipated that to build the solution the vendor may have to utilize a system aggregator approach along with being the developer of certain custom-made solutions. The vendor will be responsible for ensuring quality assurance and control measurements to assure the quality of the product solution and services. There also needs to be a quality assurance environment for the DEU staff to formally accept the final solution before signing off for deployment. At a minimum, the vendor will describe its methodology for managing the following items.

1. Quality management plan
2. Test plan
3. Test region (mirroring the production environment)
4. Test cases, scripts, and scenarios
5. Test results
6. Performance test results (if deemed necessary)
   * + 1. **Change control management process**

AC Care Connect (or DEU as its designee) Change Control Board (CCB) will implement a formal change control process, which will be agreed upon by the HCSA and the vendor, and will include the reason for the change, a complete description of work to be performed, an estimate of time and cost to complete the task, a completion date for the change, and an impact analysis, which indicates impacts to the project’s schedule, cost and development scope.

If unforeseen circumstances arise where a dispute resolution might be needed, the vendor will submit (in writing) a description of the problem and proposed resolution to the DEU program director and/or primary point of contact for consideration. If change requests are needed, the vendor agrees to continue at the hourly rate specified in the proposal response (could be fixed bid for every change).

If HCSA or its designee determines that a change to the statement of work is required, a contract amendment will be made to the contract in accordance with the contract. A project change request will be submitted by the vendor to DEU as the justification for a change to the statement of work subject to HCSA’ or DEU’s approval.

The vendor will maintain a control change process, which lists all changes approved through:

1. Alameda County Specific IT Standards
2. Alameda County Information Technology Department Review
3. Data and cybersecurity standards

The vendor and its services, work products, and final deliverables provided by the vendor, which are applicable to the services described in the scope section below, will be knowledgeable of and in compliance with pertinent county, state and federal statues, county and state it policies, rules, and standards for required system hardware, software and development elements, when completed and accepted by the alameda county health care services agency.

Additionally, the vendor will have a working knowledge of all state and federal mandates, regulations, standards and requirements that pertain to scope, including operational compliance with legislation passed at the federal or state level, as applicable.

The vendor will adhere to best practices during the execution of the scope of work including National Institute of Standards (NIST) special publication (SP) 800 series related to cyber security.

The vendor will acknowledge acceptance of these requirements in their response.

* + - 1. **Operational readiness testing plan**

The vendor will provide a go-live operational readiness plan working with the DEU team. This is one of the key deliverables in part 1 of the solution delivery.

The final go-live operational readiness plan will require a formal approval by DEU team, which will be re- evaluated at a minimum after delivery of every part of the solution, and will be updated by the vendor as frequently as deemed necessary by the DEU team.

The DEU and the vendor will coordinate operational readiness and operability testing that will determine the vendor’s readiness to implement operations in all the following areas:

1. Software installation / configuration
2. If AC Care Connect-DEU infrastructure is hosted by the vendor then providing all the data center and disaster recovery
3. Interfaces
4. Stakeholder training
5. AC Care Connect/DEU staff training
6. All system, user, and operations documentation
7. System security
8. Confidentiality of data
9. Report generation and distribution processes
10. Coordination of responsibilities with other subcontractors if applicable.

The vendor will test all aspects of the AC Care Connect-DEU solution as part of the operational readiness and operability test activity.

The vendor will track and respond to all issues and defects reported by AC Care Connect/ DEU staff as well as staff in other stakeholder organizations. A proper issue reporting software will be made available by the vendor during this activity.

The vendor will prepare a risk mitigation and resolution plan to resolve all issues/defects in a timely fashion. Prioritization of issues will be done in discussion with the DEU staff.

If not performed or demonstrated during the solution development activity, vendor will conduct (or provide proof of) vulnerability testing of the solution that will meet the security standards of HCSA and the Alameda County IT Department.

* + - 1. **It policies of the County**

It is expected that the vendor’s staff and the AC Care Connect DEU team would be working together on delivering component 1 using Alameda County’s IT infrastructure and network. At least 30 days prior to any implementation, Vendor agrees to submit the software implementation plan for review and approval by the Alameda County Information Technology Department (ITD), as well as any additional information or documentation as requested by ITD. Vendor agrees to modify their software implementation to satisfy any requirements set forth by ITD to insure the integrity and security of the County’s infrastructure, network and data repository. Vendor will acknowledge ITD as the final arbitrator for any resolutions ITD deems necessary to protect the data and infrastructure of Alameda County.

* + - 1. **Other Statutory Mandates**

The vendor will follow CMS MITA (Medicaid information technology architecture: https://www.medicaid.gov/medicaid/data-and-systems/mita/mita-30/index.html ) 3.0 seven standards and conditions:

1. MITA condition – this condition requires states to align to and advance increasingly in MITA maturity for business, architecture, and data. CMS expects the states to complete and continue to make measurable progress in implementing their MITA roadmaps. Although not directly but the same architectural model will be applicable to this scope of work as industry best practices.
2. Modularity standard – this condition requires the use of a modular, flexible approach to systems development, including the use of open interfaces and exposed application programming interfaces (api); the separation of business rules from core programming; and the availability of business rules in both human and machine-readable formats. The commitment to formal system development methodology and open, reusable system architecture is extremely important in order to ensure that states (and counties) can more easily change and maintain systems, as well as integrate and interoperate with a clinical and administrative ecosystem designed to deliver person-centric services and benefits.
3. Industry standards condition – systems and solution should ensure alignment with, and incorporation of, industry standards: the health insurance portability and accountability act of 1996 (HIPAA) security, privacy and transaction standards; accessibility standards established under section 508 of the rehabilitation act, or standards that provide greater accessibility for individuals with disabilities, and compliance with federal civil rights laws; standards adopted by the secretary under section 1104 of the affordable care act; and standards and protocols adopted by the secretary under section 1561 of the affordable care act. Leverage condition – systems and solutions should promote sharing, leverage, and reuse of Medicaid 35 technologies and systems within and among states.
4. Business results condition – system and solutions s should support accurate and timely processing of claims, adjudications, and effective communications with providers, beneficiaries, and the public.
5. Reporting condition – system and solutions should produce transaction data, reports, and performance information that would contribute to program evaluation, continuous improvement in business operations, and transparency and accountability.
6. Interoperability condition – systems and solutions will ensure seamless coordination and integration with the exchange (whether run by the state or federal government), and allow interoperability with health information exchanges, public health agencies, human services programs, and community organizations providing outreach and enrollment assistance services.

Vendor agreements and compliance: the vendor will be required to enter into a signed Business Associate Agreement (BAA), that is in compliance with the privacy and security provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) prior to start of work.

The vendor will have a detailed understanding of current rules and regulations applicable to the scope, 42CFR, part 2 for confidentiality of substance use disorder patient record and 45CFR parts 160 and 164 for security and privacy. In addition, the vendor will be aware of upcoming changes to existing rules and regulations as well as new rules and regulations that may impact the scope of work.

The vendor will acknowledge acceptance of these requirements in their response.

### EXHIBIT E

### LIST OF STAKEHOLDERS

Below is a description of the Stakeholders that are involved with the AC Care Connect pilot and which the selected Bidders will partner with during the contract term:

1. **Alameda County Health Care Services Agency (HCSA):** HCSA serves the healthcare needs of Alameda County residents. There are four primary program areas in the department: Behavioral Health Care, Public Health, Environmental Health and Administration, Indigent Health and Cross-Jurisdictional Programs. HCSA and its AC Care Connect Backbone Organization governs DEU planning, development and deployment to ensure alignment with the AC Care Connect program.
2. **Eligible Hospitals (EHs):** There are 13 EHs in Alameda County including the 4 hospitals of Alameda Health System, Washington, 4 Kaiser hospitals (Fremont, Hayward, San Leandro, Oakland), 2 Sutter hospitals (Alta Bates Summit and Eden), Valley Care and St. Rose. These institutions range in size and have each implemented their own EHR solution. If current plans are executed, all hospitals (except St. Rose) are on Epic or will be on Epic by 2020.
3. **Community Based Clinics:** Alameda County based Federally Qualified Health Centers (or FQHCs) are part of this group. These organizations provide primary care, mild to moderate behavioral health care, vision care and dental care to the residents of Alameda County. For most of those organizations, the longitudinal health record of their patients that are inclusive of social determinants would be important to determine appropriate level of care delivery and to effectively build upon the care provided by other organizations in the system. Currently these FQHC’s manage their patients via eight (8) separately implemented instances of NextGen.
4. **Health Plans** Alameda County has two health plans that administer the Medi-Cal managed care population. Alameda Alliance for Health is responsible for roughly 80% (263,000) of these beneficiaries while Anthem Blue Cross manages the remaining 20%. Their role in this project is to design and administer the intensive care management services for a subset of the Care Connect population. They currently are the primary sources of utilization information for enrollment and planning purposes through claims data
5. **Other Primary Care Providers** Alameda County and their Stakeholders contract out to a variety of providers (30% of contracted providers) that do not have EPIC or NextGen. These organizations provide primary care, mild to moderate behavioral health care, vision care and dental care to the residents of Alameda County. These providers typically have access to a small subset of a consumer’s patient health record.
6. **Behavioral Health Care Services:** Alameda County Behavioral Health Care Services, a division of Health Care Services, is the county behavioral health safety net provider and Medi-Cal Managed Care provider for Specialty Mental Health. They serve more than 30,000 residents annually impacted by Severe Mental Illness (SMI) and Substance Use Disorders (SUD). They are currently supported for clinical delivery by two primary systems, Clinician’s Gateway and Insyst. This department also currently supports Care Connect’s Enrollment System and Business Intelligence needs. We are committed to sharing mental health information with relevant care team members as allowed under HIPAA without explicit patient consent for treatment, planning and operations. That said, careful and accurate patient consent will be key to involve substance use disorder treatment information, which is critical for real whole person care along the Care Connect focus populations.
7. **Emergency Medical Services (EMS)** EMS often provides first response for entry into the emergency medical care system and provides evaluation, treatment, and transportation of patients to a hospital emergency department. EMS receives more than 300 calls per day via 911. The AC Care Connect population sees this department as trusted connection and is often a frequent transport to higher utilization at the Emergency Room. The EMS team often lacks key medical and mental health information during daily emergency medical care and would benefit greatly in the return of clinically and socially-relevant patient information to paramedics.
8. **Housing:** The Alameda County Housing and Community Development Department supports the development of housing, provisioning and oversight of homeless programs and administration of the Homeless Management Information System (HMIS). Care Connect has partnered with HCD and other housing partners (Abode, Berkeley Food and Housing Project, City of Oakland, Bay Area Community Services) to support coordinated case management and housing navigation as a critical health intervention. Housing providers are therefore key providers of housing supports data as well as receivers to facilitate effective case management with a “Housing First” approach in collaboration with medical and other providers.
9. **Criminal Justice:** Alameda County Criminal Justice service providers include Probation (Adult and Juvenile Services) and Santa Rita Jail. As with people entering emergency rooms or acute care clinics, those booked into jails are often in a state of distress and commonly experience symptoms of unmet health and social needs. The work of a patient discharge planner in a hospital developing continuity-of-care plans for patients who are returning home is analogous to transitional planning/reentry case-managers in jails and prisons. Professionals working in both environments can use reliable health records as a tool for linking their consumers to appropriate social support services that keep them healthy and provide the support and treatment that they need in the community.
10. **Social Services Agency**: Social Service providers include Cal Fresh (food stamps), CalWORKs (cash aid and services to families), general assistance, Medi-Cal, housing cash aid and emergency shelter. There is an increasing public awareness that unmet social needs directly contribute to poorer health. A national poll[[2]](#footnote-2) showed\* that 85 % of physicians believe that unmet social needs directly lead to worse health care for Americans; that social needs are as important to address as medical needs; and that these needs are important to all Americans, not just low-income individuals. Coordination between clinical and community-based resources is pivotal to addressing social needs and to improving self-care and prevention of chronic medical conditions. A Community Health Record that supports care planning, referral tracking and other social determinants would provide value to both Alameda County’s Social Services Agency as well as the clinical community.
11. **Community Based Social Service Organizations**: Organizations like food banks provide critical services for social needs that directly impact health. However, their services are often linked through a distant referral as opposed to bringing the manager in as an important support to the care team. View-only access to a limited set of information in the CHR could help the organization respond effectively and efficiently to referrals and introductions to consumers.

1. ITD will be paid standard rates for any modifications to existing County applications required for the integration of the vendor solution. Should any such modifications be required, AC Care Connect will ensure ITD is reimbursed for any development expenses. [↑](#footnote-ref-1)
2. Robert Wood Johnson Foundation. Health Care’s Blind Side: The Overlooked Connection Between Social Needs and Good Health. 2011.  [↑](#footnote-ref-2)