

2.2 SCOPE OF WORK:

To assist the Joint Fiscal Office in meeting this requirement the JFO is seeking request for proposals from one or a combination of the following: commercial management consulting entities; public policy research organizations; academic institutions; and/or organizations that specialize in corrections-related services, including health care provision for incarcerated populations. The scope of work for this RFP has three main components as follows:

(1) MULTI-STATE COMPARISON OF CORRECTIONS HEALTH CARE SYSTEMS AND COSTS

The contractor is expected to conduct research on the specific corrections health care models and costs in eight to ten states for comparison to Vermont. Eight of these states are identified, which include the five other states with a unified corrections system (Alaska, Connecticut, Delaware, Hawaii, and Rhode Island) and the three remaining New England states (Massachusetts, Maine, and New Hampshire). Information from up to two additional states or other countries may be added if these states/countries are deemed significantly similar in some respects to Vermont and add value to the analysis.

This multistate data collection and analysis will include, to the extent possible, information on the areas listed below as well as any other areas the contractor deems as pertinent for completing a thorough and accurate assessment consistent with the intent of Sec. E.127 of Act 11 of 2018 special session. This research should include but not be limited to documented, direct interviews of knowledgeable persons within each state as well as review of recent existing studies and documents available on the corrections systems and corrections health care systems in each state researched.

Data Collection and Analysis: State-Specific Provision of Prison Health Care Services

- State-specific corrections health care cost data
- Scope of health care services provided
- Break out of costs for individual services, ideally calculated as per inmate per month (PIPM) rate.
- Description of the corrections health care service delivery model used in each state.
- How each state's correctional healthcare system addresses the following:
 - Continuity Of Care, with regard to providing ongoing treatment for individuals who are admitted to, and released from DOC custody.
 - Care Planning, which aids the ability to coordinate and manage care for individuals as they transition between the community and correctional facilities.
 - Women's Health, health care issues and costs, adequacy of services, unique circumstances and challenges specific to incarcerated women.
 - Data Sharing, which facilitates the availability of individual health information within and between the community and DOC facilities.
 - Standardization Of Procedures For Prior Authorization And Utilization Management.

- Data Collection And Metrics, collected and monitored to achieve transparency, establish accountability, and improve performance.
- Continuous Quality Improvement, through regular auditing, reviews of sentinel events, and performance-based indicators.
- Governance and oversight of the health services staff.
 - Health services staffing matrices, by facility, position, FTE, and annual cost.
 - Administrative costs/overhead and vendor profit margin.
 - Procurement methods and contract management.
 - Status of the National Commission on Correctional Health Care (NCCCHC) accreditation for prisons
 - Assessment/Ranking on:
 - Capacity – how well the corrections healthcare system operates, ability to hire, vacancy levels

The multistate research should also include contextual information on each states baseline demographics, overall approach to criminal justice, and overall corrections system.

(2) REVIEW VERMONT PROCUREMENT PROCESSES FOR INMATE HEALTHCARE

The contractor will review current and past processes regarding the procurement of healthcare services for the Vermont incarcerated population. This will include interview of Vermont Department of Corrections personnel, review of contract documents, RFPs issued, correspondence with contractor, and financial data. The contractor will provide an assessment and recommendations on the procurement and contract management of the Vermont DOC.

(3) CONSULT WITH JFO ON EVALUATION METHODS

The contractor will consultant with the JFO on the following:

- Work plan outline and timeline
- How to compare corrections health care costs on a consistent basis
- Understanding Vermont's incarcerated population health status compared to other states.
- Identify possible policy levers that could reduce corrections' health care costs.
- Identify ways to achieve economy of scale:
 - Example - calculating potential savings for a single state corrections campus, strategies for release and transition, etc.

3. GENERAL REQUIREMENTS:

3.1. INVOICING:

All invoices must be submitted by the consultant on the consultant's standard billhead and forwarded directly to the Joint Fiscal Office. The invoice shall specify the address to which payments will be sent.

3.2. CANCELLATION:

The State specifically reserves the right to cancel the contract, or any portion thereof, if, in the opinion of the Legislature's Chief Fiscal Officer, the services or materials supplied by the consultant are not satisfactory or are not consistent with the terms of the contract.

3.3. EVALUATION CRITERIA:

Proposals will be evaluated on how the project plan elements (direct field research and review of existing reports and studies) meet the scope of work within the timeline specified as well as the independence, experience and qualifications of the key personnel and project team assigned to the project and other specifications in this RFP.

3.4. CONFIDENTIALITY:

The successful response will become part of the contract file and will become a matter of public record, as will all other responses received. If the response includes material that is considered by the bidder to be proprietary and confidential under 1 V.S.A., chapter 5, the bidder shall clearly designate the material as such, explaining why such material should be considered confidential. The bidder must identify each page or section of the response that it believes is proprietary and confidential with sufficient grounds to justify each exemption from release, including the prospective harm to the competitive position of the bidder if the identified material were to be released. Under no circumstances may the entire response or price information be marked confidential. Responses so marked may not be considered.

3.5. CONTRACT TERMS:

The selected consultant will sign a contract with the Joint Fiscal Office to provide the evaluation named in their response at the price listed or agreed upon. The contract will include the standard State provisions described in Attachment B. The terms and conditions from this RFP and the consultant's response will become part of the contract. This contract will be subject to review throughout its term. The State will consider cancellation upon discovery that the consultant is in violation of any portion of the agreement, including an inability by the consultant to provide the services offered in their response.

3.6. STATEMENT OF RIGHTS:

The State reserves the right to obtain clarification or additional information necessary to properly evaluate a proposal. Failure of a bidder to respond to a request for additional information or clarification could result in rejection of that bidder's proposal. To secure a project that is deemed to be in the best interests of the State, the State reserves the right

