Bidder Questions & Answers

Final: August 24, 2021

These are responses to bidder questions for the Connect2 Community Network Unified Network Infrastructure (UNI) Request for Proposals (RFP) (link to web page). These written responses take precedence over verbal responses provided during the Bidders Conference.

#	Question as Submitted	Answer
1	Is HealthierHere patterning its requirements and/or approach off of unified network infrastructures implemented in other localities? If so, which one(s) and to what degree?	HealthierHere has had and continues to have conversations with other CIE efforts to test ideas and gain insight from lessons learned. Our requirements and approach are not patterned after any individual implementation. Bidders are asked to propose a solution that, in their experience, best meets our stated goals and requirements.
2	Which stakeholders will/should be involved in the discovery process for this work?	The Connect2 Community Network is collaboratively developed by the community. HealthierHere may include representatives from among our community-based, social service, tribal, governmental, physical health, and behavioral health stakeholders in requirements discovery.
3	Does HealthierHere have any existing technology that should be taken into consideration? If yes, what is that technology?	No.
4	Are there any current software licensing agreements that could be extended or shared from a supporting agency (i.e., Kaiser/King County, etc.)?	Bidders may assume that HealthierHere has no software licensing agreements that could be extended or shared from a supporting agency. Bidders should identify software components that should be considered in the evaluation of their proposed solution and should include all licensing costs in their responses.
5	Is there a specific proposed cloud environment for UNI?	No, we are asking vendors to propose a hosting solution.
6	Is the vision for the CIE to include only one referral vendor as the primary referral platform for this CIE or is the vision for the CIE to support nonprofit (CBO) choice and ask referral platform vendors to support interoperability with nonprofits'/CBOs' chosen system of record (i.e. Salesforce, Apricot, and others) creating greater adoption, and getting more people in need connected to programs and services while also respecting and protecting the privacy of their private referrals (both CBOs and People in Need)?	Our vision is to create a network-of-networks that supports multiple technology platforms, including multiple referral platforms. Please see the Connect2 Community Network Plan for more information on the vision.
7	What are the UI expectations for MVP?	The Unified Network Infrastructure will rely primarily on the user interfaces (UI) of integrated technology platforms. The MVP user

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		interface should include a simple web application (with user authentication) that a service provider can use to: 1) log in, and then 2) search for client authorization if already on file, 3) review and capture client authorization on screen or by uploading a signed and scanned paper form, and/or 4) download the resource directory in a simple standardized format (e.g., CSV, PDF). The MVP must also provide the UI for system administration functions described in the RFP.
8	Do you have an estimate for the size of the database required for the MDM?	Bidders should use the table on page 9 of the RFP to estimate database size for the purposes of their response.
9	Can you please expand on anonymous clients in regards to their name on the community record? What would it ideally look like?	The details of representing anonymous clients in the Unified Network Infrastructure (UNI) will be developed with the selected bidder. The intent is to allow for referrals where the client must remain anonymous (e.g., for survivors of domestic violence that may not wish to share their name or other identifying demographic information).
10	Can Connect 2 Community network elaborate the requirement here (referenced: Scope of Work Functions to be implemented over time - De-identified disaggregated data is required for assessment of equitable delivery of services)	Equitable access to, delivery of, and quality of services is a foundational aspect of the Connect2Community Network. We are looking for solutions that will allow oversight and monitoring of equity metrics (to be defined/specified) while still adhering to the privacy requirements and protocols outlined in partner and client facing agreements (minimum necessary information, data use consent expiration timelines, etc.). Bidders are asked to describe their capabilities to aggregate de-identified client data, space permitting.
11	What are the reporting requirements of/from the organizations providing funding?	At this time, we do not have specific reporting requirements. However, future funding sources may require reporting of use metrics, effectiveness, etc., that may require use of aggregated, de-identified client data to extract metrics (to be defined/specified) while still adhering to the privacy requirements and protocols outlined in partner and client facing agreements.
12	Has there been work done historically to align and standardize the nomenclature used among existing network relative to the services that are offered by each participating organization, or will that work be undertaken as part of the directory development?	HealthierHere has not aligned or standardized terminology for the Resource Directory or for services offered by participating organizations. We may begin that effort during the latter part of 2021 but anticipate working with the selected vendor to complete that work. Bidders are encouraged to include their experience developing

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		or working with specific nomenclatures in their responses, space permitting.
13	Resource Directory: Has there been formal agreement vendors to make available data via APIs/ETL to integrate into the UNI?	There has not been formal agreement to share any data with the Connect2 Community Network at this time. The first implementers and data providers will be identified late in 2021 or early 2022.
14	EMPI: Is there a plan or intention for participating paper-based organization to capture client demographics electronically to support the use of a master patient index?	No. The intent is that integrated technology platforms will be used to capture client demographics and participate in electronic referral.
15	Are CIE member organizations going to be responsible for their side of the connection from a resource standpoint?	Yes. HealthierHere may make technical and/or financial assistance available.
16	Would all 170 partners need to be connected in the first phase to create the resource directory?	No. As indicated on page 1 of the RFP, we aim to integrate the technology platforms of at least two participating organizations by the second quarter, 2022. This integration should include connections to the Resource Directory.
17	What is the beginning date for the first contract year? Could the launch for MVP (or other dates) potentially shift depending on other items in the preceding timeline or are they considered hard dates?	The RFP identifies MVP delivery by March 2022 in the feature table but June 2022 in the accompanying text. The June 2022 date for MVP delivery was intended. HealthierHere anticipates that there may be adjustments to the planned timeline for award and/or in finalizing the contract. Bidders should assume a contract start date in the first part of 2022, and a goal of implementing the MVP by six months following contract start, with other components listed in "Functions to be implemented over time" by twelve months following contract start. Bidders are encouraged to state any additional assumptions in their response to question 9 of the RFP Phase 1 Template, space permitting.
18	What is driving the 3/22 MVP delivery date?	HealthierHere recognizes the urgent need to better address the needs of clients in King County. The MVP delivery date serves to communicate that urgency and establish a target for responses to the RFP. See question 17 for correction of the MVP delivery date and refined assumptions bidders should use concerning the MVP delivery date.
19	What are your key assumptions/expectations for the 3/22 MVP delivery?	The key expectations for the MVP are listed in the table "Functions to be implemented over time" beginning on page 6 of the RFP. Bidders may choose to list their assumptions as part of the response to question 9 of the RFP Phase 1 Template, space permitting.

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20	Is there going to be a standard global consent document that would encompass all clients allowing for standardized data fields in every consent or an anticipated structure around that yet?	HealthierHere has worked extensively with stakeholders to develop a working draft of the Client Authorization that clients must sign before the Connect2 Community Network will collect, use, or share their information. This authorization will be finalized in the first half of 2022, and will be used for all clients whose information is collected, used, or shared via the UNI. HIPAA covered entities and organizations subject to 42 CFR Part 2 requirements may have additional consent requirements that are beyond the scope of this RFP.
21	Consent Granularity: Is there a document or schematic diagram the maps the intended consent model for this project?	See answer to question 20. Additionally, the authorization model allows for the client to revoke authorization at any time, such that additional client information may no longer be collected, and previously collected information stored on the UNI may no longer be used or shared. Authorization will expire after a specified period of time if not renewed by the client; after two years in the current draft Client Authorization.
22	Consent Granularity: Has there been a determination as to which fields will be tied to consent?	An active (neither expired nor revoked) client authorization must be in place before any client information may be collected, used, or shared by the Connect2 Community Network. The draft Authorization requires explicit consent for the collection, use, or sharing of testing, diagnosis, and treatment for sexually transmitted disease, mental health diagnosis and treatment information, or alcohol and drug use disorder diagnosis and treatment information. While not tied directly to Authorization, tribal information disclosed by a client may be shared only with specific tribal-related organizations.
23	Consent Granularity: Assuming no restrictions is consent intended to be "Network Based" or "Organization Based" ▪ Example Network: if Person A consents at Organization A, they are providing consent to the entire HealthierHere network ▪ Example Organization: if Person A consents at Organization A, they are providing consent to Organization A Person A would have to consent to share at each organization they work with	The Client Authorization authorizes the Connect2 Community Network to collect, use, and share client information with all participants of the CIE that have a need to access that client information for a purpose permitted under the Participation Agreement.
24	Consent Granularity: Is the desire for consent tied to specific providers, taxonomies, organizations type individually?	Not at this time. As noted in question 22, while not tied directly to Authorization, tribal information disclosed by a client may be shared only with specific tribal-related organizations.

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25	Consent Granularity: Has there been discussion on how to handle consent for paper-based organizations or instances where a person match cannot be reliability made?	Stakeholders have identified a need for both electronic capture of client authorization and paper-based authorization forms. The detailed workflow for how a paper-based form is recorded in the UNI, made available to other participants of the CIE, and associated with the proper client will be finalized with the selected vendor. Bidders are encouraged to describe how paper-based authorization forms might be managed and matched to a client identity in their responses.
26	Is it the expectation of HealthierHere for the Prime Contractor/Vendor to demonstrate off the shelf portions of the MVP, or a consolidated product encompassing all MVP functions in Phase 2?	The intent is for bidders (including the prime and teammates, as appropriate) to demonstrate the capabilities of the proposed solution, including the products and components that comprise it. Bidders should assume that it might include a demonstration of off-the-shelf commercial products and any additional technology capability available at the time. More detail on demonstration expectation will be made available to finalists once Phase 1 evaluation is complete.
27	Which stakeholders will be involved in the evaluation of RFP responses?	HealthierHere may include representatives from among our community-based, social service, tribal, governmental, physical health, and behavioral health stakeholders in evaluating RFP responses.
28	What mix of on-site and remote work do you contemplate?	Bidders may assume that solution design, implementation, testing, hosting, and ongoing operation and maintenance will be conducted from the vendor site. The majority of requirements discovery and integration may also be conducted remotely in collaboration with HealthierHere and its stakeholders. Some on-site meetings may be necessary to complete requirements discovery and integration, subject to public health travel advisories and restrictions. Bidders may propose additional on-site meetings and should include travel costs in their response.
29	Are there other CIE vendors in the community that may view this project as competitive?	Our intent is to be inclusive and produce a network of networks that does not replace existing platforms. There are Connect2 Community Network Partners that manage their own population or geographic specific networks, and we have included their input into design of the UNI, so our intent is that the UNI is supportive of, and not competitive with, existing or emerging networks.

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30	Given the amount of work and stakeholder engagement that has been accomplished to-date regarding requirements development, what are the largest outstanding considerations from your perspective (outside of the technology architecture and design)?	Rather than summarize the large body of work in the answer to this question, we refer bidders to the Connect2 Community Network Plan which contains a discussion of considerations.
31	Are there any updates to the Draft Connect2 Community Network Plan? Will this draft evolve before the contracting phase takes place?	There are no updates to the Connect2 Community Network Plan at this time, and bidders should assume the content to be materially accurate for the purposes of their Phase 1 response. HealthierHere will continue to develop the Connect2 Community Network, and we anticipate small, continued adjustments to the plan. If material changes occur, we will ensure those changes are shared with relevant bidders as part of Phase 2.
32	Are there any updates to the Priority Use Cases in the Connect2Community Network Plan?	There are no updates to the Priority Use Cases in the Connect2Community Network Plan. HealthierHere continues to further develop the Connect2 Community Network, including discussions of use cases with stakeholders.
33	Is there a desired set of available languages for the MVP, for front end users?	Bidders may assume that the application is in English for the purposes of their response. Bidders are encouraged to list solution capabilities for additional languages, space permitting.
34	Are prime contractors and software vendors locked in place or are non-listed still eligible to join?	Only the prime contractor, product vendors listed in question 2 of the RFP Phase 1 Template, and partners/subcontractors listed in question 4 of the RFP Phase 1 Template will be considered during evaluation. Additional partners may be eligible to join the successful bidder's team, subject to contract terms.
35	In the model where a prime contractor is working with a group of collaborating organizations, should the responses to the technical proposal template reflect the experience and capabilities of the collective, or only that of the prime contractor?	Bidders are encouraged to include the experience of the prime and collaborating organizations in their response. The "Experience of the Responding Organization" of the RFP Phase 1 Template is intended primarily for experience of the prime. Bidders may choose to include experience of other organizations in the responses to question 2, question 4, question 5, and/or question 6 of the RFP Phase 1 Template as the bidder deems appropriate and as space permits.
36	Does the proposed solution need to fit into the 5 pages in the template provided or can we add more pages to the template if needed?	The proposed solution must fit within the 5 pages in the RFP Phase 1 Template provided. As stated in the template instructions, any material beyond the identified space limits will not be considered during evaluation. Additional attachments to the template not specifically allowed by instructions in the template will not be considered during evaluation.

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37	There is an option to add information about work done in King County for other similar projects? How much weight does this hold in the selection criteria?	HealthierHere will consider all aspects of the technical response, including experience and integrations in King County, when evaluating responses. You may include information on work done as part of the response to "What demonstrates your expertise with this technology?" in question 2 of the RFP Phase 1 Template, as part of the response to "Brief description, including types of organizations sharing information, type of users, data type and volume, cost" in question 5, as integrations listed in question 6, and/or as part of your response to other questions in the RFP Phase 1 Template as you deem appropriate. Additional attachments to the template not specifically allowed by instructions in the template will not be considered during evaluation.
38	Will all questions and answers from all bidders going to be shared with the others even if they didn't ask those questions?	Yes.
39	Can a list of existing platforms (EHR, case management, etc.) that need to connect into the proposed solution be provided for interoperability?	Please also see Questions 13, 16, and 45.
Early adopters will drive integration priorities. There are no expectations that all of the following technology platforms need to be connected to the UNI. The technology platforms in use in King County as of late 2020, include, and are not limited to, the following types of systems: care coordination, electronic health records (physical, behavioral), and bi-directional referral systems. Examples of systems mentioned by Connect2 Community Network Partners include, in alphabetical order:
Allscripts
Apricot
Askesis PsychConsult
Aunt Bertha
Collective Platform
Coordinated Entry for All (CEA) and HMIS by Bitfocus
Credible
DentistLink
Epic
Efforts to Outcomes (ETO)
GetCare
Healthbridge
Julota

#	Question as Submitted	Answer
		NetSmart MyAvatar Nextgen NowPow Strata (Health Commons) Unite Us VisionLink
40	Integrations: Can a list of potential vendors for integrations be made available?	Please see Question 39
41	Can we get the list of third party technology platforms?	Please see Question 39
42	With regard to the data sources/source systems - which systems do you anticipate being in the initial phase of the CIE? (i.e. EHRs (please specify), Government platforms, etc.)	Please see Question 39
43	Integrations: What vendors and organizations are the highest priority for initial integration (3 platforms 2022)?	Please see Question 39
44	Which two participating organizations are you aiming to have integrated platforms by Q2, 2022?	Please see Question 45
45	How will the first integrations be selected for MVP?	HealthierHere is currently working with organizations in King County to select early adopters which will drive first integrations. Final selection of initial "early adopters" is expected in late 2021 or early 2022.
46	How and by when will the first integrations be selected for MVP?	Please see Question 45
47	What are the various data sources connected with these platforms that the solution has to interact with?	Please see Question 39
48	Integrations: Have the priority vendors agreed to share data?	Please see Questions 13 and 39
49	Are CIE member organizations responsible for connecting their systems to the UNI API provided?	Please see Question 15
50	Is there any desire to leverage other standards within the state (example: WA Care Connect) in this project?	HealthierHere is interested in leveraging national and statewide standards developed by technical committees of experts, especially when use of standards can accelerate achievement of the vision outlined in the RFP and plan.
51	Our understanding is that HealthierHere has evaluated some solutions/vendors in the past for the CIE solution. Are there any learnings/findings from that evaluation that can be shared so that it informs our solution?	HealthierHere has not evaluated other solutions/vendors. HealthierHere has reached out to other CIEs and experts across the country to learn from their evaluations and operations. These discussions underscore the stated need in the RFP for meaningful interoperability.

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52	Can you please explain further the relationship between HealthierHere and Unite Us? Are there any Technology components of the Unite Us platform that will be part of the UNI solution? Please provide more details.	As listed in Question 39, Unite Us is one of many technology platforms operating in King County. As such, they may eventually be connected to the UNI. Through the Connect2 Community Network Catalyst Fund, HealthierHere has supported community and clinical organizations that were interested in using closed loop, bi-directional referral functionality via Unite Us technology. However, the UNI is independent of Unite Us.
53	Is Unite Us part of the Recommendation Team in reviewing responses and being part of the selection process?	No, Unite Us is not participating in the RFP decision making process.
54	Is HealthierHere offering incentives to referring entities to use the Unite Us platform?	HealthierHere launched the Connect2 Community Network Catalyst Fund to support Connect2 Community Network partners that were interested in using closed loop, bi-directional referral functionality via Unite Us technology. The C2C Network Catalyst Fund recipients have been selected. For more information, please see: https://www.healthierhere.org/catalyst-fund-awardees-march2021/
55	Is there incentive for active participation in the UNI through the 1115 program?	HealthierHere has not made any decisions about future incentive funding. Any future investments would be informed by community priorities.
56	Will there be separate data instances required for tribal nation members? If so, is there an anticipated number of how many?	No, not at this time. Tribal Data Sovereignty will be honored via governance, agreements, and policy.
57	Is the bidder expected to bring additional resource directory data (beyond the 170+ existing partners) in King County?	No, the bidder is not expected to bring additional resource directory data. The expectation is that the bidder's UNI ingests existing resource directories and shares the data. Please see Scope of Work in the RFP.
58	Will the estimated cost play a role in the selection criteria? If yes, what percentage compared with the solution?	We will consider both the cost proposal and technical proposal about equally and make a decision based on best value.
59	What operational components are included in the budget? Is it more than just Managed Services of the Technology Infrastructure (i.e. Change Management, Program Management, etc.)?	All operational components will be the responsibility of the bidder as parts of the Managed Service. HealthierHere retains the governance for the CIE, data privacy/security oversight and audit functions.
60	Will you consider red lines to NDA?	Only if they are significant/material. HealthierHere has received signed NDAs as sent out so far without amendments.
61	In the model where a prime contractor is working with a group of collaborating organizations, does each organization need to execute a NDA?	Only the prime needs to execute an NDA with HealthierHere. The relationship between the prime and its subcontractors is up to the prime, but the prime will be held responsible.

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62	Are you willing/able to provide standard contracting language, terms and conditions, etc., that we can begin routing through legal review?	This is not available at this time.
63	Is this initiative funded?	Yes.
64	What funding sources/organizations are Connect2 Community Network leveraging to finance this effort?	Funding for this initiative is from HealthierHere's operational budget.
65	Do you have budgetary expectations, can you share them? Is budgetary funding in place for this initiative?	There are no budgetary expectations. Budgetary funding is in place for this initiative.
66	What is the budget for this solution?	Please see response to question 65.