



**HFS**  
Illinois Department of  
Healthcare and Family Services

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**REQUEST FOR APPLICATION (RFA)**

**Illinois Medicare Medicaid Alignment Initiative (MMAI)**

**HFS Tracking Number: 2024-24-001**

**RFA Title:** Illinois' Medicare Medicaid Alignment Initiative  
Request For Application (IL MMAI RFA).

**Application Due Date:** 12:00 PM CST, Friday, January 25, 2023

**Deliver Applications via  
Email to:** [HFS.MMAI@illinois.gov](mailto:HFS.MMAI@illinois.gov) and copy  
[Keshonna.Lones@illinois.gov](mailto:Keshonna.Lones@illinois.gov)

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## 1. General Information

### 1.1. Contents

Section #	Section Title	Description
1	General Information	Identifies the purpose of the State of Illinois MMAI RFA along with relevant general information regarding this RFA process
2	Background Scope	Provides background information regarding the State of Illinois and MMAI, including goals and objectives of the program, and the scope of the RFA
3	Response, Evaluation, and Selection Process	Provides applicants with instructions on the RFA process, response evaluation, and final selection. This section provides the structure that submitted applications shall follow to be deemed valid
4	Response Requirements	Identifies the applicant-specific company and profile information that is required for the written submission of this section
5	Technical Response	Outlines the prompts to which applicants shall respond regarding their approach to the scope of work in this RFA, their qualifications, and their relevant experience
6	Capitation Rates	Explains the capitation rate structure
7	Contract Term	Explains how the contract term will be established
8	Submission of MMAI Application to CMS	Explains the requirement that all successful applicants pursue MMAI site approval through the process defined by CMS

### 1.2 RFA Contact

**1.2.1 Contact Information:** The individual listed below will be the single point of contact for this RFA. Unless otherwise directed, applicants shall communicate only with the RFA Contact.

RFA Contact Information	
RFA Contact: Keshonna Lones	Phone: 312-793-5274
Agency: Illinois Department of Healthcare and Family Services	Fax: N/A
Street Address: 401 S. Clinton St.	City, State, Zip: Chicago, IL 60607
Email: Keshonna.lones@illinois.gov	

**1.2.2 Unauthorized Information:** The State of Illinois Department of Healthcare and Family Services (“HFS” or “the Department”) shall not be held responsible for information provided by or to any person other than the RFA Contact. Such information shall be deemed “unauthorized information.”

**1.2.3 Unauthorized Communication:** Applicants shall not discuss, directly or indirectly, the RFA or any content within the application with any state officer or employee other than the RFA Contact. Such communication shall be deemed “unauthorized communication”. Evidence of this will be considered grounds for disqualification.

### 1.3 RFA Timeline

The RFA process will include several key steps. Questions may be submitted to HFS between November 7, 2022 and November 21, 2022. In order for an applicant to proceed with the RFA process, a Letter of Intent is required and should be submitted by 5:00 PM CT, November 11, 2022. HFS will attempt to respond to questions by November 30, 2022. HFS anticipates making Award Announcements in March 2023, with an expected Contract Effective date of January 1, 2024. The table below summarizes the key dates associated with this RFA process.

Activity	Deadline	Time/Notes
Release of RFA	November 4, 2022	
Window for Submission of Questions	November 07, 2022- November 21, 2022	
HFS Letter of Intent Due Date	November 11, 2022	HFS/CMS Deadline
HFS Response to Questions	November 30, 2022	
CMS Releases Application	January 11, 2023	CMS Deadline
Final day to submit CMS Notice of Intent to Apply (NOIA)	January 20, 2023	CMS Deadline
HFS Application Due Date	January 25, 2023	Due by 12:00pm
CMS Applications Due	February 15, 2023	CMS Deadline
HFS Award Announcements	March 2023	
Plan Benefit Package (PBP) and Formulary Submissions Due	First Monday in June (June 5, 2023)	CMS Deadline
Desk Review	Early June 2023	CMS Deadline
Network Adequacy Reviews	June 2023	CMS/HFS Deadline
Site Visit	July 2023	CMS Deadline
Readiness Review Determination	August 2023	CMS/HFS Deadline
Contract Execution	August 31, 2023	CMS/HFS Deadline
Effective Date of New Contracts	January 1, 2024	CMS/HFS Deadline

### 1.4 Communications

All communications with HFS, including questions in relation to this RFA, shall be directed to the RFA Contact identified in Section 1.2.1. An applicant or any of its representatives who communicates with any other employees or Contractors of HFS concerning this RFA after its issuance may be disqualified.

### 1.5 Applicant Submission of Questions:

As outlined in the timeline in Section 1.3, there will be one period for questions and answers during the RFA process. All questions in relation to this RFA shall be submitted by email to the RFA Contact listed in Section 1.2.1. The RFA section and page number must be noted for each question. Questions must be received by 5:00 PM CT, November 21, 2022. Applicants should begin submitting questions when the window for submission opens on November 7, 2022 in order to allow sufficient time for HFS response and to remain on schedule with all deadlines and activities. HFS will provide responses to the questions via email and post the responses on the HFS website. HFS will only respond to questions submitted through this official process. At its own discretion, HFS may respond to questions submitted after the deadline.

## 1.6 Letter of Intent

Interested parties are required to submit a Letter of Intent to HFS by 5:00 PM CT November 11, 2022. The applicant must utilize the fillable Letter of Intent form in Attachment 1 provided for this purpose. Other formats will not be accepted.

## 1.7 Public Updates

HFS will publish information related to this RFA on the HFS website at <https://www2.illinois.gov/hfs/MedicalProviders/cc/mmai/Pages/default.aspx> . Necessary information may not be available in any other form or location. The applicant is responsible for monitoring the HFS website; the Department cannot be held responsible if the applicant fails to receive updates

## 1.8 Request for Confidential Treatment

An applicant may request confidential treatment of select parts of the application but must comply with the conditions outlined in this section.

**1.8.1 Applications Become State Property:** Applications become the property of the State and late submissions will not be returned.

**1.8.2 Freedom of Information Act:** All applications will be open to the public under the Illinois Freedom of Information Act (FOIA) (5 ILCS 140) and other applicable laws and rules, unless applicant requests in its application that the Department treat certain information as confidential. A request for confidential treatment will not supersede the State's legal obligations under FOIA. The Department will not honor requests to keep entire applications confidential. Applicants must show the specific grounds in FOIA or other law or rule that support confidential treatment.

**1.8.3 Confidential Treatment Request Procedures:** If the applicant requests confidential treatment, applicant must submit one (1) copy of the full application with the proposed confidential information redacted. This redacted copy must tell the general nature of the material removed, and shall retain as much of the application as possible. In a separate attachment, the applicant shall supply a listing of the provisions identified by section/subsection number for which it seeks confidential treatment and identify the statutory basis or bases under Illinois law, including a detailed justification for exempting the information from public disclosure. Further guidance for submitting redacted applications is included in RFA Section 3.3.4.

**1.8.4 Hold Harmless Provision:** Applicant will hold harmless and indemnify the State for all costs or damages associated with the State defending applicant's request for confidential treatment. Applicant agrees that the Department may copy the application to facilitate evaluation, or to respond to requests for public records. Applicant warrants that such copying will not violate the rights of any third party.

## 1.9 Reservations

This section defines many applicant responsibilities and limits, as well as rights reserved for HFS.

**1.9.1 Responsibility for Compliance:** Applicants must read and understand the RFA and tailor the application and all activities to ensure compliance.

**1.9.2 Responsibility for Application Costs:** The State is not responsible for and will not pay any costs associated with the preparation and submission of any application.

**1.9.3 Applicant's Lack of Entitlement:** Submitting an application does not entitle the applicant to an award or a contract. Posting the applicant's name in a public notice does not entitle the applicant to a contract.

**1.9.4 Department's Right to Amend RFA:** HFS reserves the right to amend any element of the RFA as a result of applicant questions, or otherwise at its discretion.

**1.9.4.1** HFS will communicate to the applicants any such amendments.

**1.9.4.2** HFS will not make any such amendments between the time answers are posted to questions and the deadline for submission of applications, except any necessary amendments to the timeline as provided in Section 1.3 (including the deadline for submission of applications) or to clarify responses to applicant questions.

**1.9.5 Requests for Clarification or Other Verification:** HFS may request a clarification, inspect the applicant's premises, interview staff, request a presentation, or otherwise verify the contents of the application, including information about subcontractors and suppliers.

**1.9.6 Failure to Comply with Clarification/Verification Requests:** If an applicant does not comply with requests for information and cooperate, HFS may reject the application as non-responsive to the RFA.

**1.9.7 Compliance Decisions:** HFS will make all decisions on compliance, evaluation, and terms and conditions, and will make decisions in the best interest of the State. This competitive process may require that the applicant provide additional information and otherwise cooperate with HFS.

**1.9.8 Prohibition of Work Prior to Contract Execution:** Awarded applicant(s) shall not commence, and will not be paid for any work undertaken prior to the date all parties to the contract execute the contract, unless approved in writing in advance by the State.

**1.9.9 Purchase of Care:** This RFA is governed by Illinois law, and rules provide that this RFA is a Purchase of Care, which is exempt from the Illinois Procurement Code (30 ILCS 500/1-10(b)(3)) and Standard Procurement Rules (44 Ill. Admin. Code 1.10(a)(3)). Applicant must bring any action relating to this RFA in the appropriate court in Illinois. The document contains statutory references designated with "ILCS". Applicant may view the full text at [www.ilga.gov/legislations/ilc/ilcs.asp](http://www.ilga.gov/legislations/ilc/ilcs.asp)

## **1.10 Responses to Remain Firm**

Applicant's responses shall remain firm for 180 days from opening

## **1.11 Certificate of Authority**

The applicant must have a Medicare Advantage plan in Illinois or another state to ensure experience. Accordingly, the applicant must comply with all required certifications, licensure requirements, and regulations as deemed appropriate, prior to becoming operational. The applicant shall meet the following licensing and certification requirements before the onsite readiness review is completed as part of the MMAI site application process:

**1.11.1** In order to enter into a Contract with the Department, a Contractor that is or intends to be a Health Maintenance Organization (HMO) must have and maintain for the term of the Contract, including any Contract extension or renewal, a valid Certificate of Authority as a Health Maintenance Organization under 215 ILCS 125/1-1, et seq. If Offeror does not currently have a valid Certificate of Authority as an HMO, the Offeror must have made application for such in order

to submit an Application. Proof of Contractor's current Certificate of Authority or application for a Certificate of Authority must be included in its application.

### **1.12 BEP Goal**

The MMAI contract includes a specific Business Enterprise Program (BEP) utilization goal of 20% of the Administrative portion of the Capitation payments based on the availability of certified vendors to perform the anticipated direct subcontracting opportunities of this contract.

**1.12.1 Certification:** At the time of application submission, the certified vendor may not yet be certified with DCMS Business Enterprise Program; however, the certified vendor must meet the eligibility requirements and be fully certified in the BEP Program before contract award. Visit <http://www2.illinois.gov/cms/business/sell2/bep/Pages/default.aspx> for complete requirements and to apply for certification in the Business Enterprise Program.

**1.12.2 Utilization Plan:** HFS will request the Utilization Plan during the MMAI readiness review process. The MMAI contract will not be awarded until the Offeror's Utilization Plan is approved.

## **2. Background and Scope**

To further advance our commitment to health equity, HFS is seeking the services of a qualified, experienced and financially sound Plan that is minority-led and headquartered in Illinois to enter into risk-based contract to provide the full spectrum of Medicare and Medicaid Covered Services through an integrated care delivery system to a portion of Seniors and Adults (aged 21 and over) with Disabilities who are fully dual eligible for Medicare Parts A and B and Medicaid in Cook County. The State operates this initiative in partnership with CMS through Section 1115A of the Social Security Act as well as through Medicaid State Plan authority to implement voluntary managed care for those who are Dually Eligible.

The Medicare Medicaid Alignment Initiative (MMAI) demonstration program brings together Medicare, Medicaid and prescription drug benefits into one health plan for dual eligible customers. As of July 1, 2021 the MMAI program is statewide. Currently, there are five (5) MCOs currently participating in the MMAI demonstration (Aetna, Blue Cross Blue Shield, Humana, Meridian, and Molina).

### **2.1 Overview**

The State is seeking the services of a qualified, experienced and financially sound minority-led Plan to enter into a risk-based contract for the Medicare-Medicaid Alignment Initiative, to provide the full spectrum of Medicare and Medicaid Covered Services through an integrated care delivery system to Seniors and Adults with Disabilities who are enrolled in Medicare Parts A and B, and Medicaid (full-benefit). HFS is seeking a Plan to participate in MMAI that:

- (1) helps resolve the health disparity gap and advance health equity;
- (2) is minority-led and entrust patient care to providers who are connected to the communities they serve;
- (3) is headquartered in Illinois, support homegrown businesses, and keep innovation and economic opportunity within Illinois;
- (4) has a representation of Black or Hispanic staff members that is 50% or greater and create new jobs and spur economic activity in marginalized minority communities;

(5) is disproportionately serving the needs of marginalized minority and low-income Medicare beneficiaries with:

(i) a representation of Black or Hispanic Medicare members that is 50% or greater; and

(ii) a representation of Low-Income Subsidy Medicare members that is 50% or greater; and

(6) has made an impact around at least three (3) of the six (6) high-impact priority areas listed in the CMS Equity Plan For Improving Quality in Medicare (September 2015):

(i) PRIORITY 1: Expand the collection, reporting, and analysis of standardized data.

(ii) PRIORITY 2: Evaluate disparities impacts and integrate equity solutions across CMS programs.

(iii) PRIORITY 3: Develop and disseminate promising approaches to reduce health disparities.

(iv) PRIORITY 4: Increase the ability of the health care workforce to meet the needs of vulnerable populations.

(v) PRIORITY 5: Improve communication and language access for individuals with limited English proficiency and persons with disabilities.

(vi) PRIORITY 6: Increase physical accessibility of health care facilities.”

HFS and CMS will enter a two (2) year Contract– in Cook County or statewide– with a Plan that will be accountable for the care delivered to Dual Eligible beneficiaries and for robust care coordination efforts where performance will be measured and payment will be tied to quality measurement goals.

The goal of this RFA is to obtain applications from Plan(s) to service enrollees in Cook County. Applications may cover Cook County only or be statewide, but must specify which option. Successful applicant(s) will be expected to immediately initiate the application process with CMS. Subject to CMS approval, it is intended that services would commence January 1, 2024.

## **2.2 Background**

On February 22, 2013, Illinois received approval from federal CMS to jointly implement MMAI. The MMAI is a groundbreaking joint effort to reform the way care is delivered to clients eligible for both Medicare and Medicaid Services (called “dual eligibles”). The MMAI demonstration project began providing coordinated care to Medicare-Medicaid enrollees in the Chicagoland area and Central Illinois beginning March 2014.

MMAI plans offer a seamless experience for both enrollees and providers. Under MMAI there are no coinsurance fees for Medicare Part A and B services. There also are no traditional crossover claims, so provider reimbursement from MMAI plans constitutes payment in full regardless of the type of service. MMAI offers care coordination to all its customers to assist them in meeting their health care goals.

### **2.2.1 Introduction to MMAI**



**2.2.1.1. Objective** MMAI is a demonstration designed to improve health care for dually eligible beneficiaries in Illinois. Jointly administered by CMS and HFS, MMAI allows eligible beneficiaries in Illinois to receive their Medicare Parts A and B benefits, Medicare Part D benefits, and Medicaid benefits from a single Medicare-Medicaid Plan, also known as a MMAI plan. By integrating and coordinating individuals' health care benefits, the demonstration aims to:

- i. Improve quality and the beneficiary experience in accessing care;
- ii. Promote person-centered care planning;
- iii. Promote independence in the community;
- iv. Rebalance long-term services and supports (LTSS) to strengthen and promote the community based systems; and
- v. Eliminate cost shifting between Medicare and Medicaid.

## **2.2.2 Participant Eligibility**

**2.2.2.1** MMAI plans will be available to Illinois residents who:

- i. Are at least age 21, entitled to Medicare Part A, and enrolled in Medicare Parts B and D;
- ii. Are eligible for full Medicaid benefits;
- iii. Are enrolled in the Medicaid Aid to the Aged, Blind, and Disabled (AABD) category of assistance;
- iv. Do not receive developmental disability institutional services and are not participating in the
- v. Home and Community-Based Services (HCBS) waiver for Adults with Developmental Disabilities;
- vi. Do not have eligibility for Medicaid assistance due to spend-down
- vii. Do not participate in the Illinois Medicaid Breast and Cervical Cancer program; and
- viii. Do not have Comprehensive Third Party Insurance.

**2.2.2.2** The State and CMS may impose additional requirements.

**2.2.3. Population and Geographic Coverage:** The Illinois Department of Healthcare and Family Services intends to add a minority led Plan(s) for dual eligible beneficiaries in Cook County or statewide.

## **2.2.4 MMAI Services**

**2.2.4.1:** Plans must provide or arrange to provide the full array of benefits and supportive services afforded individuals under Medicare in accordance with 42 C.F.R. 422.101 (including inpatient, outpatient, hospice, durable medical equipment, skilled nursing facilities, home health, and pharmacy) and Medicaid including behavioral health, long-term institutional and community-based long-term supports and services (LTSS). Medicare Part D requirements will apply to Plans including, but not limited to, benefits, cost sharing, network adequacy, and formularies.

**2.2.4.2: Supplemental Benefits.** Plans may propose to offer supplemental benefits that exceed those currently provided in either Medicare or Medicaid as long as they are provided within the Medicare and Medicaid Capitation rate (with no additional compensation beyond the Capitation rate).

### **2.2.5 Care Delivery Model**

**2.2.5.1: Care Model.** This initiative ensures access to all Medicare and Medicaid benefits and comprehensive services that address the Enrollees' full range of needs. Care is delivered in a team-based setting with integrated care coordination and Care Management services based on the needs and goals of Enrollees. Beneficiaries enrolled in the Medicare-Medicaid Alignment Initiative choose a medical home that delivers evidence-based primary care as part of a multi-disciplinary care team.

**2.2.5.2: Care Coordination.** Plans will be required to provide care coordination services that ensure effective linkages and coordination between the medical home and other providers and services, monitor transitions between levels of care, facilitate discharge planning, and provide Care Management. Plans will be responsible for coordinating referrals for other non-Covered Services, such as supportive housing and other social services, to maximize opportunities for independence in the community.

**2.2.5.3: Care Management.** Plans must provide an initial health risk and behavioral health risk screening for all new Enrollees within sixty (60) days after enrollment and use predictive modeling and surveillance data in order to stratify Enrollees to the appropriate level of intervention. Enrollees are generally stratified into three levels: low, moderate and high risk. Those Enrollees stratified to moderate or high-risk levels will receive a further comprehensive health risk and, if needed, behavioral health risk assessment within ninety (90) days after enrollment. Plans must assign all Enrollees who are receiving care management to an interdisciplinary care team, develop an Individualized Care Plan with the help of the Enrollee. Plans will analyze predictive modeling reports and other surveillance data of all Enrollees monthly to identify risk level changes. As risk levels change, assessments will be completed as necessary and Individualized Care Plans and interventions updated. Contractors will reassess Enrollees at high-risk at least every thirty (30) days and those with moderate-risk at a minimum of every ninety (90) days, and update the Individualized Care Plans as needed.

**2.2.5.4: Interdisciplinary Care Teams.** Interdisciplinary care teams will assist in the development of Individualized Care Plans, and provide Care Management for all Enrollees. Each interdisciplinary care team will be led by a primary Care Coordinator who is responsible for coordination of all benefits and services the Enrollee may need. Care Coordinators will have prescribed caseload limits that vary based on risk-level. Interdisciplinary care teams will be structured based on the needs of the Enrollee and may include a behavioral health professional, the PCP, a community liaison, home health aide, pharmacist, and specialist. Members of the interdisciplinary care team will assist the Care Coordinator in providing access to all services and resources an Enrollee may need, including community-based services.

**2.2.5.5: Health Information Technology (HIT).** The State will seek Plans that have technology in place to assist with care coordination that includes a clinical information

system to be used to track care delivered outside the medical home and to share information between Providers and the interdisciplinary care team.

**2.2.5.6:** Integration of Physical and Behavioral Health. Plans shall integrate primary and behavioral health services with an emphasis on co-location of physical and behavioral health. Co-location of physical and behavioral health is accomplished through Providers working together in the same practice setting to provide a team-based approach to care delivery and immediate referral when necessary. It may be accomplished through co-location of practices, the placement of a behavioral health clinician in a primary care setting, the placement of a primary care clinician in a behavioral health practice, or an alternative arrangement.

**2.2.5.7:** Consumer Protections. Each Plan must ensure sufficient consumer protections including choice of Providers within the Plan's network and opportunities to maintain relationships with existing Providers. In addition to maintaining an existing course of treatment with an out-of-network Provider for 180 days after enrollment, Enrollees will be able to maintain existing PCP arrangements for 180 days and all current Providers will be offered Single Case Agreements to continue to care for that Enrollee beyond 180 days if they remain outside the network. Plans may choose to transition Enrollees to a network Provider sooner than 180 days as long as the Enrollee is not in an existing course of treatment and certain requirements are met including that an Enrollee is assigned to a medical home that is capable of meeting the Enrollee's needs.

**2.2.5.8:** Ongoing Consumer Involvement. Plans must implement meaningful consumer input processes in their ongoing operations, including operation of a consumer advisory committee and measurement of quality of service and care.

**2.2.5.9:** Consumer-direction. Enrollees must be allowed to participate in their own Individualized Care Plan development, including the selection of Providers and services to receive or not receive. The right of Enrollees to select their own Personal Assistants will be preserved and protected. Enrollees will be the co-employer of Personal Assistants with support from Plans and a fiscal vendor for timekeeping and related issues.

**2.2.5.10:** Cultural Competency. To ensure all Covered Services are provided in a culturally competent manner, Plans shall implement a cultural competence plan that meets NCQA standards for Culturally and Linguistically Appropriate Services in Health Care. Plans will ensure the cultural competence of Providers and all Contractor staff and provide training as appropriate engaging local organizations to develop and provide the relevant training.

**2.2.5.11:** Performance Measurement. The State works with CMS to identify measures specific to the population to be served under the Medicare-Medicaid Alignment Initiative and for additional measures related to improved consumer satisfaction.

**2.2.5.12:** Enrollment. Participation in the demonstration is voluntary. The State implemented a unified, passive enrollment process that provides beneficiaries the opportunity to opt-out of MMAI at any time. Enrollees will receive no fewer than sixty (60) days' notice prior to the effective date of enrollment, and will have the opportunity to opt-out up until the last day of the month prior to the effective date of Enrollment.

**2.2.5.13:** Client Enrollment Services (CES). The entity contracted by the Department to conduct enrollment activities for Potential Enrollees and Enrollees, including providing impartial education on health care delivery choices, providing enrollment materials,

assisting with the selection of a Demonstration Plan and PCP, and processing requests to change Demonstration Plans. Passive Enrollment will occur systematically by algorithm, subject to the capacity of each Demonstration Plan. The Department reserves the right to re-evaluate and modify the Passive Enrollment algorithm at any time for any reason and may provide that Passive Enrollment will be based on the Plan's performance on quality measures.

### **3. Proposing, Evaluation, and Selection Process**

This section provides applicants with additional instructions on how the RFA process will be conducted, how applications will be evaluated, and how final selection will occur.

**3.1 Responsiveness:** A responsive application is one that conforms in all material respects to the RFA, and includes all required forms.

**3.1.1** HFS will determine whether the application meets the stated requirements. Minor differences or deviations that have negligible impact on the price or suitability of the service to meet the State's needs may be accepted or corrections allowed. If no applicant meets a particular requirement, the Department may waive that requirement.

**3.1.2** The Department will determine whether the application complied with the instructions for submitting applications. Except for late submissions, and other requirements that by law must be part of the submission, the Department may require that an applicant correct deficiencies as a condition of further evaluation. Per section 3.3.3, the Department shall not consider applications submitted after the due date and time.

### **3.2 Responsibility**

**3.2.1** A Responsible applicant is one who has the capability in all respects to perform fully the contract requirements and who has the integrity and reliability that will assure good faith performance. The State determines whether the applicant is a "responsible applicant", and an applicant with whom the State can or should do business. For example, the State may consider the following:

**3.2.1.1** A "prohibited responder" includes any person assisting an employee of the State of Illinois by reviewing, drafting, directing, or preparing any invitation for response, a request for application, or request of information, or providing similar assistance unless such assistance was part of a publicly issued opportunity to review drafts of all or part of these documents. For purposes of this section, an employee of the State of Illinois means one who, by the nature of his or her duties, has the authority to participate personally and substantially in the decision to award a State contract. No person or business shall submit specifications to a State agency unless requested to do so by an employee of the State. No person or business that contracts with a State agency to write specifications for a particular request for application shall submit a response or receive a contract for that request for application need.

**3.2.1.2** Nothing herein is intended to prohibit a vendor from responding or applying to supply developing technology, goods or services after providing the State with a demonstration of the developing technology, goods, or services; provided the subject of

the demonstration to the State represents industry trends and innovation and is not specifically designed to meet the State’s needs. Nothing herein is intended to prohibit a person or business from submitting a response or application or entering into a contract if the person or business: 1) initiates a communication with an employee to provide general information about products, services, or industry best practices and, if applicable, that communication is documented or 2) responds to a communication initiated by an employee of the State for the purposes of providing information to evaluate new products, trends, services, or technologies.

**3.2.2** Other factors that the State may evaluate to determine responsibility include, but are not limited to: certifications, conflict of interest, financial disclosures, taxpayer identification number, past performance in business or industry, references (including those found outside the application), compliance with applicable laws, financial responsibility, insurability, effective equal opportunity compliance, payment of prevailing wages if required by law, capacity to produce or sources of supply, and the ability to provide required maintenance service or other matters relating to the applicant’s ability to deliver in the quality and quantity within the time and price as specified in this RFA.

**3.2.3** Awarded applicants must at all times have financial resources sufficient, in the opinion of the State, to ensure performance of the contract and must provide proof upon request. The State may terminate the contract, consistent with the termination for cause provision of the contract, if the vendor lacks the financial resources to perform under the contract.

**3.3 Application Format and Submission Requirements:** Applicants shall observe the application format and submission requirements outlined in this section.

**3.3.1 Application Deadline:** Applicants shall submit electronic applications by the deadline for submission, January 25, 2023 at 12:00 PM CST (full timeline in Section 1.3.).

**3.3.2 Submission Format:** Applicants must email the full application in PDF format and the network plan in an excel format listed in section 5.2.2 via email to HFS.MMAI@illinois.gov and copy the RFA Contact listed in Section 1.2.1. Applications may not be submitted in any other format.

**3.3.3 Prohibited Submissions:** The Department shall not consider applications submitted after the due date and time. All times are Central Time (CT).

**3.3.4 Redacted Applications:** If an applicant indicates in its application to the State of Illinois, that it requests confidential treatment, the applicant shall also submit one (1) electronic copy of the redacted application in PDF format labeled “Redacted Application” to the address of the RFA Contact specified in Section 1.2 of this RFA. This submission shall be in addition to the full (un-redacted) application. The applicant shall also submit an explanation detailing the rationale for each redaction in accordance with the requirements outlined in RFA Section 1.8.3.

**3.3.5 Application Format Specifications:** Applicants shall observe the application format specifications in the table below.

Criteria	Specification
Paper Size	Standard letter (8.5 x 11)
Spacing	Single
Margins	1 inch
Pagination	Double-sided

**3.4 Application Organization and Content:** Applications shall observe the structure, ordering, labeling, and other guidelines provided in this section.

**3.4.1 General Organization:** Contents within each section shall be ordered as listed below.

**3.4.2 “Section 1: Transmittal letter and application to the State of Illinois”**

**3.4.2.1 Transmittal Letter:** The transmittal letter serves as a cover letter for the applicant’s response. The transmittal letter shall be in the form of a standard business letter and shall be on the letterhead of the applicant submitting the application. The transmittal letter shall be signed by an individual authorized to legally bind the applicant.

**3.4.2.2 Application Checklist and Attestations:** Applicant shall complete and submit the Application Checklist and Attestation form included with the RFA in Attachment 2.

**3.4.3 “Section 2: Application Requirements”**

**3.4.3.1 Financial Condition:** Applicant shall provide evidence of financial sustainability as per the instructions in Section 4.4.

**3.4.3.2 Applicant Profile:** The applicant shall submit elements of the applicant profile as described in Section 4.5.

**3.4.3.3 Financial Disclosure and Conflict of Interest Form:** Applicant shall complete and submit the Financial Disclosure and Conflict of Interest Form included with the RFA in Attachment 3.

**3.4.3.4 Standard Certification Form:** Applicant shall complete and submit the Standard Certification Form included with the RFA in Attachment 4.

**3.4.4 “Section 3: Technical Response and Approach”:** The applicant shall include responses to the prompts in Section 5 of this RFA.

**3.4.4.1** Applicant’s responses shall be in sequential order, labeled by subsection outlined in Section 5.

**3.4.4.2** Applicant’s responses do not need to restate the prompt to which they respond.

**3.4.4.3** Applicant’s responses shall adhere to the application format and submission specifications in Section 3.3.5, including the subsections and page limits for each subsection outlined in Section 5.1.

**3.4.4.4** Any materials submitted in response to a subsection will count against the page limit for that subsection. Responses that exceed the page limit for any subsection will only be read up to that page limit. Any content on additional pages will not be considered in the evaluation. Only contents clearly contained within the named subsection will be used in determining an Applicant’s score for that subsection.

**3.4.4.5** An applicant must receive a minimum score of 300 points in this section to be considered eligible

**3.5 Application Scoring and Evaluation**

**3.5.1** At the time of application submission, HFS will evaluate the administrative compliance of each application and make a determination as to the responsiveness and responsibility of the applicant per the terms outlined in Section 5.

**3.5.2** Applications that are deemed responsive, will be further evaluated based on two (2) components of the application: Application Requirements and Technical Responses. HFS will conduct a staged evaluation process, as outlined in this section.

**3.5.3** HFS will consider the information provided and the quality of that information when evaluating applications. If HFS finds a failure or deficiency, the Department may reject the application or reflect the failure or deficiency in the evaluation.

**3.5.4 Overall Scoring:** The maximum points possible for each component of the application are as follows

Criteria	Specification
Application Requirements	Pass/Fail
Technical Response and Approach	400
Total	400

#### **4. Application Requirements**

**4.1 Applications will be evaluated for completeness, accuracy, veracity, and quality of the information provided.** Significant inaccuracies or material omissions will be grounds for an applicant to be considered ineligible, at the discretion of the Department.

**4.2 An applicant must achieve a “Pass” rating on the Financial Condition (Section 4.4) to be considered eligible.** In addition to the criteria listed in Section 4.1, the State reserves the right to assign a “Fail” rating on the Financial Condition for any current, pending, or past bankruptcy or insolvency which is deemed material to the applicant’s ability to execute the contract.

**4.3 An applicant must receive a “Pass” rating on the Applicant Profile (Section 4.5) to be considered eligible.** In addition to the criteria listed in Section 4.2, the State reserves the right to assign a “Fail” rating on the Applicant Profile for: any litigation which resulted in a fine or settlement of more than \$50 million to the federal government or any state government; any instance of placement into a Corporate Integrity Agreement by the United States Department of Justice; any litigation which resulted in the applicant being found guilty of causing significant member harm or member exposure to potential harm; any current or pending Securities and Exchange Commission enforcement action or any previous action with a penalty or settlement of over \$50 million; or any current or previous enforcement actions imposed by the Centers for Medicare & Medicaid Services.

**4.4 Financial Condition (Pass/Fail Requirement):** The application shall provide the information described below (under subsections 4.4 – items 1-4) for the applicant organization. The applicant may also provide this information for its parent company, but not as a substitute for the information for the applicant organization, unless the information exists only for the parent company.

**4.4.1 Audited Financial Statements:** Audited financial statements for the two (2) most recent fiscal years for which the statements are available, as submitted to the relevant regulatory authorities. The statements shall include a balance sheet, an income statement, and a statement of cash flows. Statements shall be complete with opinions, notes, and management letters. If no audited statements are available, explain why not and submit unaudited financial statements.

**4.4.2 Balance Sheet:** A balance sheet as of the end of the month immediately preceding the month in which the application is submitted.

**4.4.3 Documentation of Lines of Credit:** Documentation of lines of credit that are available, including maximum credit amount and available credit amount.

**4.4.4 Bankruptcy and/or Insolvency Filings:** Any bankruptcy or insolvency during the past ten (10) years, including all relevant details on the context and proceedings.

**4.5 Applicant Profile (Pass/Fail Requirement)** The applicant shall submit all elements of the applicant profile as described below (under Section 4.5.1 inclusive of all items below).

**4.5.1 Organization Profile and Background:** The applicant shall provide an overview of the applicant organization and, if applicable, an overview of the parent organization and any affiliate organizations, including the below information.

**4.5.1.1 Entity Name and Contact Information:** The organization name, email address, mailing address, phone number, facsimile number, and primary contact.

**4.5.1.2 Type of Legal Entity:** The organization's type of legal entity and primary business location.

**4.5.1.3 Years of Operation:** The number of years the organization has been in operation.

**4.5.1.4 Overview of Pertinent Service History:** An overview of how long the organization has been providing services required by this RFA, including populations served.

**4.5.1.5 Organizational History:** The organization's history, including any mergers, acquisitions, or sales of the relevant organization, within the past ten (10) years, including an explanation of all relevant details.

**4.5.1.6 SEC Actions:** A statement of any pending Securities and Exchange Commission actions involving the organization as well as all such actions taken within the past ten (10) years, and all relevant details of each.

**4.5.1.7 Litigation History:** A statement of any material, pending litigation against the organization, as well as all such litigation within the past ten (10) years. If pending litigation exists that the organization believes could reasonably have an adverse effect on the organization's financial condition, list each separately, explain the relevant details, and attach the opinion of the counsel addressing whether and to what extent it would impair the applicant's performance in the contract pursuant to this RFA.

**4.5.1.8 Enforcement Actions:** A statement of any current, prior, or pending enforcement actions by CMS imposed on the applicant, its parent organization, or its affiliate organizations. If pending enforcement actions exist that the organization believes could reasonably have an adverse effect on the organization's financial condition or ability to perform, list each separately, explain the relevant details, and attach the CMS enforcement action addressing whether and to what extent it would impair the applicant's performance in the contract pursuant to this RFA.

**4.5.2 Applicant Experience:** The applicant shall identify whether it, or its parent organization, or its affiliate organizations have any current Medicaid contracts in state programs (including in the Illinois Medicaid program), or have completed any such contracts over the past three (3) years.

**4.5.2.1 Previous Contract Experience:** For all such contracts, the applicant shall provide the following information: the name, title, telephone number, and email address of the relevant contact with the state in which the contract is administered; a brief description of the contract's scope of services and populations covered; and the contract term.

**4.5.2.2 Scoring for Illinois Experience:** The existence of current or completed contracts with the State of Illinois shall not result in the addition or deduction of evaluation points.

**4.5.2.3 Instances of Non-Compliance:** Applicant shall identify and describe any instances of non-compliance that the applicant, its parent organization, or its affiliate organizations have encountered as a part of any Medicaid contracts (including Illinois' current program) within the past three (3) years. For each non-compliance issued, applicant shall indicate



the type of noncompliance issued (see Section 4.5.2.5), the date the non-compliance was issued, the reason the non-compliance was issued, the issuing entity, the state(s) in which the applicant was providing services for which the non-compliance was issued, details of the sanctions applied against the applicant as a result of the non-compliance, and the actions taken by the applicant to address the non-compliance.

**4.5.2.4 Instances of Non-Renewal or Termination:** Applicant shall identify any instances of non-renewal or early termination of contracts with states. Applicant shall specify the type of contract, why the termination was initiated, and by whom it was initiated (contractor, State, mutual, or federally-imposed).

**4.5.2.5 Types of Non-Compliance:** Types of non-compliance include: compliance letters (includes Warning Letters, Notices of Non-Compliance, Corrective Action Plans or similar state notices); adverse performance audits (contracts failing more than 50% of audit elements); adverse financial audits (adverse opinions or disclaimed reports); failures to maintain fiscally sound operations (negative net worth or financial loss greater than half of the contractor's total net worth); other exclusion and/or enforcement actions, such as those imposed by CMS as an intermediate sanction; and any other significant compliance concerns.

#### **4.5.3 List of Individuals in an Administrative Capacity**

**4.5.3.1** Applicant shall provide a proposed staffing list, which shall include but not be limited to the positions listed below.

- i. Chief Executive Officer (CEO) – The CEO shall be a full-time position, located in Illinois, with clear authority over general administration and implementation of requirements set forth in the Contract, including responsibility to oversee the budget and accounting system implemented by the Contractor. This position shall be responsible for the daily conduct and operations of the Contractor's plan.
- ii. Medical Director – The Medical Director shall be an Illinois licensed Physician and shall be actively involved in all major clinical program components of the Contractor's plan including review of medical care provided, medical professional aspects of Provider contracts, and other areas of responsibility as may be designated by the Contractor. The Medical Director shall devote sufficient time to the Contractor's plan to ensure timely medical decisions, including afterhours consultation as needed. The Medical Director shall be responsible for managing the Contractor's Quality Assessment and Performance Improvement Program. The Medical Director shall attend all quarterly quality meetings.
- iii. Quality Management Coordinator – The Quality Management Coordinator shall be a full-time position located in Illinois. The Quality Management Coordinator shall be an Illinois licensed Physician, Illinois licensed registered nurse, or another licensed clinician as approved by the State based on the Contractor's ability to demonstrate that the clinician possesses the training and education necessary to meet the requirements for quality improvement activities required in the Contract. The Quality Management Coordinator must, at a minimum, be responsible for directing the activities of the quality

improvement staff in monitoring and auditing the Contractor's healthcare delivery system to meet the State's goal of providing health care services that improve the health status and health outcomes of its Enrollees.

- iv. Utilization Management Coordinator – The Utilization Management Coordinator shall be a full time position. The Utilization Management Coordinator shall be a Physician licensed in Illinois, or registered nurse licensed in Illinois, or other professional as approved by the State based on the Contractor's ability to demonstrate that the professional possesses the training and education necessary to meet the requirements for utilization review activities required in the Contract. This position will manage the inpatient certification review staff for inpatient initial, concurrent and retrospective reviews. The review staff shall consist of registered nurses, Physicians, Physician's assistants or licensed practical nurses experienced in inpatient reviews and under the direct supervision of a registered nurse, Physician, or Physician' assistant.
- v. Care Coordination/Disease Management Program Manager – The Care Coordination/Disease Management Program Manager shall be a full time position. The Care Coordination/Disease Management Program Manager shall be a licensed Physician, licensed registered nurse, or other professional as approved by the Department based on the Contractor's ability to demonstrate that the professional possesses the training and education necessary to meet the requirements for Case Management and Disease Management Program activities required in the Contract. This manager will direct all activities pertaining to Case Management and care coordination and monitor utilization of Enrollees physical health and behavioral health treatment.
- vi. Community Liaison – The Community Liaison shall be a full time position responsible for coordinating the provision of services with the waiver programs, community resources, other State agencies, and any other community entity that traditionally provides services for Potential Enrollees.
- vii. Chief Financial Officer (CFO) – The Chief Financial Officer shall be a full-time position responsible for overseeing the budget and accounting systems of the Contractor. The CFO shall, at a minimum, be responsible for ensuring that the Contractor meets the State's requirements for financial performance and its reporting.
- viii. Member Services Director – The Member Services Director shall be a full-time position responsible for coordinating communications with Enrollees and other Enrollee services such as acting as an Enrollee advocate. This position shall devote sufficient time to the Illinois account. There shall be sufficient member service staff to enable Enrollees to receive prompt resolution of their problems or inquiries.
- ix. Provider Service Director – The Provider Service Director shall be a full time position responsible for coordinating communications between the Contractor and its subcontractors and other Providers.

- x. Management Information System (MIS) Director – The MIS Director shall be a full-time position that oversees and maintains the data management system that is capable of valid data collection and processing, timely and accurate reporting, and correct claims payment.
- xi. Compliance Officer – The Compliance Officer shall oversee the Contractor’s compliance plan, oversee the Complaint, Grievance and fair hearing process and ensure and verify that Fraud and Abuse is reported in accordance with the Medicare and Medicaid guidelines.
- xii. Designated Liaisons – The Contractor shall designate a Management Information System (MIS) Liaison and a general management primary liaison to facilitate communications between the Agencies and the Contractor’s executive leadership and staff. A liaison may also serve in a key position.
- xiii. Health Equity Director. The Health Equity Director shall be a full-time position. The Health Equity Director must: (1) hold at least a bachelor’s degree from a recognized college or university and a minimum of five years professional work experience, preferably in public health, social/human services, social work, public policy, health care, education, community development, or justice; (2) have demonstrated community and stakeholder engagement experience; and (3) have experience in actively applying or overseeing the application of science-based quality improvement methods to reduce health disparities. Primary role and responsibilities include: oversee Contractor’s strategic design, implementation, and evaluation of health equity efforts in the context of Contractor’s population health initiatives; inform decision-making around best payer practices related to disparity reductions, including the provision of health equity and social determinant of health resources and research to leadership and programmatic areas; collaborate with Contractor’s MIS Director to ensure Contractor collects and meaningfully uses race, ethnicity, and language data to identify disparities; ensure that efforts addressed at improving health equity, reducing disparities, and improving cultural competence are designed collaboratively with other contracted managed care entities to have a collective impact for the population and the lessons learned are incorporated into future decision-making. This position shall report directly to the CEO.
- xiv. Other key personnel identified by the Contractor.

**4.5.4 Provider Network:** Plans will be required to establish and maintain a network of providers – either directly or through sub-contractual arrangements – that assures access to all Medicaid and Medicare benefits and services. The networks must include a broad array of providers including PCPs, specialists, behavioral health providers, ancillary providers, hospitals, pharmacists, home health agencies, Providers of durable medical equipment, Advanced Practice Nurses (APNs), and providers of LTSS and other community supports. Plans will be required to establish and maintain provider networks that at least meet State Medicaid access standards for long-term care services and Medicare access standards for medical services and prescription drugs. The State and CMS will negotiate network adequacy requirements for areas of overlap between the two programs, such as home health care services. Network adequacy will be

measured, in part, based on the information provided through the CMS HPMS system. The State will evaluate networks on the basis that, for services where Medicare is the primary payor, network Providers must at least be enrolled in the Medicare program and, for services where Medicaid is the primary payor, network Providers must at least be enrolled in the Medicaid Program.

**4.5.4.1** The applicant shall provide a summary listing of the general plan for developing the provider network it will utilize to deliver services in the scope of this RFA. This listing should include both internal and external providers (subcontractors) and identify them as such. Applicants shall also submit a Subcontractor Disclosure form (Attachment 5).

**4.5.4.2 Network Plan Submission Requirements:** Applicants will be required to submit network data for the requested providers listed in section 5.2.2. Applicants may also submit additional data for the entities that will be included in the MMAI organization’s provider network. The data should be submitted in a Microsoft Excel format including the fields listed in section 5.2.2.1. HFS acknowledges that this information may not be available at the time the application is submitted. Further review of the MMAI organization’s provider network will be completed as part of the readiness review process.

**4.6 Verification:** HFS reserves the right to contact any organizations or individuals listed in response to this section or elsewhere in the applicant’s application to verify factual details and the authenticity of the information provided, including any examples furnished in the applicant’s technical response.

**5. Technical Response and Approach**

This section outlines the prompts the applicant shall respond to regarding the approach to the scope of work in this RFA and related materials, qualifications, and relevant experience. An applicant must receive a minimum score of 300 points in this section to be considered eligible.

**5.1 Technical Response and Approach Scoring.** The maximum points possible and the page limits for each subsection of the Technical Response and Approach are as follows:

Subsection	Maximum Points	Page Limit
Care coordination/Care Management	100	20
Provider Network and Services	80	20
Organization and Operational Plan	60	30
Health Information Technology	50	10
Quality Assessment and Improvement Plan	50	10
Commitment to Health Equity	40	10
References/ Other Contracts/ Past Performance	20	10
Technical Response and Approach Total	400	110

**5.2 Technical Response and Approach Structure and Prompts:** Applicants shall prepare and submit responses using the following criteria as a guide. Requirements of the CMS MMAI application may also be utilized.

**5.2.1 Care Coordination/Care Management:**

**5.2.1.1 Interdisciplinary Care Team:** Organizations may provide the information included in your application to CMS for Model of Care component and supplement as necessary.

- i. Describe who will participate in an interdisciplinary care team and:
  - a. How the structure will vary based on risk-level and Enrollee needs and preferences;
  - b. Who will lead the care teams;
  - c. How the Enrollee and the Enrollee's caregiver will be involved in the development of the care team; and
  - d. Describe the process for ensuring the Enrollee has adequate access to the care team.
- ii. Describe the role and responsibilities of the Care Coordinator including:
  - a. Caseload size and how that will vary based on risk level; and
  - b. Qualifications of Care Coordinators and whether those qualifications vary depending on the Enrollees assigned to them.
- iii. Describe how your Provider network coordinates with the interdisciplinary care team and the Enrollee to deliver specialized services, including:
  - a. How care needs are communicated to care team members;
  - b. Which personnel ensure that follow-up is scheduled and performed; and
  - c. Your plan for training Providers about care coordination, the roles and responsibilities of the interdisciplinary care team, including communication pathways between Providers and the interdisciplinary care team, Individualized Care Plan development, consumer direction, and any HIT to support care coordination.
  - d. The applicant shall describe its current experience using HIT and consumer direction to support care coordination.

#### **5.2.1.2 Risk Stratification/Assessment/Individualized Care Plan Development**

A well-designed process for developing and implementing Individualized Care Plans is a critical component for assuring that Enrollees' needs are being addressed. Describe your process for developing and completing an Individualized Care Plan including:

- i. How the interdisciplinary care team is involved in developing and maintaining the Individualized Care Plan.
- ii. How each Enrollee's needs, goals and preferences are identified and strategies are developed to address those needs, goals and preferences;
- iii. Your process to address back up plan arrangements for services that enable Enrollees in HCBS waivers to remain in the community;
- iv. The supports and information that are made available to the Enrollee (and/or family or legal representative, as appropriate) to direct and be actively engaged in the Enrollee's Care Plan development process and the Enrollee's input into who is included in the process;
- v. How the Individualized Care Plan is made available to Providers and Enrollees;
- vi. How any changes to the Individualized Care Plan are communicated to the interdisciplinary care team, Providers and Enrollees.
- vii. Strategies and programs to enhance Enrollee compliance with Individualized Care Plans.

- viii. Describe current experience deploying strategies to improve compliance with Individualized Care Plans.

**5.2.1.3 Provide two real examples of case studies of individuals stratified to, moderate and high-risk including:**

- i. Who completed the Individualized Care Plan;
- ii. The structure of the individual's interdisciplinary care team;
- iii. An example of an Individualized Care Plan, including interventions to be completed;
- iv. A description of how often Individualized Care Plans were updated; and
- v. Care Management activities provided.

**5.2.1.4 Describe the strategies that you will utilize to locate and engage Enrollees in their own care including best practices and lessons learned based on current experience**

**5.2.1.5 Describe your process for emergency department utilization review and identification of Enrollees with high utilization including:**

- i. Your process for analyzing the data and determining whether Enrollees need enhanced Case Management services; and
- ii. How you will provide such Case Management and any other strategies for addressing high emergency department utilization particularly among Nursing Facility Residents.
- iii. **Best practices and lessons learned based on current experience.**

**5.2.1.6 Care Transition**

- i. Describe your plans and policies for transition of care for Enrollees who are currently under treatment for acute and Chronic Health Conditions.
- ii. Describe your process for notifying Enrollees and Providers of your transition of care policy including the process for notification near the end of the transition period.
- iii. Describe how you will coordinate Individualized Care Plan development and implementation with care plans and case coordinators currently serving Enrollees who are receiving services through HCBS waivers.
- iv. Describe best practices and lessons learned based on current experience.

**5.2.1.7 Care Integration**

- i. Describe your philosophy and approach to facilitate Enrollees needing nursing home level of care to live in the community including How the interdisciplinary care team will identify HCBS waiver services, and opportunities and resources that encourage independence in the community.
- ii. Describe how you will assist Enrollees in accessing services (beyond those included as Covered Services, such as housing, social service agencies, and

senior centers, and your process for coordinating with entities that provide such services.

- iii. Describe your process for coordinating care with out-of-network Providers and the process for determining approval for accessing out of network Providers.
- iv. Describe best practices and lessons learned based on current experience.

**5.2.2 Provider Network and Services:** The State will base its evaluation of the applicant's network of Affiliated hospitals, PCPs, medical homes, pharmacies, and ancillary providers that must be submitted to the Department in a Microsoft Excel File Format including the fields listed in Section 5.2.2.1.

**5.2.2.1** As part of your Proposal, the plan must also provide a listing of your network of Providers that would not be included in the CMS HPMS system, including health centers, behavioral health providers, dentists, including oral surgeons, Nursing Facilities, and Providers of LTSS. Include in this listing, an analysis that demonstrates network adequacy of those Providers. If you subcontract for Case Management services, list other provider types you are contracting with. Indicate your level of commitment by describing your agreements, i.e. letter of intent, pending contract, contract. The data must be submitted in a Microsoft Excel file format including the following fields:

- i. Provider Last Name;
- ii. Provider First Name;
- iii. Provider Specialty;
- iv. Provider Address;
- v. Provider County;
- vi. NPI;
- vii. Provider Tax ID; and
- viii. Agreement Description.

**5.2.2.2** Provide distinct maps indicating the distribution of all Medicare and Medicaid Providers, including PCPs, medical homes, specialist, hospitals, behavioral health Providers, dentists, oral surgeons, Nursing Facilities, Providers of LTSS, and other Providers available in the Contracting Area.

**5.2.2.3** Describe how your network will assure adequate access to medical, mental health, substance abuse, and social services throughout the Contracting Area and at least meets:

- i. Medicaid access standards found at 42 CFR 438.206; and
- ii. Medicare network requirements found at 42 CFR 417.416

**5.2.2.4** Describe how you will use safety net providers that have traditionally served Enrollees, such as FQHCs, Certified Local Health Departments, Community Mental Health Centers and Behavioral Health Clinics.

**5.2.2.5** Detail your plan for ensuring 24-hour telephone access to medical professionals for consultation and to obtain medical care.

**5.2.3 Organization and Operational Plan:**

**5.2.3.1** Discuss the history and ownership of your organization. Include your experience in providing Medicare and/or Medicaid managed care in general, and specifically

your experience providing the services that are proposed for this or similar populations.

- i. Explain your qualifications to respond to this RFA. Include accreditations, certifications and recognitions achieved, e.g., NCQA Health Plan Accreditation.
- ii. Describe your experience with implementing and using evidence-based practices, including which evidence-based practices you employ, an outline of specific goals and benchmarks, outreach strategies and sample materials, and your successes and challenges with improving outcomes.

**5.2.3.2** Provide a plan to accommodate enrollment phase-in to ensure that you are able to administer the initial health risk and behavioral health risk screenings to all new Enrollees and comprehensive health risk and, if needed, behavioral health risk assessments, provide appropriate medical homes to all new Enrollees, assign an Interdisciplinary Care Team, and develop Individualized Care Plans in a timely manner. Provide a detailed draft implementation work plan, with an estimated timetable to begin enrollment no later than January 1, 2024.

**5.2.3.3** Staffing Plan: Provide a comprehensive statement of your proposed staffing plan demonstrating how you will provide adequate staffing to address all requirements found in section 4.5.3.1 in the RFA. Include Comprehensive organizational charts;

- i. The applicant shall identify which positions are to be staffed internally or filled by a subcontractor.
- ii. Subcontractor Justification and Oversight: If a role is to be filled by a subcontractor, applicant shall identify why a subcontractor is best suited for this role and the proposed oversight and management plan.
- iii. Staff Certifications and Licenses: Applicant shall ensure that all staff have the necessary certifications and licenses to conduct services as required by applicable state and federal laws.

**5.2.3.4** Organizational Leadership/Experience Developing and Implementing Medicare and Medicaid Plans

- i. Job descriptions for all key staff described in Section 4.5.3
- ii. Résumés of known key staff described in Section 4.5.3 ; and
- iii. Detail of the implementation team and how it will differ from the on-going staff. Include:
  - a. A timeline for transitioning from the implementation team to permanent staff; and
  - b. A description of your plan for transition from the implementation team to the permanent staff including for how long they will overlap and how you will ensure the permanent staff is equipped to operate the program.
- iv. In evaluating an organization's capacity to develop and implement the MMAI model successfully, prior experience as a Medicare and/or Medicaid Plan is critical. In addition to reviewing organizational charts, job descriptions and staff resumes, on-site visits and meetings with staff



and/or board members may be necessary to assess an organization's leadership abilities at the administrative, management and service delivery levels.

**5.2.4 Health Information and Technology:** The organization shall discuss its policies for Health Insurance Portability and Accountability Act (HIPAA), and give an overview of how you currently use health information technology (HIT) to provide care coordination and Care Management including how it:

**5.2.4.1** Maintains a profile for each Enrollee that includes demographics, PCP, Care Management assignment, and the results of the risk assessment;

**5.2.4.2** Notifies providers, Enrollees and the care team of risk assessment results and care gap alerts;

**5.2.4.3** Tracks care delivered outside the medical home;

**5.2.4.4** Supports Care Management activities; and

**5.2.4.5** Tracks inbound and outbound Enrollee communication including among the Enrollee, their Providers, and the interdisciplinary care team.

**5.2.5 Quality Assessment and Improvement Plan:** The organization shall discuss in detail its proposed policies regarding ongoing member services and its continuing efforts to improve or maintain the delivery of services and member care. Describe current experience including best practices and lessons learned.

**5.2.6 Commitment to Reducing Disparities and Advancing Health Equity**

**5.2.6.1** Describe how your organization will help resolve the gap in health equity;

**5.2.6.2** Explain how your organization supports homegrown businesses, and will keep innovation and economic opportunity within Illinois

**5.2.6.3** Describe plan to ensure representation of Black or Hispanic staff members that is 50% or greater and discuss how your organization will create new jobs and spur economic activity in marginalized minority communities;

**5.2.6.4** Discuss in detail how your organization is disproportionately serving the needs of marginalized minority and low-income Medicare beneficiaries with:

i. a representation of Black or Hispanic Medicare members that is 50% or greater; and

ii. a representation of Low-Income Subsidy Medicare members that is 50% or greater; and

iii. Have made an impact around at least 3 of the 6 high-impact priority areas listed in the Centers for Medicare and Medicaid Services' Equity Plan For Improving Quality in Medicare (September 2015)

a. PRIORITY 1: Expand the collection, reporting, and analysis of standardized data.

b. PRIORITY 2: Evaluate disparities impacts and integrate equity solutions across CMS programs.

c. PRIORITY 3: Develop and disseminate promising approaches to reduce health disparities.

d. PRIORITY 4: Increase the ability of the health care workforce to meet the needs of vulnerable populations.

- e. PRIORITY 5: Improve communication and language access for individuals with limited English proficiency and persons with disabilities.
- f. PRIORITY 6: Increase physical accessibility of health care facilities.

#### **5.2.7 References/ Other Contracts/ Past Performance:**

**5.2.7.1 References:** You must provide references from established private firms or government agencies, (four preferred; two of each type preferred) other than the procuring agency, that can attest to your experience and ability to perform the contract subject of this solicitation. You must provide the name, contact information and a description of the supplies or services provided.

**5.2.7.1.1 Reference Form:** Applicant shall provide the information regarding these references outlined in the Reference Form (Attachment 6).

**5.2.7.2 Other Contracts:** Please list all contracts you have had in the last three years to provide risk based managed care services to any payer indicating the entity with which you have a contract. List all Medicare and Medicaid contracts separately. You must provide the name, contact information and a description of the supplies or services provided.

**5.2.7.3 Past Performance:** The State will consider a Plan's past performance in public and commercial programs based on all information available to the State. In considering past performance in the Medicare Program and the Medicaid program of any state, the State will use CMS' past performance analysis and star rating system as well as HEDIS scores. Please list:

- i. your most recent three years of HEDIS results;
- ii. all sanctions, penalties and corrective action plans relating to all Medicaid plans you operate in any state and all Medicare Advantage plans you operate in any state taken in the last five years, including information about the reason for the corrective action plan and the resolution; and,
- iii. CMS' past performance analysis for the most recent calendar year. If you have no Medicare Program and no Medicaid program experience, include in your response any of the requested information relating to your commercial experience in the State.
- iv. For all of the requested information in this Section 5.2.7.3, include plans operated by your parent organization, subsidiaries, and related organizations, if any.

#### **6. MMAI Capitation Rates**

CMS and the Department will each contribute to the total Capitation payment. CMS and the Department will each make monthly payments to the Contractor for their respective portion of the capitated rate, in accordance with all applicable Federal and State laws, regulations, rules, billing instructions, and bulletins, as amended.

**6.1 Capitation Payments:** The Contractor will receive three monthly payments for each Enrollee: one (1) amount from CMS reflecting coverage of Medicare Parts A/B services (Medicare Parts A/B Component), one amount from CMS reflecting coverage Medicare Part D services (Medicare Part D Component), and a third amount from the Department reflecting coverage of Medicaid services (Medicaid Component).

**6.2 Preliminary Rate Attestation:** Calendar Year (CY) 2023 rates will be distributed to all prospective applicants that submit a Letter of Intent. Any changes to the state plan covered services in CY 2024 will be accounted for in the rate development. Applicants will be required to attest to their receipt of this information on the Application Checklist and Attestation form (Attachment 2).

**6.3 Final Rates:** The MMAI rates will be reviewed and updated with more current information prior to the actual “go live” date for the selected Plan. This updated analysis will be the basis of the final rates. HFS anticipates the final rates will be provided to the MMAI Plan in November 2023.

## **7. Contract Term**

Pursuant to Section 8, the applicant will be required to execute a MMAI contract with CMS and HFS with a two (2) year term. The 3-way contract with CMS and HFS will define the terms of the agreement. The Effective Date of new contracts will be January 1, 2024. We recognize the amount of implementation effort required to be ready and approved for open enrollment.

## **8. Submission of MMAI Application to CMS**

The applicant must also submit the CMS Application for MMAI approval. The CMS application shall be submitted by February 15, 2023. This will be considered Phase 1 of Readiness Review. The applicant shall at all times take any and all steps required to obtain CMS approval for a January 1, 2024 contract effective date. HFS and CMS will also perform an onsite Readiness Review (considered Phase 2) prior to open enrollment. CMS' approval is required before the 3-way contract can be executed. The 3-way contract is between CMS, HFS, and the Plan. If CMS approval is not obtained, HFS has the right to cancel the award with the Plan.



**Request for Application: IL Medicare Medicaid Alignment Initiative 2022**

**Letter of Intent**

Organization: \_\_\_\_\_

Primary Contact Information:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

The organization listed above intends to submit an application in response to the RFA described above.

Yes

All responses should be delivered to the application coordinator listed below.

Agency: Healthcare and Family Services	Subject: RFA MMAI Letter of Intent
Attn: Keshonna Lones	Due: Monday, November 11, 2022 at 5:00 PM Central
Email: HFS.MMAI@illinois.gov	Attach letter as .PDF

## Application and Attestation to the State of Illinois

The undersigned authorize representative of the identified applicant hereby submits this application to perform in full compliance with the subject request for application. By completing and signing this form, the applicant makes an application to the State of Illinois that the State may accept.

Applicant shall use this form as the final check to ensure that all required documents are completed and included with the application. Applicant shall mark each blank below as appropriate. Applicant acknowledges that failure to meet all requirements is cause for disqualification.

### GENERAL REQUIREMENTS

**APPLICATION REVIEW:** Applicant reviewed the Request for Application, including all referenced documents and instructions, completed all blanks, provided all required information, and demonstrated how it will meet the requirements of the State of Illinois.

Yes

**APPENDICES AND ATTACHMENTS:** Applicant acknowledges receipt of any and all appendices and attachments to the response and has taken those into account in making this response.

Yes

**LETTER OF INTENT:** Applicant submitted a Letter of Intent for this Request for Application and ensured that all information presented in that LOI was accurate.

Yes

**PRELIMINARY RATE INFORMATION:** Applicant acknowledges receipt of the CY 2023 rates.

Yes

**APPLICANT SUBMISSION:** Applicant is electronically submitting application, correctly organized, by the due date and time.

Yes

**REQUEST FOR CONFIDENTIAL TREATMENT:** Applicant is submitting a request for confidential treatment and has submitted its redacted response as specified.

Yes

**DISCLOSURES RELATED TO ELIGIBILITY, COMPLIANCE, LITIGATION, AND ENFORCEMENT:** Applicant has read section 3.2; sections 4.5.1.7 and 4.5.1.8; and sections 4.5.2.3, 4.5.2.4, and 4.5.2.5 and has fully described within the technical response any applicable circumstance for your organization as described in these sections for HFS to evaluate.

Yes

**Section 1: TRANSMITTAL LETTER, AND APPLICATION TO THE STATE OF ILLINOIS**

**TRANSMITTAL LETTER:** Applicant is submitting a transmittal letter as specified in this RFA.

Yes

**APPLICATION TO THE STATE OF ILLINOIS:** Applicant is submitting this completed form as specified in this RFA.

Yes

**Section 2: APPLICATION REQUIREMENTS**

**FINANCIAL CONDITION:** Applicant is submitting its financial condition as specified in this RFA, including each of the following components.

4.4.1 Audited Financial Statements Yes

4.4.2 Balance Sheet Yes

4.4.3 Documentation of Lines of Credit Yes

4.4.4 Bankruptcy and/or Insolvency Filings Yes

**APPLICANT PROFILE:** Applicant is submitting its Applicant Profile as specified in this RFA, including each of the following components:

3.4.3.3 Financial Disclosure and Conflict of Interest Form Yes

3.4.3.4 Standard Certification Form Yes

4.5.1 Organization Profile and Background Yes

4.5.2 Applicant Experience Yes

4.5.3 List of Individuals in an Administrative Capacity Yes

**Section 3: TECHNICAL RESPONSE**

**TECHNICAL RESPONSE:** Applicant is submitting its response to the technical requirements section as specified in this RFA.

Yes

**NETWORK PLAN:** Applicant has completed and is submitting its network plans in a separate excel file as specified in this RFA.

Yes

**Section 4: RFA FORMS FOR SUBMISSION**

**REFERENCES:** Applicant has completed and is submitting references as specified in this RFA.

Yes

**SUBCONTRACTOR DISCLOSURES:** Applicant is submitting its Subcontractor Disclosures as specified in this RFA.

Yes

Illinois Medicare Medicaid Alignment Initiative  
Request for Application (RFA) 2022

By completing and signing this Application and Attestation Checklist, the applicant is asserting the application submission is complete and truthful.

**Signature of Authorized Representative:** \_\_\_\_\_

**Printed Name of Signatory:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

## FINANCIAL DISCLOSURES AND CONFLICTS OF INTEREST

The Financial Disclosures and Conflicts of Interest form (“form”) must be accurately completed and submitted by the vendor, parent entity(ies), and subcontractors. There are **nine** steps to this form and each must be completed as instructed in the step heading and within the step. A bid or offer that does not include this form shall be considered non-responsive. The Agency/University will consider this form when evaluating the bid or offer or awarding the contract.

The requirement of disclosure of financial interests and conflicts of interest is a continuing obligation. If circumstances change and the disclosure is no longer accurate, then disclosing entities must provide an updated form.

Separate forms are required for the vendor, parent entity(ies), and subcontractors.

### This disclosure is submitted for:

- Vendor
- Vendor’s Parent Entity(ies) (100% ownership)
- Subcontractor(s) >\$50,000 (annual value)
- Subcontractor’s Parent Entity(ies) (100% ownership) > \$50,000 (annual value)

Project Name	<a href="#">Click here to enter text.</a>
Illinois Procurement Bulletin Number	<a href="#">Click here to enter text.</a>
Contract Number	<a href="#">Click here to enter text.</a>
Vendor Name	<a href="#">Click here to enter text.</a>
Doing Business As (DBA)	<a href="#">Click here to enter text.</a>
Disclosing Entity	<a href="#">Click here to enter text.</a>
Disclosing Entity’s Parent Entity	<a href="#">Click here to enter text.</a>
Subcontractor	<a href="#">Click here to enter text.</a>
Instrument of Ownership or Beneficial Interest	Choose an item. <input type="checkbox"/> If you selected Other, please describe: <a href="#">Click here to enter text.</a>



## FINANCIAL DISCLOSURES AND CONFLICTS OF INTERESTS

### STEP 1

#### SUPPORTING DOCUMENTATION SUBMITTAL

(All vendors complete regardless of annual bid, offer, or contract value)  
(Subcontractors with subcontract annual value of more than \$50,000 must complete)

You must select one of the six options below and select the documentation you are submitting. You must provide the documentation that the applicable section requires with this form.

Option 1 – Publicly Traded Entities

- 1.A.  Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor.

OR

- 1.B.  Attach a copy of the Federal 10-K or provide a web address of an electronic copy of the Federal 10-K, and skip to Step 3.

Option 2 – Privately Held Entities with more than 100 Shareholders

- 2.A.  Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor.

OR

- 2.B.  Complete Step 2, Option A for each qualifying individual or entity holding any ownership share in excess of 5% and attach the information Federal 10-K reporting companies are required to report under 17 CFR 229.401.

Option 3 – All other Privately Held Entities, not including Sole Proprietorships

- 3.A.  Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor.

Option 4 – Foreign Entities

- 4.A.  Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor.

OR

- 4.B.  Attach a copy of the Securities Exchange Commission Form 20-F or 40-F and skip to Step 3.

Option 5 – Not-for-Profit Entities

- Complete Step 2, Option B.

Option 6 – Sole Proprietorships

- Skip to Step 3.

## FINANCIAL DISCLOSURES AND CONFLICTS OF INTERESTS

### STEP 2

#### DISCLOSURE OF FINANCIAL INTEREST OR BOARD OF DIRECTORS

(All vendors, except sole proprietorships, must complete regardless of annual bid, offer, or contract value)  
(Subcontractors with subcontract annual value of more than \$50,000 must complete)

Complete **either** Option A (for all entities other than not-for-profits) or Option B (for not-for-profits). Additional rows may be inserted into the tables or an attachment may be provided if needed.

#### OPTION A – Ownership Share and Distributive Income

**Ownership Share** – If you selected Option 1.A., 2.A., 2.B., 3.A., or 4.A. in Step 1, provide the name and address of each individual or entity and their percentage of ownership if said percentage exceeds 5%, or the dollar value of their ownership if said dollar value exceeds \$106,447.20.

Check here if including an attachment with requested information in a format substantially similar to the format below.

TABLE – X			
Name	Address	Percentage of Ownership	\$ Value of Ownership
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

**Distributive Income** – If you selected Option 1.A., 2.A., 3.A., or 4.A. in Step 1, provide the name and address of each individual or entity and their percentage of the disclosing vendor's total distributive income if said percentage exceeds 5% of the total distributive income of the disclosing entity, or the dollar value of their distributive income if said dollar value exceeds \$106,447.20.

Check here if including an attachment with requested information in a format substantially similar to the format below.

TABLE – Y			
Name	Address	% of Distributive Income	\$ Value of Distributive Income
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

## FINANCIAL DISCLOSURES AND CONFLICTS OF INTERESTS

Please certify that the following statements are true.

I have disclosed all individuals or entities that hold an ownership interest of greater than 5% or greater than \$106,447.20.

Yes  No

I have disclosed all individuals or entities that were entitled to receive distributive income in an amount greater than \$106,447.20 or greater than 5% of the total distributive income of the disclosing entity.

Yes  No

### OPTION B – Disclosure of Board of Directors (Not-for-Profits)

If you selected Option 5 in Step 1, list members of your board of directors. Please include an attachment if necessary.

TABLE – Z	
Name	Address
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>

### STEP 3

#### DISCLOSURE OF LOBBYIST OR AGENT

(Complete only if bid, offer, or contract has an annual value over \$50,000)  
(Subcontractors with subcontract annual value of more than \$50,000 must complete)

Yes  No. Is your company represented by or do you employ a lobbyist required to register under the Lobbyist Registration Act (lobbyist must be registered pursuant to the Act with the Secretary of State) or other agent who is not identified through Step 2, Option A above and who has communicated, is communicating, or may communicate with any State/Public University officer or employee concerning the bid or offer? If yes, please identify each lobbyist and agent, including the name and address below.

If you have a lobbyist that does not meet the criteria, then you do not have to disclose the lobbyist's information.

Name	Address	Relationship to Disclosing Entity
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>

Describe all costs/fees/compensation/reimbursements related to the assistance provided by each representative lobbyist or other agent to obtain this Agency/University contract: [Click here to enter text.](#)

## FINANCIAL DISCLOSURES AND CONFLICTS OF INTERESTS

### STEP 4

#### PROHIBITED CONFLICTS OF INTEREST

(All vendors must complete regardless of annual bid, offer, or contract value)  
(Subcontractors with subcontract annual value of more than \$50,000 must complete)

Step 4 must be completed for each person disclosed in Step 2, Option A and for sole proprietors identified in Step 1, Option 6 above. Please provide the name of the person for which responses are provided: [Click here to enter text.](#)

1. Do you hold or are you the spouse or minor child who holds an elective office in the State of Illinois or hold a seat in the General Assembly?  Yes  No
2. Have you, your spouse, or minor child been appointed to or employed in any offices or agencies of State government and receive compensation for such employment in excess of 60% (\$106,447.20) of the salary of the Governor?  Yes  No
3. Are you or are you the spouse or minor child of an officer or employee of the Capital Development Board or the Illinois Toll Highway Authority?  Yes  No
4. Have you, your spouse, or an immediate family member who lives in your residence currently or who lived in your residence within the last 12 months been appointed as a member of a board, commission, authority, or task force authorized or created by State law or by executive order of the Governor?  Yes  No
5. If you answered yes to any question in 1-4 above, please answer the following: Do you, your spouse, or minor child receive from the vendor more than 7.5% of the vendor's total distributable income or an amount of distributable income in excess of the salary of the Governor (\$177,412.00)?  Yes  No
6. If you answered yes to any question in 1-4 above, please answer the following: Is there a combined interest of self with spouse or minor child more than 15% in the aggregate of the vendor's distributable income or an amount of distributable income in excess of two times the salary of the Governor (\$354,824.00)?  Yes  No

### STEP 5

#### POTENTIAL CONFLICTS OF INTEREST RELATING TO PERSONAL RELATIONSHIPS

(Complete only if bid, offer, or contract has an annual value over \$50,000)  
(Subcontractors with subcontract annual value of more than \$50,000 must complete)

Step 5 must be completed for each person disclosed in Step 2, Option A and for sole proprietors identified in Step 1, Option 6 above.

Please provide the name of the person for which responses are provided: [Click here to enter text.](#)

1. Do you currently have, or in the previous 3 years have you had State employment, including contractual employment of services?  Yes  No
2. Has your spouse, father, mother, son, or daughter, had State employment, including contractual employment for services, in the previous 2 years?  Yes  No

## FINANCIAL DISCLOSURES AND CONFLICTS OF INTERESTS

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3. Do you hold currently or have you held in the previous 3 years elective office of the State of Illinois, the government of the United States, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois?  Yes  No
4. Do you have a relationship to anyone (spouse, father, mother, son, or daughter) holding elective office currently or in the previous 2 years?  Yes  No
5. Do you hold or have you held in the previous 3 years any appointive government office of the State of Illinois, the United States of America, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois, which office entitles the holder to compensation in excess of expenses incurred in the discharge of that office?  Yes  No
6. Do you have a relationship to anyone (spouse, father, mother, son, or daughter) holding appointive office currently or in the previous 2 years?  Yes  No
7. Do you currently have or in the previous 3 years had employment as or by any registered lobbyist of the State government?  Yes  No
8. Do you currently have or in the previous 2 years had a relationship to anyone (spouse, father, mother, son, or daughter) that is or was a registered lobbyist?  Yes  No
9. Do you currently have or in the previous 3 years had compensated employment by any registered election or re-election committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?  Yes  No
10. Do you currently have or in the previous 2 years had a relationship to anyone (spouse, father, mother, son, or daughter) who is or was a compensated employee of any registered election or reelection committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?  Yes  No

### STEP 6

#### EXPLANATION OF AFFIRMATIVE RESPONSES

(All vendors must complete regardless of annual bid, offer, or contract value)

(Subcontractors with subcontract annual value of more than \$50,000 must complete)

If you answered "Yes" in Step 4 or Step 5, please provide on an additional page a detailed explanation that includes, but is not limited to the name, salary, State agency or university, and position title of each individual.

**STEP 7**  
**POTENTIAL CONFLICTS OF INTEREST**  
**RELATING TO DEBARMENT & LEGAL PROCEEDINGS**  
 (Complete only if bid, offer, or contract has an annual value over \$50,000)  
 (Subcontractors with subcontract annual value of more than \$50,000 must complete)

This step must be completed for each person disclosed in Step 2, Option A, Step 3, and for each entity and sole proprietor disclosed in Step 1.

Please provide the name of the person or entity for which responses are provided: [Click here to enter text.](#)

1. Within the previous ten years, have you had debarment from contracting with any governmental entity?  Yes  No
2. Within the previous ten years, have you had any professional licensure discipline?  Yes  No
3. Within the previous ten years, have you had any bankruptcies?  Yes  No
4. Within the previous ten years, have you had any adverse civil judgments and administrative findings?  Yes  No
5. Within the previous ten years, have you had any criminal felony convictions?  Yes  No

If you answered “Yes”, please provide a detailed explanation that includes, but is not limited to the name, State agency or university, and position title of each individual. [Click here to enter text.](#)

**STEP 8**  
**DISCLOSURE OF CURRENT AND PENDING CONTRACTS**  
 (Complete only if bid, offer, or contract has an annual value over \$50,000)  
 (Subcontractors with subcontract annual value of more than \$50,000 must complete)

If you selected Option 1, 2, 3, 4, or 6 in Step 1, do you have any contracts, pending contracts, bids, proposals, subcontracts, leases or other ongoing procurement relationships with units of State of Illinois government?

Yes  No.

If “Yes”, please specify below. Additional rows may be inserted into the table or an attachment may be provided if needed.

Agency/University	Project Title	Status	Value	Contract Reference/P.O./Illinois Procurement Bulletin #
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>

Please explain the procurement relationship: [Click here to enter text.](#)

## STEP 9

### SIGN THE DISCLOSURE

(All vendors must complete regardless of annual bid, offer, or contract value)  
(Subcontractors with subcontract annual value of more than \$50,000 must complete)

This disclosure is signed, and made under penalty of perjury for all for-profit entities, by an authorized officer or employee on behalf of the bidder or offeror pursuant to Sections 50-13 and 50-35 of the Illinois Procurement Code. This disclosure information is submitted on behalf of:

Name of Disclosing Entity: [Click here to enter text.](#)

Signature: \_\_\_\_\_

Date: [Click here to enter text.](#)

Printed Name: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#)

Email Address: [Click here to enter text.](#)

## STATE OF ILLINOIS STANDARD CERTIFICATIONS

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Vendor acknowledges and agrees that compliance with this subsection in its entirety for the term of the contract and any renewals is a material requirement and condition of this contract. By executing this contract Vendor certifies compliance with this subsection in its entirety, and is under a continuing obligation to remain in compliance and report any non-compliance.

This subsection, in its entirety, applies to subcontractors used on this contract. Vendor shall include these Standard Certifications in any subcontract used in the performance of the contract using the Standard Certification form provided by the State.

If this contract extends over multiple fiscal years, including the initial term and all renewals, Vendor and its subcontractors shall confirm compliance with this section in the manner and format determined by the State by the date specified by the State and in no event later than July 1 of each year that this contract remains in effect.

If the Parties determine that any certification in this section is not applicable to this contract it may be stricken without affecting the remaining subsections.

1. As part of each certification, Vendor acknowledges and agrees that should Vendor or its subcontractors provide false information, or fail to be or remain in compliance with the Standard Certification requirements, one or more of the following sanctions will apply:
  - the contract may be void by operation of law,
  - the State may void the contract, and
  - the Vendor and its subcontractors may be subject to one or more of the following: suspension, debarment, denial of payment, civil fine, or criminal penalty.

Identifying a sanction or failing to identify a sanction in relation to any of the specific certifications does not waive imposition of other sanctions or preclude application of sanctions not specifically identified.

2. Vendor certifies it and its employees will comply with applicable provisions of the United States Civil Rights Act, Section 504 of the Federal Rehabilitation Act, the Americans with Disabilities Act, and applicable rules in performance of this contract.
3. Vendor, if an individual, sole proprietor, partner or an individual as member of a LLC, certifies he/she is not in default on an educational loan. 5 ILCS 385/3.
4. Vendor, if an individual, sole proprietor, partner or an individual as member of a LLC, certifies it he/she has not received (i) an early retirement incentive prior to 1993 under Section 14-108.3 or 16-133.3 of the Illinois Pension Code or (ii) an early retirement incentive on or after 2002 under Section 14-108.3 or 16-133.3 of the Illinois Pension Code. 30 ILCS 105/15a; 40 ILCS 5/14-108.3; 40 ILCS 5/16-133.
5. Vendor certifies that it is a legal entity authorized to do business in Illinois prior to submission of a bid, offer, or proposal. 30 ILCS 500/1-15.80, 20-43.



6. To the extent there was a current Vendor providing the services covered by this contract and the employees of that Vendor who provided those services are covered by a collective bargaining agreement, Vendor certifies (i) that it will offer to assume the collective bargaining obligations of the prior employer, including any existing collective bargaining agreement with the bargaining representative of any existing collective bargaining unit or units performing substantially similar work to the services covered by the contract subject to its bid or offer; and (ii) that it shall offer employment to all employees currently employed in any existing bargaining unit who perform substantially similar work to the work that will be performed pursuant to this contract. This does not apply to heating, air conditioning, plumbing and electrical service contracts. 30 ILCS 500/25-80.
7. Vendor certifies it has neither been convicted of bribing or attempting to bribe an officer or employee of the State of Illinois or any other State, nor made an admission of guilt of such conduct that is a matter of record. 30 ILCS 500/50-5.
8. If Vendor has been convicted of a felony, Vendor certifies at least five years have passed after the date of completion of the sentence for such felony, unless no person held responsible by a prosecutor's office for the facts upon which the conviction was based continues to have any involvement with the business. 30 ILCS 500/50-10.
9. If Vendor or any officer, director, partner, or other managerial agent of Vendor has been convicted of a felony under the Sarbanes-Oxley Act of 2002, or a Class 3 or Class 2 felony under the Illinois Securities Law of 1953, Vendor certifies at least five years have passed since the date of the conviction. Vendor further certifies that it is not barred from being awarded a contract and acknowledges that the State shall declare the contract void if this certification is false. 30 ILCS 500/50-10.5.
10. Vendor certifies it is not barred from having a contract with the State based upon violating the prohibitions related to either submitting/writing specifications or providing assistance to an employee of the State of Illinois by reviewing, drafting, directing, or preparing any invitation for bids, a request for proposal, or request of information, or similar assistance (except as part of a public request for such information). 30 ILCS 500/50-10.5(e), *amended* by Pub. Act No. 97-0895 (August 3, 2012).
11. Vendor certifies that it and its affiliates are not delinquent in the payment of any debt to the State (or if delinquent has entered into a deferred payment plan to pay the debt), and Vendor and its affiliates acknowledge the State may declare the contract void if this certification is false or if Vendor or an affiliate later becomes delinquent and has not entered into a deferred payment plan to pay off the debt. 30 ILCS 500/50-11, 50-60.
12. Vendor certifies that it and all affiliates shall collect and remit Illinois Use Tax on all sales of tangible personal property into the State of Illinois in accordance with provisions of the Illinois Use Tax Act and acknowledges that failure to comply may result in the contract being declared void. 30 ILCS 500/50-12.
13. Vendor certifies that it has not been found by a court or the Pollution Control Board to have committed a willful or knowing violation of the Environmental Protection Act within the last five years, and is therefore not barred from being awarded a contract. 30 ILCS 500/50-14.

14. Vendor certifies it has neither paid any money or valuable thing to induce any person to refrain from bidding on a State contract, nor accepted any money or other valuable thing, or acted upon the promise of same, for not bidding on a State contract. 30 ILCS 500/50-25.
15. Vendor certifies it is not in violation of the "Revolving Door" provisions of the Illinois Procurement Code. 30 ILCS 500/50-30.
16. Vendor certifies that it has not retained a person or entity to attempt to influence the outcome of a procurement decision for compensation contingent in whole or in part upon the decision or procurement. 30 ILCS 500/50-38.
17. Vendor certifies that if it has hired a person required to register under the Lobbyist Registration Act to assist in obtaining any State contract, that none of the lobbyist's costs, fees, compensation, reimbursements, or other remuneration were billed to the State. 30 ILCS 500\50-38.
18. Vendor certifies it will report to the Illinois Attorney General and the Chief Procurement Officer any suspected collusion or other anti-competitive practice among any bidders, offerors, contractors, proposers, or employees of the State. 30 ILCS 500/50-40, 50-45, 50-50.
19. Vendor certifies steel products used or supplied in the performance of a contract for public works shall be manufactured or produced in the United States, unless the executive head of the procuring Agency/University grants an exception. 30 ILCS 565.
20. Drug Free Workplace
  - 20.1 If Vendor employs 25 or more employees and this contract is worth more than \$5,000, Vendor certifies it will provide a drug free workplace pursuant to the Drug Free Workplace Act.
  - 20.2 If Vendor is an individual and this contract is worth more than \$5000, Vendor certifies it shall not engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance during the performance of the contract. 30 ILCS 580.
21. Vendor certifies that neither Vendor nor any substantially owned affiliate is participating or shall participate in an international boycott in violation of the U.S. Export Administration Act of 1979 or the applicable regulations of the United States. Department of Commerce. 30 ILCS 582.
22. Vendor certifies it has not been convicted of the offense of bid rigging or bid rotating or any similar offense of any state or of the United States. 720 ILCS 5/33 E-3, E-4.
23. Vendor certifies it complies with the Illinois Department of Human Rights Act and rules applicable to public contracts, which include providing equal employment opportunity, refraining from unlawful discrimination, and having written sexual harassment policies. 775 ILCS 5/2-105.
24. Vendor certifies it does not pay dues to or reimburse or subsidize payments by its employees for any dues or fees to any "discriminatory club." 775 ILCS 25/2.

25. Vendor certifies that no foreign-made equipment, materials, or supplies furnished to the State under the contract have been or will be produced in whole or in part by forced labor or indentured labor under penal sanction. 30 ILCS 583.
26. Vendor certifies that no foreign-made equipment, materials, or supplies furnished to the State under the contract have been produced in whole or in part by the labor of any child under the age of 12. 30 ILCS 584.
27. Vendor certifies that any violation of the Lead Poisoning Prevention Act, as it applies to owners of residential buildings, has been mitigated. 410 ILCS 45.
28. Vendor warrants and certifies that it and, to the best of its knowledge, its subcontractors have and will comply with Executive Order No. 1 (2007). The Order generally prohibits Vendors and subcontractors from hiring the then-serving Governor's family members to lobby procurement activities of the State, or any other unit of government in Illinois including local governments if that procurement may result in a contract valued at over \$25,000. This prohibition also applies to hiring for that same purpose any former State employee who had procurement authority at any time during the one-year period preceding the procurement lobbying activity.
29. Vendor certifies that information technology, including electronic information, software, systems and equipment, developed or provided under this contract comply with the applicable requirements of the Illinois Information Technology Accessibility Act Standards as published at ([www.dhs.state.il.us/iitaa](http://www.dhs.state.il.us/iitaa)) 30 ILCS 587.
30. Vendor certifies that it has read, understands, and is in compliance with the registration requirements of the Elections Code (10 ILCS 5/9-35) and the restrictions on making political contributions and related requirements of the Illinois Procurement Code. 30 ILCS 500/20-160 and 50-37. Vendor will not make a political contribution that will violate these requirements.

In accordance with section 20-160 of the Illinois Procurement Code, Vendor certifies as applicable:

Vendor is not required to register as a business entity with the State Board of Elections.

or

Vendor has registered with the State Board of Elections. As a registered business entity, Vendor acknowledges a continuing duty to update the registration as required by the Act.

31. Vendor certifies that if it is awarded a contract through the use of the preference required by the Procurement of Domestic Products Act, then it shall provide products pursuant to the contract or a subcontract that are manufactured in the United States. 30 ILCS 517.
32. For contracts other than construction contracts subject to the requirements of 30 ILCS 500/30-20 and 30 ILCS 500/33-10, a person (other than an individual acting as a sole proprietor) must be a duly constituted legal entity to qualify as a bidder or offeror prior to submitting a bid, offer, or proposal. 30 ILCS 500/20-43. Vendor certifies that it is a legal entity as of the date for submitting this bid, offer, or proposal.

33. Vendor certifies that, for the duration of this contract it:

- will post its employment vacancies in Illinois and border states on the Department of Employment Security's IllinoisJobLink.com website or its successor system; or
- will provide an online link to these employment vacancies so that this link is accessible through the IllinoisJobLink.com website or successor system; or
- is exempt from 20 ILCS 1005/1005-47 because the contract is for construction-related services as that term is defined in section 1-15.20 of the Procurement Code; or the contract is for construction and vendor is a party to a contract with a bona fide labor organization and performs construction. (20 ILCS 1005/1005-47).

SUBCONTRACTOR DISCLOSURES

Will the Applicant utilize subcontractors for core MMAI services? Yes No

If yes, please indicate which of the following services subcontractors will provide.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Care Management    | <input type="checkbox"/> Behavioral Health    | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Home Care Services | <input type="checkbox"/> Social Work Services | <input type="checkbox"/> Other          |

Other: \_\_\_\_\_

A subcontractor is a person or entity that enters into a contractual agreement with a total value of \$50,000 or more with a person or entity who has a contract subject to the Illinois Procurement Code pursuant to which the person or entity provides some or all of the goods, services, real property, remuneration, or other monetary forms of consideration that are the subject of the primary State contract, including subleases from a lessee of a State contract.

The maximum percentage of the goods or services that are the subject of this response and the resulting contract that may be subcontracted is 20 percent unless otherwise approved by the Department. All contracts with subcontractors must include Standard Certifications completed and signed by the subcontractor.

Identify below subcontracts with an annual value of \$50,000 or more that will be utilized in the performance of the contract, the names and addresses of the subcontractors, and a description of the work to be performed by each.

1. Subcontractor Name: \_\_\_\_\_  
Anticipated/Estimated Amount to Be Paid: \_\_\_\_\_  
Address: \_\_\_\_\_  
Description of Work: \_\_\_\_\_
2. Subcontractor Name: \_\_\_\_\_  
Anticipated/Estimated Amount to Be Paid: \_\_\_\_\_  
Address: \_\_\_\_\_  
Description of Work: \_\_\_\_\_

**If additional space is necessary to provide subcontractor information, please use an addition page.**

For the subcontractors identified above, the Applicant must provide each subcontractor's Financial Disclosures and Conflicts of Interest to the State.

**Signature of Authorized Representative:** \_\_\_\_\_

**Printed Name of Signatory:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**REFERENCE FORM**

Provide at least two (2) references from established firms or government agencies other than the procuring agency that can attest to the Applicant's experience and ability to perform the contract that is the subject of this RFA. (Four preferred; two of each type preferred)

1. Reference Firm/Government Agency/Organization (Name):

\_\_\_\_\_

Contact Person (name, email address, address, and phone: \_\_\_\_\_

\_\_\_\_\_

Date of Supplies/Services Provided: \_\_\_\_\_

Type of Supplies/Services Provided: \_\_\_\_\_

2. Reference Firm/Government Agency/Organization (Name):

\_\_\_\_\_

Contact Person (name, email address, address, and phone: \_\_\_\_\_

\_\_\_\_\_

Date of Supplies/Services Provided: \_\_\_\_\_

Type of Supplies/Services Provided: \_\_\_\_\_

3. Reference Firm/Government Agency/Organization (Name):

\_\_\_\_\_

Contact Person (name, email address, address, and phone: \_\_\_\_\_

\_\_\_\_\_

Date of Supplies/Services Provided: \_\_\_\_\_

Type of Supplies/Services Provided: \_\_\_\_\_

4. Reference Firm/Government Agency/Organization (Name):

\_\_\_\_\_

Contact Person (name, email address, address, and phone: \_\_\_\_\_

\_\_\_\_\_

Date of Supplies/Services Provided: \_\_\_\_\_

Type of Supplies/Services Provided: \_\_\_\_\_

**Signature of Authorized Representative:** \_\_\_\_\_

**Printed Name of Signatory:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_