VERMONT

AGENCY OF HUMAN SERVICES **June 2, 2026**

280 State Dr. Waterbury VT 05671

Amendment 1 to Request for Proposals (RFP)- Evaluation of Vermont's Rural Healthcare Transformation (RHT) Program

*Please see the below answers provided in **bold** by the Agency of Human Services (AHS) in response to the questions received from bidders within the required question deadline. Except as otherwise provided herein, all other terms and conditions of the Request for Proposal remain in effect.*

Offerors are reminded that any future amendments to this RFP shall be done via an update to the bid listing with a corresponding amendment document added to the listing.

1. Section 2.5.3 states the dashboard must "be hosted on State of Vermont technology, i.e. PowerBI, Tableau, or internal html templates and systems." Can the Agency specify: (a) Which platform(s) the State currently uses for public-facing data dashboards? (b) Whether the Contractor will be provided access to the State's hosting environment (e.g., Tableau Server, PowerBI Service) for development and testing? **The State currently uses Power BI for public-facing data dashboards, with flexibility to deploy bespoke HTML dashboards built using Python, R, SQL, and similar languages where appropriate. Provisioning the Contractor with access to the State's Power BI environment for development and testing is possible and can be discussed as part of the initial Work Plan.**

2. Section 2.2.7.2 states that AHS "will pre-establish data sharing authority" with sub-awardees and other sources. Can the Agency clarify: (a) Will Data Use Agreements be in place by contract start (August 1, 2026), or will there be a lead-time for data access? (b) For VHCURES, is an executed DUA between the Contractor and DVHA required, or does AHS's existing authority cover Contractor access? **AHS's data sharing authority for VHCURES and other RHT-relevant data will be in place at contract execution. A redisclosure agreement between AHS and the awarded Contractor, executed against AHS's existing authority, will be required and will be developed during the first 60 days of the contract. Bidders should assume the Work Plan will sequence data-dependent tasks to begin once that agreement is in place.**

3. Section 2.1 references the Metrics and Evaluation Plan (the "Plan") within Vermont's RHT Program application narrative (pp 46-53). One of the measures listed is "Number of rural independent practices obtaining telehealth equipment (Vermont-specific metric) and the baseline data indicates "Zero; program to be developed". Does this baseline data value mean that there aren't any rural independent practices with telehealth equipment currently or that zero is being listed because this will reflect newly obtained telehealth equipment? **The Plan is a starting point for the broader evaluation that can be adapted in discussion with the selected vendor. For this specific metric, the baseline of zero**

reflects the metric tracking newly obtained telehealth equipment under the RHT Program rather than the count of practices with pre-existing equipment.

4. Another measure referenced in the Plan is the Growth in total cost of care and the data sources listed are "Claims from APCD and non-claims data". Please specify what is meant by non-claims data. **Non-claims data may include hospital discharges, Medicaid clinical data, spatial data, demographic data, grantee spending and activities, and other State spending sources.**

5. Some of the evaluation measures will rely on claims from the APCD and data from Health Information Exchange. Do the APCD and Health Information Exchange both use a common individual identifier for patients, will a common identifier be created by the State, or will the contractor need to use other approaches to link these data sources? If the APCD and HIE use a common individual identifier or the State creates an identifier, does this identifier stay consistent over time? **Internal member IDs exist within VHCURES and within MDWAS but do not link across the two systems.**

6. Section 2.5. If the public facing data dashboard is delivered no later than September 1, 2027, does the cadence for updating the dashboard to reflect most current metrics and measures annually by December 1 begin in 2027 or in 2028? **The annual December 1 update cadence begins December 1, 2027 if the contract is extended into Option Period 1; if the contract is not extended, the September 1, 2027 initial build is the final dashboard deliverable under the initial term.**

7. Are there specific expectations or requirements for the timing, content, or mode for a initial kick-off meeting prior to biweekly progress meetings? **The Contractor and AHS will schedule a kick-off meeting within the first two weeks of contract execution to cover Project Work Plan development, communication cadence, and immediate priorities; the format and detailed content will be agreed during scheduling.**

8. The RFP notes that the contractor will be responsible for integrating and analyzing data from multiple sources, including data provided by AHS (e.g., claims data such as VHCURES), as well as data from sub-awardees, vendors, partners, subcontractors, and other relevant organizations, and for assessing data availability, lag, and appropriateness for metrics development. Can the State provide a preliminary inventory of the core data sources expected to support the evaluation (e.g., claims data, clinical or registry data, program/vendor reports, surveys, and workforce/training data), including expected refresh frequency, typical lag, years available, and the anticipated timeline for contractor access? **Potential data sources include the all-payer claims database (VHCURES); the Medicaid Data Warehouse and Analytics Solution (MDWAS), which includes claims**

and clinical data for the Medicaid population; RHTP grant awardees and their stated activities under their grant awards; and other administrative reporting sources. A preliminary inventory with refresh frequency, lag, and years available will be developed with the awarded Contractor as part of the Evaluation Design and Project Work Plan.

9. For the initial contract period, which data sources and measures does the State expect to be available in time to support early deliverables and the first quarterly reporting cycle, and which are expected to lag beyond those milestones? **The first Quarterly Progress Report is principally a status report on data acquisition and Evaluation Design progress; substantive measure construction follows Evaluation Design approval and is sequenced to source availability.**

10. What level of access will the evaluator receive to Blueprint/Health Information Exchange-derived clinical measures and to source metadata/documentation? **Access levels for clinical and other source documentation will be determined by the metrics in the approved Evaluation Design and will be specified in the Project Work Plan.**

11. Will the State facilitate all necessary data use agreements and redisclosure approvals? **Yes.**

12. Does the State have recommendations on how the evaluator should handle cross-border utilization and other non-Vermont care in statewide reporting, given VUHDDS's bordering-state relationships and the limits on releasing some records? **Priority measures focus on Vermont residents and on Vermont providers targeted by RHTP grant awards. The Contractor should propose a documented approach to cross-border utilization in the Evaluation Design; AHS will review and approve.**

13. Can the State clarify the process and approval authority for modifying, adding, or substituting metrics if the contractor determines that a metric in the State's RHT Metrics and Evaluation Plan is not feasible because of data availability, lag, or measurement limitations? **The Contractor will propose modifications with documented rationale in the Evaluation Design; AHS holds approval authority. Where CMS approval is required, AHS will engage CMS on the State's behalf.**

14. What are the preferred or required platforms for the public-facing dashboard (e.g., Tableau, PowerBI, internal HTML)? **Power BI is the preferred platform, with flexibility to deploy bespoke HTML dashboards built using Python, R, SQL, and similar languages where appropriate.**

15. Will the State provide access to State technology environments for dashboard hosting, or is the contractor expected to set up and transfer the dashboard? **The dashboard will be hosted on State infrastructure.**

Amendment 1 to Request for Proposals (RFP)- Evaluation of Vermont's Rural Healthcare Transformation (RHT) Program

16. Section 2.2.7.2 says the Contractor will receive data from sub-awardees, vendors, partners, and subcontractors that AHS will identify. How many entities, what types (CAHs, FQHCs, EMS, workforce programs, HIE, etc.), and roughly when will the list be available? **Bidders should anticipate engagement with a small number of internal AHS stakeholders and external stakeholder advocate organizations. A concrete sub-awardee/partner list is not available at this time; the scope of engagement will be discussed with the awarded Contractor.**
17. Section 2.2.5 requires baselines for PY1 and targets for PY2-5. Has any baseline measurement already been performed by AHS or another contractor that the bidder should build on, or is this a clean-sheet exercise? **The Plan is a starting point that can be adapted in discussion with the selected vendor. Baseline values published in the Plan reflect preliminary work where data was available at the time of application; the Contractor will validate, refine, or re-determine baselines as part of the Measurement Framework.**
18. Can AHS please confirm the anticipated due date of the first annual report (Section 2.4.1.2 on pg 5)? **The first Annual Program Report is anticipated by December 1, 2027 (first business day of December).**
19. Does VT expect to use the data dashboard in Section 2.5 to review measures and metrics as the data becomes available, before the annual public publication? **Yes; iterative review during development is anticipated, with anticipated fewer than 10 AHS users for a draft or staging version.**
20. What are the state's expectations around the impact evaluation in Year 1 versus the final evaluation report? **Year 1 impact and outcome evaluation work focuses on establishing the Evaluation Design, Measurement Framework, and baseline; substantive impact findings are not expected within the initial term. The Final Evaluation Report, produced if the contract is extended through PY5 or at earlier contract conclusion, is the comprehensive synthesis of impact findings across all completed Program Years.**
21. Regarding the data collected from sub-awardees (Section 2.2.7 of the RFP), does the State expect the Evaluation Contractor to assess the underlying quality, accuracy, and completeness of this data, or should we assume the data provided by sub-awardees will be already validated? **Standard data quality assessment is expected; formal sub-awardee audits are not.**
22. Can the State clarify its current processes and/or plans for conducting risk-based financial and programmatic subrecipient monitoring (in accordance with 2 CFR 200) for the State's RHTP? **Subrecipient monitoring is a State function performed by AHS and is outside the scope of this contract.**

Amendment 1 to Request for Proposals (RFP)- Evaluation of Vermont's Rural Healthcare Transformation (RHT) Program

23. Section 2.6.1 describes the potential ad hoc materials that may be produced. To help us better tailor the pricing for ad hoc materials, could the State provide an estimate of the frequency or volume of ad hoc work that may be expected? **Infrequent and low volume.**

24. Section 2.6.2 states that "Ad hoc materials shall be priced within the total project cost up to a cap to be specified in the Price Schedule". Could you please confirm whether the ad hoc materials pricing should be included in the Year 1 not-to-exceed amount of $1,000,000? **Yes. Year 1 ad hoc materials pricing is included within the $1,000,000 Year 1 not-to-exceed amount.**

25. Section 2.2.7 says the State "will facilitate the Contractor's access through pre-established channels." Can the State please describe these pre-established channels? **Pre-established channels refers to AHS's upstream relationships and agreements with State and partner organizations that hold data relevant to RHT Program evaluation. AHS will establish or maintain the necessary redisclosure agreements, memoranda of understanding, and inter-agency arrangements so that data flows from these partners to the Contractor are authorized when the Contractor's data-dependent tasks begin. Specific transmission mechanisms for each source will be documented in the Project Work Plan.**

26. Aside from the information that may be collected through qualitative methods (e.g., interviews, case studies, document review), will the Contractor be expected to collect quantitative data from Subrecipients? **Little to no external quantitative data collection is anticipated; the Contractor's role is principally to receive and process data made available through AHS-facilitated arrangements.**

27. Section 2.2.7.3 of the RFP notes that the Contractor will receive and clean data from multiple sources and formats (e.g., training logs, surveys, and written reports). Could you please clarify if the State (AHS) is responsible for collecting these files from sub-awardees and vendors and transferring them to the Contractor, or if the Contractor is expected to establish and host a centralized intake/submission platform for external partners to upload their data? **Specific intake arrangements for sub-awardee and vendor data will be determined in the Project Work Plan; bidders may propose their preferred approach in the technical response.**

28. Can the State provide examples of tools, resources, and databases available to the State for collecting data, cleaning datasets, and developing dashboards? **Potential data sources include the all-payer claims database (VHCURES); the Medicaid Data Warehouse and Analytics Solution (MDWAS); origin-destination drive timetables by tract and zip; and grantee awards and associated activities. Tools and resources include Power BI and flexibility to deploy solutions using Python, R, SQL, and similar languages to analyze data and deploy bespoke dashboards.**

Amendment 1 to Request for Proposals (RFP)- Evaluation of Vermont's Rural Healthcare Transformation (RHT) Program

29. Does the State have a Tableau license? If so, can you please share the details? If not, does the Contractor need to procure license(s) as part of the not-to-exceed amount of $1,000,000? **The State does not have a Tableau license.**

30. Section 2.2.7 notes the "Contractor will not access VHCURES directly." If the Contractor will not be accessing the data directly, can the State confirm if the raw data (e.g., claims, enrollment records) or pre-processed data (e.g., aggregated claims and enrollment information) from VHCURES will be shared via SFTP? **The data sharing procedure described in Section 2.2.7.2 has been amended. The Contractor will have direct access to VHCURES via the secure data enclave with controlled download capability, and raw data will be available.**

31. For data outside of VHCURES (e.g., Vermont Department of Health Census of Selected Health Care Providers, clinical data from Health Information Exchange, etc.), how will this data be accessed or shared with the Contractor? **The data sharing procedure described in Section 2.2.7.2 has been amended. Non-claims data will be made available through arrangements AHS will facilitate with the relevant partners; mechanisms vary by source and will be documented in the Project Work Plan.**

32. Will the Contractor work with claims data or any other data contain PHI/PII? If so, how will the Contractor access such data sources? **Yes. PHI/PII may be made available in non-VHCURES and non-VUHDDS data and will be subject to applicable confidentiality protections and the redisclosure agreement to be executed with AHS.**

33. Section 2.2.2.1 and 2.2.5 on pg 4-The RFP states "Assess the feasibility of the metrics…including data availability, anticipated data lag…" in section 2.2.2.1 and section 2.2.5 states "Establish baselines for Program Year 1 and targets for Program Years 2-5…"; however, the Vermont RHT Application notes APCD claims lags of up to 1 to 2 calendar years.

    Would baselines calculated during Program Year 1 use data for calendar year 2024? If so, what would be the performance period used to compare to the targets set in Program Years 2-5? **The Contractor will propose specific calendar years and performance periods in the Evaluation Design, accounting for claims lag and other source-specific characteristics; AHS will review and approve.**

34. Section 2.2.2.4 on pg 4- The RFP states, "Specify the quantitative methodology, with qualitative methods where appropriate, to be applied consistently across all Program Years, including data collection approaches, geographic stratification strategy, limitations, and interpretability considerations."

    What type of non-claims clinical data sources are available beyond HIE data (e.g., vital statistics/mortality data, surveillance data, laboratory results data, registry data [immunization, lead screening, or other])? **Non-claims data may include hospital discharges, Medicaid clinical data, spatial data, demographic data, grantee spending**

and activities, and other State spending sources. Access to specific sources depends on the metrics in the approved Evaluation Design.

35. Section 2.2.2.4 on pg 4-If additional non-claims clinical data sources are available beyond HIE data, can AHS clarify whether these will be provided as dis-aggregated data? **Data form (record-level versus aggregated) will be specified per source in the Project Work Plan, consistent with applicable confidentiality protections and the minimum-necessary principle.**

36. Section 2.2.2.4-The RFP states, "Specify the quantitative methodology, with qualitative methods where appropriate, to be applied consistently across all Program Years, including data collection approaches, geographic stratification strategy, limitations, and interpretability considerations." What type of member-level information is available through the APCD and other systems (e.g., demographic and address data, all-payer enrollment [including coverage/benefit information])? What information is available for the uninsured population? **Enrollment and member data are available for each internal_member_id; geographic resolution varies by source (zip, town, HSA) with crosswalks available. The uninsured population will appear in hospital discharge data and some aggregate reports.**

37. Section 2.2.3 on pg 4- Can AHS confirm that bidders can respond to Sections 2.2.4, 2.2.5, and 2.2.6 as part of Section 2.2.3 Measurement Framework? **Yes. Bidders may treat Sections 2.2.3–2.2.6 as a single, integrated Measurement Framework response.**

38. Section 2.2.5 on pg 4-The RFP states "establish baselines for Program Year 1 and targets for Program Years 2–5, with rationale, drawn from historical data where available." According to the Application table of metrics on pages 46–52, as referenced by the RFP in section 2.1, baseline data (e.g., 2023) and targets are provided for several metrics. Can AHS please clarify whether the contractor would re-determine the baseline and/or targets for all metrics? **The Contractor will validate baselines and targets published in the Plan and re-determine them where methodologically warranted, in discussion with AHS, as part of the Measurement Framework.**

39. Section 2.2.7.2 on pg 4-The RFP states, "For any metrics lacking an existing data source, the Contractor shall work with AHS and the relevant party to develop one." Can AHS provide an example of a data source that would need to be developed? **Examples include structured reporting from sub-awardees on workforce or training programs where existing State systems do not capture the relevant detail. The Contractor will identify gaps in the Evaluation Design and work with AHS to develop the relevant sources.**

40. Section 2.3.1 on pg 5-The RFP states that qualitative methods may be required to assess outcomes. Does AHS have an estimated number of interviews that would be required as a part of this assessment? **AHS does not prescribe a specific number; the Contractor should propose the qualitative scope in the Evaluation Design, if relevant.**

Amendment 1 to Request for Proposals (RFP)- Evaluation of Vermont's Rural Healthcare Transformation (RHT) Program

41. Section 3.6.1.1 indicates that evaluation may consider "coverage of all AHS districts" and requests that bidders describe their proposed coverage area. Given that the scope is for statewide evaluation services rather than direct service delivery, could AHS clarify expectations regarding geographic coverage in this context of evaluating responses? **Evaluation coverage is statewide, with geographic stratification used for measure presentation rather than indicating segmented evaluation activities.**
42. The technical approach is anchored to the Metrics and Evaluation Plan within Vermont's approved RHT Program application narrative (pp. 46–53), as cited in Sections 2.1 and 2.2.2. Will the Agency make the approved application narrative and Metrics and Evaluation Plan available to bidders during the question period, and if not before award, at what point following award will the selected contractor receive it? **Please find the document linked here.**
43. Section 2.2.7.2 states that AHS will pre-establish data sharing authority and that VHCURES data will be provided by AHS or DVHA via SFTP. Will the Agency confirm that all data use agreements, redisclosure approvals, and source-data access (including VHCURES) will be established before the contractor's data-collection tasks begin, and what timeline should bidders assume for that access in their Work Plan? **AHS's data sharing authority will be in place at contract execution. The redisclosure agreement between AHS and the awarded Contractor will be developed during the first 60 days, and bidders should sequence data-dependent tasks accordingly in the Work Plan.**
44. Section 2.5.3 requires the public-facing dashboard to be hosted on State of Vermont technology such as Power BI or Tableau. Will the State provide the contractor with existing Power BI or Tableau licensing and a hosting environment, or must the contractor procure and license these tools as a project cost? **The State does not have a Tableau license. The State uses Power BI; provisioning of Contractor access to the State's Power BI environment can be discussed as part of the initial Work Plan.**
45. Section 2.5.6 requires biweekly meetings with the Agency, and Section 3.6.1.1 asks whether services can be provided virtually, in person, or both. Will the Agency confirm whether biweekly meetings and other engagement activities may be conducted virtually, or whether in-person attendance in Waterbury is expected, so that travel costs can be priced appropriately? **Biweekly progress meetings will be held virtually by default, with in-person meetings in Waterbury arranged as needed and agreed by AHS and the Contractor.**
46. Section 2.2.7.5 states that Tasks 2.2.1 through 2.2.4 shall be completed within the initial contract term ending September 30, 2027, yet the Work Plan, Evaluation Design, and Measurement Framework each carry earlier due dates and ongoing tracking extends across program years. Will the Agency clarify which deliverables and tasks must be completed by September 30, 2027 within the initial term? **All tasks under the Data Collection subsection of Section 2 (Tasks 2.2.1 through 2.2.6 as referenced in the bidder's question) — covering data source identification, intake, measure**

construction, baseline establishment, methodology documentation, and initial tracking — are expected to be completed within the initial contract term ending September 30, 2027.

47. For purposes of budget development, can Vermont AHS clarify how Tasks 2.2-2.7 are intended to map to Deliverables A-G in the Price Schedule? **The mapping is as follows: Project Work Plan and Timeline (Section 2.1) → Deliverable A; Evaluation Design and Measurement Framework (Sections 2.2 and 2.3) → Deliverable B; Data Collection, Measure Construction, and Ongoing Tracking (Section 2.4) → contributes to Deliverable C (data collection supporting reports); Impact and Outcome Evaluation (Section 2.5) → contributes to Deliverable C (Annual Recommendations for Mid-Course Correction) and Deliverable G (Final Evaluation Report); Communication of Metrics (Section 2.6) → Deliverables C (reports), D (dashboard initial build), and F (dashboard annual updates); Ad Hoc Communication and Materials (Section 2.7) → Deliverable E; Final Evaluation Report (Section 2.8) → Deliverable G.**

48. Section 3.6.1.1 references coverage of all AHS districts and asks bidders to state a proposed coverage area or bandwidth. For an evaluation that is statewide in nature, does the Agency contemplate a single statewide award, or does it intend to segment the work geographically across districts among multiple vendors? **AHS anticipates a single statewide award.**

49. Can AHS provide a list of survey data to which the vendor can have access? Will the data be at the individual level? **Specific surveys depend on the metrics in the approved Evaluation Design; potentially relevant sources include statewide health surveys maintained by State partners. Unit of analysis varies by source and will be specified in the Project Work Plan.**

50. Can AHS specify the expected contents of the Quarterly Progress Reports, the Annual Program Report, and the Annual Recommendations for Mid-Course Correction? Are these administrative reports, or will they include detailed evaluation results? Please also confirm that the "Annual Recommendations for Mid-Course Correction" are intended to be a one-time report in Year 1. **Reports will start project-focused and administrative — covering data acquisition, partner engagement, and Evaluation Design progress — and shift toward detailed evaluation results as data become available and measures are constructed. Annual Recommendations for Mid-Course Correction are intended as an annual companion to the Annual Program Report rather than a one-time Year 1 product.**

51. Does AHS have a Rural Health Transformation Project implementation plan, including the timeline? If so, can it be shared? **A formal plan is under development.**
52. Can AHS estimate the frequency and volume of data to be ingested and reviewed by the contractor? **Frequency and volume will be specified in the Project Work Plan; bidders should anticipate moderate annual volumes within the capacity of standard analytic infrastructure.**

Amendment 1 to Request for Proposals (RFP)- Evaluation of Vermont's Rural Healthcare Transformation (RHT) Program

53. Is there a need for bidirectional data exchange or unidirectional alone? **Unidirectional, from AHS and partner sources to the Contractor; the Contractor is not expected to write back to any source system.**

54. Is the expectation that the contractor will host and support public-facing dashboards, or will these be hosted on VT infrastructure? **Public-facing dashboards will be hosted on State infrastructure.**

55. Will the client require direct access to the reporting platform/suite prior to the Year 1 deliverable time period? If so, how many users are anticipated? **AHS expects to review the dashboard iteratively during development through demonstrations and review with the Contractor; direct AHS user access to a draft or in-development version is at AHS's discretion, with anticipated fewer than 10 AHS users.**

56. Can AHS please confirm that 2.2.4 is correct, and that 2.2.5 (establishing baselines) and 2.2.6 (documenting methodology) are not expected to be completed in the initial contract term? Reference Section 2.2.7.5 on pg. 5, "Task 2.2.1 through 2.2.4 shall be completed within the initial contract term ending September 30, 2027" **All tasks under the Data Collection subsection of Section 2 (Tasks 2.2.1 through 2.2.6 as referenced in the bidder's question) — including baseline establishment and methodology documentation — are expected to be completed within the initial contract term ending September 30, 2027.**

57. What access, if any, will the Contractor require to State systems, equipment, or accounts? **The data sharing procedure described in Section 2.2.7.2 has been amended. The Contractor will be provisioned with access to the secure data enclave and any other State environments needed for contract performance, subject to State IT security and onboarding requirements; details will be in the Project Work Plan.**

58. Can AHS please provide additional guidance on the expected scope and sources of "multi-source data integration," particularly with respect to non-claims data sources, including any anticipated data access pathways or constraints? **See the response on the preliminary data inventory; specific integration pathways and constraints will be documented in the Project Work Plan.**

59. Will AHS centralize non-claims data prior to contractor delivery, or will integration be fully contractor-led? **Specific intake and integration arrangements for non-claims data will be determined in the Project Work Plan; bidders may propose their preferred approach in the technical response.**

60. Will AHS allow the inclusion of a budget narrative to accompany the Price Schedule? **A budget narrative is not required, but bidders can elect to submit a budget narrative to accompany the price schedule. If included, the budget narrative must not exceed 2 pages. This budget narrative is excluded from the 25-page count.**

61. Can AHS confirm whether it expects bidders to include proposed activities and costs for

both baseline years and option years? **While not required, it is the State's strong preference for option period pricing to be included. As an Annex to this Amendment 1, we have modified Attachment 7.2 Price Schedule to enable bidders to more easily present option period pricing.**

62. Should bidders include pricing for all optional extension periods or only for the initial 14-month period of performance? If pricing for all periods is required, can bidders modify the Price Schedule to include all Year 2-5 deliverables (such as continuations of Deliverables C and E)? **As an Annex to this Amendment, we have adjusted Attachment 7.2 Price Schedule to enable bidders to more easily present any option period pricing.**
63. Would AHS allow bidders to modify the 7.2 Price Schedule to include additional columns that break out deliverables by year, or would AHS prefer that this level of detail be provided in the pricing narrative? **As an Annex to this Amendment, we have adjusted Attachment 7.2 Price Schedule to enable bidders to better present any option period pricing. While not required, bidders can elect to include a brief budget narrative not to exceed 2 pages.**
64. If only Year 1 costs are included in the Price Schedule, will option year pricing be negotiated at the time of exercise? **As an Annex to this Amendment, we have adjusted Attachment 7.2 Price Schedule to enable bidders to better present any option period pricing.**
65. Should potential vendors include only Year 1 costs in the Price Schedule, or should indicative pricing for option years be included? If only Year 1 costs should be included, should the last two rows (Deliverables F and G) in the Price Schedule be left blank?

    It is the State's strong preference for option period pricing to be included. As an Annex to this Amendment, we have adjusted Attachment 7.2 Price Schedule to enable bidders to better present any option period pricing.
66. Can Vermont AHS confirm that the contract pricing type is Firm Fixed Price (FFP)? **Yes. This is a deliverables-based, firm fixed price contract. Payment will be made upon AHS's acceptance of each deliverable in accordance with the Price Schedule.**
67. The Price Schedule includes a blank cost field within the Deliverable E description. Can Vermont AHS confirm whether this amount is intended to match the offeror's proposed amount for Deliverable E? **Bidders should propose this not to exceed cap, and a fixed unit price per communications related ad hoc request, specifying the number of units assumed.**
68. Section 2.6.2 and Price Schedule Deliverable E reference a cap on ad hoc communication products to be specified in the Price Schedule, which currently shows a blank field. Should the bidder propose this cap as part of its pricing, or will the Agency specify the cap amount? **Bidders should propose this not to exceed cap, and a fixed unit price per communications related ad hoc requests with an assumed number of units.**

Amendment 1 to Request for Proposals (RFP)- Evaluation of Vermont's Rural Healthcare Transformation (RHT) Program

69. For Deliverable F, can AHS confirm the fixed pricing that should be provided? Is this an annual amount or the total amount for Program Years 2–5 (e.g., pricing for four years of annual updates)? **As we have revised the Price Schedule template, the annual amount for Deliverable F within each of the corresponding option periods should be proposed.**

70. Section 2.6 references a cap for ad hoc communication products to be specified in the Price Schedule, but the 7.2 Price Schedule template currently leaves the amount blank. Can AHS clarify whether bidders should propose the cap amount, or whether AHS intends to define the cap through an addendum? **Bidders should propose this not to exceed cap, and a fixed unit price per communications related ad hoc requests.**

71. Please confirm that pricing should be provided for Deliverable G even though the deliverable will not be completed until Year 5. **Yes, confirmed.**

72. The contract reserves the State's right to withhold a percentage of payments. Can AHS confirm whether retainage will apply and, if so, the anticipated percentage? **The State is not anticipating applying retainage, however, the State will make a final determination on retainage during negotiations. Any retainage contemplated would not exceed 10%.**

73. Section 3.13 reserves the State's discretion to withhold retainage on some or all deliverables. Will any contract resulting from this RFP include retainage, and if so, at what percentage and tied to which deliverables, so that bidders may account for it in their cost structure? **The State will make a final determination on retainage during negotiations, but any retainage contemplated would not exceed 10% and would be applied across all deliverables.**

74. Section 1.1 establishes a cumulative Year 1 ceiling not to exceed $1,000,000, while Sections 3.6 and 3.6.1.1 contemplate one or more awards and possible selection of multiple vendors. If the Agency anticipates multiple awards, how will the $1,000,000 be allocated among awardees, and is there a per-award ceiling bidders should assume when pricing their response? **The State's preference is to award to one vendor who can complete the entirety of the scope, though we would reserve the right to issue multiple awards if needed. Beyond the $1,000,000 ceiling referenced in the RFP, there is no additional per-award ceilings that should be assumed.**

75. If the bidder does not have a conflict of interest, must this be stated in the bidder's response? **While not required, this is strongly recommended.**
76. Will awardees of the Stakeholder Engagement & Development of a Statewide Health Care Delivery Strategic Plan contract be eligible to conduct this evaluation contract, and, if so, what conditions would be necessary to avoid COI in this case?
Bidders are advised to review sections 3.3.1 and 3.3.3 in detail.

Amendment 1 to Request for Proposals (RFP)- Evaluation of Vermont's Rural Healthcare Transformation (RHT) Program

77. Because this procurement is for an independent evaluation, will the State deem firms or subcontractors ineligible if they currently operate, manage, support, or materially influence AHS programs or core Vermont health data systems that are expected to be used in or affected by the evaluation, where their participation could create a real or perceived conflict with evaluator independence? **Bidders are advised to review sections 3.3.1 and 3.3.3 in detail.**
78. Section 6 checklist references a "Redacted Technical Response, if applicable" but Section 4.1-4.4 prohibit unsolicited confidential materials. Under what circumstances is a redacted version expected? **The State does not expect any redacted proposals. As noted under 4.3, "This RFP does not solicit bidder confidential information and bidders are expressly prohibited from providing confidential information in response to this RFP."**
79. Does the State have an estimated date for when responses to questions are anticipated to be posted? **Responses to questions have been posted on the date listed on the first page of this Amendment 1.**
80. Can the Cover Letter, References, Price Schedule, and Signed Certificate of Compliance documents also contain redactions? **Bidders are advised to review Sections 4.1 through 4.4 in detail.**
81. Does AHS have a preferred section where key personnel and/or other proposed staff should be introduced? **This should be included clearly in the Technical Approach, but the State does not have any preferred section where this should be introduced.**
82. The contract template includes Attachment D (IT Professional Services Terms) with significant security and infrastructure requirements. Can AHS confirm whether Attachment D applies in full given this is primarily an evaluation and analytics engagement rather than an IT services contract? **Given the dashboard element of the work, Attachment D applies in full. Any proposed exceptions or modifications to contract terms for the State's consideration must be noted in the bidder's cover letter.**
83. May bidders include a cover and a table of contents, excluded from the page count? **Yes**. **See the Page Limit Reference Table at the end of this Amendment.**
84. Would AHS confirm that required Cover Letter is excluded from the 25-page limit for the Technical Response? **Yes, the cover letter is excluded from the page count. See the Page Limit Reference Table at the end of this Amendment.**
85. Section 4.7.5 states, "Describe in detail your proposed technical approach to achieving the scope of work outlined in Section 1.2, including…." Should this read Section 2? **Yes, this should have indicated Section 2 in lieu of the reference to Section 1.2.**
86. On Pg. 12, Can AHS confirm that "Describe in detail your proposed technical approach to achieving the scope of work outlined in Section 1.2" should instead reference Section 2.2? **Yes, this should have indicated Section 2 in lieu of the reference to Section 1.2.**

Amendment 1 to Request for Proposals (RFP)- Evaluation of Vermont's Rural Healthcare Transformation (RHT) Program

87. Would AHS confirm that bidders are to include resumes only for key personnel? **Yes, resumes only need to be included for key personnel. See the Page Limit Reference Table at the end of this Amendment.**

88. In the Certificate of Compliance form, under B. Contract Terms, should this read Attachment 7.1 instead of Attachment C? **This is referring to Attachment C within 7.4 Standard Contract for Services.**

89. Section 4 caps the total submission at 25 pages, excluding the Certificate of Compliance, Price Schedule, other signed or template forms, and resumes of key personnel. Do the sample reporting documentation and the dashboard sample or mockup required under Section 4.9 count toward the 25-page total cap, or are they excluded in the same manner as resumes and required forms? **Sample reporting documentation and the dashboard sample or mockup required under Section 4.9 count toward the 25-page total cap. See the Page Limit Reference Table at the end of this Amendment.**

90. Can Vermont AHS confirm that the cover letter and sample reporting documentation are excluded from the 25-page limit? **The cover letter is excluded from the 25-page limit; sample reporting documentation counts toward the 25-page limit. See the Page Limit Reference Table at the end of this Amendment.**

91. May bidders include a pricing narrative, along with the 7.2 Price Schedule, excluded from the page limits? **An optional pricing/budget narrative, not to exceed 2 pages, may accompany the 7.2 Price Schedule and is excluded from the 25-page limit. See the Page Limit Reference Table at the end of this Amendment.**

92. Would AHS please confirm that the work plan is not included in the 15-page limit for the narrative response? **The Project Work Plan and Timeline count toward the 25-page total cap whether included within the narrative response or submitted as a separate attachment. See the Page Limit Reference Table at the end of this Amendment.**

93. May the work plan be excluded from the 25-page limit for the response? **The Project Work Plan and Timeline count toward the 25-page total cap whether included within the narrative response or as a separate attachment. See the Page Limit Reference Table at the end of this Amendment.**

94. May the required information for references be excluded from the 25-page limit? **References count toward the 25-page total cap. See the Page Limit Reference Table at the end of this Amendment.**

95. May the sample of prior reporting documentation and the sample data dashboard be included as attachments? **Yes; sample reporting documentation and the sample data dashboard may be included as attachments, but they count toward the 25-page total cap. See the Page Limit Reference Table at the end of this Amendment.**

Amendment 1 to Request for Proposals (RFP)- Evaluation of Vermont's Rural Healthcare Transformation (RHT) Program

96. May the sample of prior reporting documentation and the sample data dashboard be excluded from the 25-page limit? **Sample reporting documentation and the sample data dashboard count toward the 25-page total cap. See the Page Limit Reference Table at the end of this Amendment.**

97. Can AHS please confirm what sections under Section 4 (Content and Format of Responses) are included in the 15-page "narrative response" referenced on page 10? For instance, is it limited to items under 4.7 (Technical Response)? **The 25-page total submission cap is the operative page limit. See the Page Limit Reference Table at the end of this Amendment.**

98. Can AHS confirm whether work samples referenced in Section 4.9 (Reporting Requirements) are excluded from the 25-page limit? **Work samples referenced in Section 4.9 count toward the 25-page total cap. See the Page Limit Reference Table at the end of this Amendment.**

99. Please confirm by completing and including the Certificate of Compliance form that the bidder will receive the 5 evaluation points for Acceptance of State's Standard Contract Terms. **Should the bidder not raise any exceptions to the State's standard contract terms inclusive of the attachments included therein, and submit the Certificate of Compliance, the maximum 5 evaluation points for that criteria would be awarded.**

100. Could AHS confirm the intended structure and total potential duration of the contract, including option years? Section 1.2 states, "Contracts arising from this RFP will be for a period of fourteen (14) months with an option to renew for up to three additional twelve-month periods, and one additional ten-month period." Section 1.6 states, "Year 1 contracts under this project may be extended for up to four (4) one-year option periods with AHS and CMS approval. Section 7.4 states, "The contract may be further extended based on mutual agreement for three additional twelve month periods, and one additional ten month period."

    This contract, should any option periods be exercised, would not exceed a total term of 5 years. Option Period 4 is intended to be ten (10) months, consistent with Section 1.2 and Section 7.4. The four option periods total 46 months (12+12+12+10), which combined with the 14-month initial term yields a 60-month (5-year) total term.

101. In Section 1.2 (page 2 of 41), the RFP references a "ten-month period" for Option Period 4, while Section 1.6 (page 2 of 41) refers to "four (4) one-year option periods." Can Vermont AHS clarify whether Option Period 4 is intended to be ten months or twelve months in duration?

    This contract, should any option periods be exercised, would not exceed a total term of 5 years. Option Period 4 is intended to be ten (10) months, consistent with Section 1.2 and Section 7.4. The four option periods total 46 months (12+12+12+10), which combined with the 14-month initial term yields a 60-month (5-year) total term.

102. The RFP indicates that bidders may note exceptions to the State's standard contract terms in the cover letter (Section 4.6.1), while the Certificate of Compliance requires bidders to acknowledge and agree to the State's contract terms as written. Can the State

clarify how these requirements should be interpreted together? Specifically, if a bidder identifies limited exceptions in the cover letter, should the Certificate of Compliance still be executed as written, and will such exceptions be considered during contract negotiations?

Should a bidder want to propose limited exceptions to the State's contract terms for the State's consideration, those must be identified within the cover letter and the Certificate of Compliance should still be executed as written. Any proposed exceptions or modifications to the State's standard terms included in the cover letter would be considered during contract negotiations.

103. The Bid submission checklist mentions a Redacted Technical Response, but the Proposal Instructions do not mention a redacted response. Can Vermont AHS please confirm if offerors should submit a Redacted Technical Response along with the original? **Bidders are directed to section 4.1 and 4.3 of the RFP.**

104. Section 5.2.1.1 states, "Bids must consist of a single email with a single, digitally searchable PDF attachment containing all components of the bid. Multiple emails and/or multiple attachments will not be accepted." Would AHS confirm that the required Cover Letter should be incorporated into the PDF with the Technical Response, References, Price Schedule, and Signed Certificate of Compliance? **Yes, the cover letter should be incorporated into the pdf.**

105. May bidders keep the headers and footers for the Certificate of Compliance as they appear on the form and not add their own headers and footers? **Yes**.

106. May bidders keep the headers and footers for the Price Schedule as they appear on the form and not add their own headers and footers? **Yes.**

107. Would AHS confirm that the formal 7.3 Subcontractor Reporting Form is not required to be submitted at the time of proposal submission? **Correct.**

108. We understand the CMS Rural Health Transformation (RHT) Grant program has a cap on indirect costs at 10%. We also understand individual States may have more stringent rules around indirect rates being allowable. The subject RFP's budget structure indicates this is a firm fixed price, deliverables-based contract. Can the State please confirm if indirect rates (Overhead, material handling, and G&A) are allowable under this contract, or if there are limitations around indirect caps or unallowable costs and how a contractor would invoice this work? **As this will be a fixed price contract, any allowable indirect rates should be incorporated within the fixed price deliverable amounts offered by the bidder for each deliverable. Additional information regarding unallowable costs is indicated within 1.6 source of funds section entitled Restrictions on Funding.**

Amendment 1 to Request for Proposals (RFP)- Evaluation of Vermont's Rural Healthcare Transformation (RHT) Program

109. If there are multiple awards, how will work be distributed? **Should multiple awards be required, the State will determine the distribution of the work in the best interest of the State.**

110. Would the State please confirm that the awardee will be classified as a contractor, not a grant sub-recipient? **This will be awarded as a contract.**

111. Sections 3.6.1.2 and 3.7 state that proposals will be deemed to have passed or failed the Minimum Requirements, but the Minimum Requirements are not separately enumerated. Will the Agency identify the specific pass/fail Minimum Requirements a proposal must satisfy to remain eligible for evaluation? **The pass/fail Minimum Requirements for a proposal to remain eligible for evaluation are: (a) timely submission per Section 5.1; (b) submission via the method required under Section 5.2; (c) inclusion of all components listed in the Bid Submission Checklist under Section 6; and (d) compliance with the format and content requirements of Section 4 as amended within this Amendment 1.**

112. Section 3.7 describes experience evaluating large-scale, federally-funded health care transformation programs as a preferred contractor attribute. Is this experience a scored preference, or is it a mandatory minimum qualification, the absence of which would render a proposal non-responsive? **This experience is a scored consideration under the Qualifications, Experience, and Staffing evaluation criterion (25 points), not a mandatory minimum qualification. The absence of this specific experience does not render a proposal non-responsive.**

113. May a bidder rely on subcontractors or teaming partners to satisfy the qualifications and experience criteria in Section 3.7, and if so, will subcontractor experience be weighed equivalently to that of the prime contractor in the Qualifications, Experience, and Staffing evaluation? **Yes, bidder's may propose a consortium within their submission and must follow the requirements noted in 4.7.4. The experience of the proposed consortium would be evaluated as a whole.**

114. Section 4.8 requests references from at least three companies with whom the bidder has transacted similar business in the last 12 months. Because comparable evaluation engagements often span multiple years, may bidders cite engagements that were active within, or that concluded prior to, the trailing 12-month window? **Yes, bidders may include references for comparable engagements from within the past 3 years.**

115. Sections 3.5 and 3.6 provide favorable consideration for resident bidders and for business practices that promote clean energy and address climate change. Are these considerations point additions within the 100-point evaluation scale, or are they tiebreakers applied only when proposals are otherwise scored equally? **The latter.**

Amendment 1 to Request for Proposals (RFP)- Evaluation of Vermont's Rural Healthcare Transformation (RHT) Program

Page Limit Reference Table

The following table sets out what counts toward the 25-page submission cap. The 25-page total is the only operative page limit; the 2-page executive summary and 15-page narrative sub-caps referenced in Section 4 of the RFP no longer apply. Bidders should refer to this table when interpreting page-limit responses elsewhere in this Amendment.

Included in the 25-page total cap	**Excluded from the 25-page total cap**
• Executive summary • Technical Response narrative (Section 4.7) • Project Work Plan and Timeline • References (Section 4.8) • Sample reporting documentation (Section 4.9) • Sample data dashboard or mockup (Section 4.9)	• Cover page • Table of contents • Cover letter (including exceptions to contract terms and any Conflict of Interest disclosures) • Resumes of key personnel • Certificate of Compliance • Price Schedule (Attachment 7.2) • Optional pricing/budget narrative accompanying the Price Schedule (not to exceed 2 pages) • Subcontractor Reporting Form (not required at submission) • Other signed or State-template forms

Amendment 1 to Request for Proposals (RFP)- Evaluation of Vermont's Rural Healthcare Transformation (RHT) Program

7.2 REVISED PRICE SCHEDULE

A. Fixed Price Deliverables:

Deliverable Description	Fixed Price Initial Term (14 months)	Option Period 1 (12 months)	Option Period 2 (12 months)	Option Period 3 (12 months)	Option Period 4 (10 months)
Deliverable A: Project Work Plan and Timeline (due 60 days after contract execution)					
Deliverable B: Evaluation Design Document and Measurement Framework (concurrent delivery)					
Deliverable C: Reporting Suite — Quarterly Progress Reports, Annual Program Report, and Annual Recommendations for Mid-Course Correction (Year 1 cycle)					
Deliverable D: Public-Facing Data Dashboard — Initial Build					
Deliverable E: Ad Hoc Communication Products (executive summaries, briefs, presentations, case					

studies — on-demand, priced within total project cost for initial term and all option years up to $[___])					
Deliverable F: Public-Facing Data Dashboard — Annual Updates (Program Years 2–5 only; no Year 1 pricing required)					
Deliverable G: Final Evaluation Report (Program Year 5 only, or at contract conclusion if earlier; no Year 1 pricing required)					
Total Project Cost	$				

Name of Bidder:

Signature of Bidder:

Date: