

Facilitation and Management of the DHCS Medi-Cal Consumer Advisory Committee

Request for Proposals

The California Health Care Foundation (CHCF) and the Lucile Packard Foundation for Children's Health (LPFCH), in collaboration with the California Department of Health Care Services (DHCS), are issuing this request for proposals (RFP) to manage and facilitate a Medi-Cal Consumer Advisory Committee. Proposals are due by 5 PM (PT) on Tuesday, November 22, 2022.

This RFP includes the following sections and is accompanied by four attachments.

- A. Background
- B. Scope of Work
- C. Desired Qualifications
- D. Proposal Instructions
- E. Submission Directions

Attachment 1. Final Design Recommendations

Attachment 2. Technical Advisory Group Roster

Attachment 3. List of Reports Reviewed for Design Phase

Attachment 4. Sample Budget Template

A. Background

DHCS is creating a Medi-Cal Consumer Advisory Committee (CAC) to ensure that Medi-Cal enrollees, many of whom are from historically marginalized communities, have an active voice in shaping DHCS programs. The CAC will consist of a diverse group of Medi-Cal enrollees (including parents and caregivers of Medi-Cal enrollees) from across California. Initially, there will be 15 CAC members. In future years, with input from CAC members, DHCS will consider expanding the CAC and adding regional workgroups.

The CAC will operate alongside existing DHCS advisory groups, such as the Stakeholder Advisory Committee. The DHCS director's expectation is that CAC feedback will result in substantive changes to Medi-Cal policies and practices, within the constraints in which DHCS operates. DHCS will partner with CAC members to shape meeting agendas and areas of focus.

DHCS, in collaboration with CHCF, partnered with the [Center for Health Care Strategies \(CHCS\)](#) to develop recommendations for the design of the CAC. As part of this design phase, CHCS conducted extensive research and over 25 key informant interviews with Medi-Cal members and representatives from state government, managed care plans, community-based organizations, and research organizations. Also, a Technical Advisory Group (TAG) of community engagement experts advised and

provided feedback on CAC design and recommendations through four monthly meetings between July and October 2022. Final design recommendations were presented to DHCS and the TAG in October 2022 and are included as Attachment 1. The list of TAG members is included as Attachment 2. A list of reports reviewed for this design phase is included as Attachment 3.

DHCS aims to announce the launch of the CAC and its members the week of December 19, 2022.

B. Scope of Work

DHCS, CHCF, and LPFCH (herein referred to as the “project sponsors”) are currently seeking a contractor (herein referred to as the “implementation consultant”) to manage and facilitate the CAC for up to two years.

1. Project Management

The implementation consultant is responsible for meeting all contract requirements and managing within the approved budget. This includes planning and facilitating regular meetings with the project sponsors. These meetings should occur at least monthly and more frequently as needed, including pre-CAC planning meetings and post-CAC debrief meetings. The implementation consultant will distribute meeting agendas at least one week before each meeting and will distribute meeting materials at least three business days before each meeting.

2. Member Recruitment

DHCS is recruiting members for the inaugural CAC. To ensure that the CAC always includes some members with experience on the CAC, the duration of membership will be staggered. It is proposed that some members will have two-year terms and other members will have three-year terms.

The implementation consultant will work with DHCS, its managed care plan partners, consumer groups, and other Medi-Cal stakeholders to identify and recruit new members as seats open and if the size of the CAC is expanded. Any new members added should preserve or expand the diversity of the group, including diversity across race/ethnicity, gender identity, primary language spoken, age, physical and developmental abilities, region, and program participation. See Attachment 1 for additional design recommendations on member composition.

The implementation consultant is responsible for all recruitment outreach efforts, including:

- Developing contact lists of potential CAC members
- Drafting and sending outreach materials (emails, social media posts, etc.) and ensuring that materials are properly translated
- Developing an application for potential CAC members
- Monitoring application returns and answering questions
- Conducting follow-up calls with potential members

3. Meeting Planning and Facilitation

The implementation consultant will partner with DHCS to convene four or five CAC meetings each year. Each meeting will be two hours long. Up to two meetings per year may be held in person, to be determined by DHCS with input from CAC members and the implementation consultant and based on current public health and safety guidelines. In-person meetings should alternate between Northern and Southern California, and members must have the option to participate virtually.

The implementation consultant is responsible for all aspects of managing and facilitating CAC meetings, including:

- Scheduling meetings.
- Managing meeting logistics, including site selection, fees, and food and beverages for in-person meetings.
- Working with DHCS to develop and distribute meeting agendas and materials, and ensuring that materials meet reading-level requirements and are appropriately translated both culturally and linguistically.
- Ensuring that real-time translators are available at meetings, as needed. Spanish and Vietnamese are the most spoken languages among Medi-Cal enrollees other than English. A need for an American Sign Language translator and closed captioning should also be anticipated.
- Facilitating meetings using an inclusive and affirming meeting facilitation style that fosters trust with members and ensures that meetings are collaborative, mutually beneficial, and sensitive to the unique experiences and identities of participating members.
- Preparing meeting summaries and action items.
- Creating strong feedback mechanisms (e.g., ensuring that CAC member input is heard and that updates on the status of outstanding suggestions or ideas are provided at each meeting).
- Ensuring that all materials provided to CAC members are properly translated.
- Managing compensation (members will receive a stipend of \$100 per meeting) and expense reimbursement for members.

4. Preparing and Supporting Members

The implementation consultant is responsible for preparing and supporting CAC members so they can participate effectively. Specific responsibilities include:

- Orienting/onboarding new members, including developing a set of “welcome” materials and meeting with members virtually.
- Conducting check-in calls with members before and after each meeting to ensure members receive and understand meeting materials, to answer questions, and to gather additional feedback.
- Providing IT/technical and other tailored services and supports as needed by members (including ensuring that members received benefits counseling so that CAC participation does not impact their eligibility for public benefits).

- Developing a mentor system where new members are paired with a mentor to guide and support them in their new role.
- Working with DHCS to address specific issues that members raise about their own needs, to the extent practical.

5. Measuring CAC Impact

In partnership with DHCS, the implementation consultant will be responsible for developing and tracking measures of CAC success and impact. The implementation consultant will have the opportunity to shape this aspect of the work, but initial activities may include:

- Fielding a brief, anonymous survey of members to gather periodic feedback on their experiences.
- Cataloguing member feedback and identifying policies and practices it informs.

The implementation consultant will be responsible for producing annual reports on measures of CAC success and impact.

C. Desired Qualifications

DHCS is seeking an implementation consultant who can fulfill the contract requirements described above and also possesses the following characteristics:

- A strong track record of organizing, managing, and facilitating meetings with people from historically marginalized communities.
- Experience leading recruitments efforts for members of historically marginalized communities and supporting these members so they can participate effectively.
- Sensitivity to the unique needs and perspectives of Medi-Cal enrollees.
- An affirming and inclusive style, and experience creating collaborative spaces.
- Experience successfully conducting in-person, virtual, and hybrid meetings and managing multiple breakout groups.
- Team members who bring lived experience relatable to CAC members and who reflect the diversity of the Medi-Cal population.
- Subject matter expertise on the Medi-Cal program.

This might be a lot to expect of one organization. If two or more organizations or consultancies partner on a proposal, one firm will hold the contract and is accountable to the project sponsors.

D. Proposal Instructions

Proposals should include the following sections: Proposal Cover Sheet, Proposal Narrative, Project Team, Proposed Workplan, References, and Budget. The budget must be in Excel. The other proposal elements can be in Word or PDF format. Font sizes should be no smaller than 11 point and margins should be no less than 0.5 inch.

1. Proposal Cover Sheet

Please complete CHCF's Proposal Cover Sheet, available at <https://www.chcf.org/grants/applicant-resources/submitted-proposal/> and submit your current W-9.

2. Proposal Narrative

Your proposal narrative should address the following questions. Please include the question before each response, and please adhere to a total page limit for your narrative of 20 pages, excluding any suggested changes or additions (Question 10), for which there is no page limit.

1. What is your experience organizing, managing, and facilitating meetings or advisory groups with people from historically marginalized communities?
 - Please describe up to four engagements and use this as an opportunity to highlight how you meet the desired qualifications.
 - For each engagement, please describe the work and specify when it was conducted, who the client was, and which if any project team members proposed for this Medi-Cal CAC were part of the engagement.
 - Please indicate the extent of participation of people from historically marginalized communities. (For example, was there one person with a disability in a group of working adults, or was it a group of working adults with disabilities?)
 - Please indicate which if any of these engagements included members for whom translation services or disability-related accommodations were needed.
2. Describe a past mistake you made that undermined trust or confidence among participants and what steps you took to address the situation. (The sponsors value a learning mindset and the ability to recognize mistakes.)
3. What approaches would you implement to ensure members who do not speak English can participate equally?
4. How would you build trust with members, particularly those who have experienced discrimination, and what approaches would you take to ensure members feel supported, valued, and heard? What challenges do you think you might experience?
5. Do you have any concerns about building and maintaining trust with DHCS and with CAC members? What approaches would you take to ensure success at both?
6. How would you approach recruiting new members?
7. How would you approach onboarding and orienting members?
8. How would you ensure member engagement and retention? How would you support members between meetings? What types of supports and services do you anticipate will be needed and you will provide?
9. What continuous quality improvement mechanisms would be put in place?
10. What additions or changes would you recommend to the Scope of Work?

3. Project Team

Please provide a brief (no more than one-half page) description of your organization, a list of key staff, and a description of their proposed roles on the project. Please provide an overview (no more than one page each) of the experience of up to five project team members who will be leading and managing this work. Please choose team members you expect will have the most contact with CAC members, which should also be reflected in your budget.

4. Proposed Workplan

This will be a two-year engagement, with CAC members announced in December 2022. Please provide a proposed workplan (key activities and dates) for activities leading up to and including the first CAC meeting. The workplan should reflect eight meetings between January 2023 and December 2024.

5. References

Please provide either three or four references. These should include references from at least two of the projects described in response to Question 1 of the proposal narrative. If possible, at least one reference would be a nonclient participant in one of these projects. For each reference, please provide name, email address, and phone number (if available); the title of the project they participated in; and in a few words, a description of their role in the project.

6. Budget

Please prepare a proposed two-year budget that would fulfill all the requirements included in this RFP, including compensation, expense reimbursement, and tailored support or services for CAC members. The budget should align with your proposed workplan and narrative responses, including suggested additions or changes to the Scope of Work (narrative Question 10).

The budget should be in Excel and include three worksheets: year 1, year 2, and total. The budget should specify staffing and other direct costs by activity. A sample budget template is provided as Attachment 4.

E. Submission Directions

Please submit your proposal by email to cacloi@chcf.org by 5 PM (PT) on Tuesday, November 22, 2022.

Questions may be submitted to cacloi@chcf.org no later than 5 PM (PT) on Friday, November 11, 2022.