REQUEST FOR INFORMATION (RFI) for LEARNING MANAGEMENT SYSTEM

Addendum No. 1 – Questions & Answers

June 5, 2026

Questions		Answers
1. Have you seen any vendor demos prior to this RFI release? If so, which ones?		Access Health CT (AHCT) has not seen any vendor demos prior to the issuance of this RFI.
2. What are your business drivers, pain points, and/or compelling reasons for considering a change of platform to meet your talent management initiatives?		AHCT is evaluating LMS solutions that can support certification and compliance training, improve administration and reporting capabilities, enhance the learner's experience, provide scalability, strengthen accessibility and security and support future organizational needs.
3. When do you anticipate releasing the RFP after this RFI?		Access Health CT is currently evaluating responses to this RFI. The timing of any resulting RFP has not yet been determined.
4. Is there hard go-live date requirement for the new Learning Management System? If so, what is it and what is driving that date?		No hard go-live date has been established. Respondents should describe typical implementation timelines and recommended approaches.
5. What is your budget for the annual recurring fees as well as one-time implementation in Year 1? What is your overall budget for the entire contract term?		Access Health CT has not established a budget for this initiative at this time. Information gathered through this RFI may be used to help inform future budgeting and procurement decisions.
6. What are you currently spending per year on your current solution?		Access Health CT is not disclosing current contract pricing as part of this RFI process.

7. How will your user population interact with the system (i.e. one-time training, recurring training, optional/mandatory, etc.)?		Our annual certification training is mandatory for all partners, certain contractors, and consumer-facing staff. Each year, most eLearning modules are reviewed, updated, and reassigned for completion. New call center representatives complete new-hire training upon onboarding and are subsequently included in the annual training cycle. In addition to the required yearly modules, we deliver ad hoc training throughout the year and assign supplemental eLearnings as needed. Privacy and Security training modules are also issued on a recurring basis during the year.
8. What type of training do you plan to offer in this system?		Training may include eLearnings, instructor-led trainings, virtual instructor led-training, documentation, courses, assessments, certifications, and compliance related content.
9. How many active users do you expect to have in the LMS annually?		There could be as many as 2,500. It is likely to increase in the years to come.
10. Which components accurately represent how your organization is primarily structured? (Geography, Line of Business, Function)		Our organization and those we train would be arranged by function. In addition to AHCT staff, the AHCT training team offers training to diverse audiences - call center staff, brokers, assisters, IT contractors and occasionally other state agencies.
11. Do you require differentiated branding of the LMS based on business unit, or user population external versus internal? If so, how many?		Our materials in the LMS are AHCT branded. Most eLearnings have shared branding for AHCT and our partner, the CT Department of Social Services (DSS). Our population consists of internal and external (vendors) individuals. For 2026, we have approximately 50 groups. AHCT creates additional groups to be able to create separate reports. Respondents should describe available branding capabilities. Specific branding requirements have not been finalized.
12. Will you allow users to self-register for an account? Explain the scenarios.		No, AHCT sets up the account, and sends a link for user to sign in.
13. Do you need to pre-load inactive user accounts for historical reference/data? If so, how many?		AHCT is interested in this feature, we'd like to keep the individual records for inactive users. We keep all records for audit purposes and sometimes previous users are re-hired by our call center. Currently there are 4,500 inactive users.

14. Do you have any users whose data will come from other systems (contractors, external users, etc.)? Will this data need to be fed into the LMS or be manually created by administrators?		No, not required.
15. Which HRIS and/or other systems will you be pulling user data from to load user accounts into the LMS?		Access Health CT is evaluating integration requirements and will provide additional information in any resulting RFP.
16. If automated, how frequently would you like to update user data in the LMS? (Daily via an inbound data feed, real time via web services/API, or ad-hoc manually).		AHCT relies on the users to update their own data. Users are provided with instructions on how to make updates.
17. From which systems would you like to load historical training completion/transcript data? Approximately how many total completion records to-date do you plan to load? If required, how many years' worth of data would you need to load?		Historical data migration requirements are being evaluated. Respondents should describe migration capabilities and best practices.
18. How many training materials (web-based training, ILT, vILT, documents) will you be migrating/loading to the new LMS for go-live? Will they be shared among courses? Will they require Document versioning?		For 2026, there are close to 200 items (assessments, courses, documents and eLearning modules). These items are shared by several groups.
19. Are the e-learnings SCORM files and either SCORM 1.2 or 2004 v 3 compliant? If any are in other formats, what are these formats, and the estimate quantity of each?		We use SCORM 1.2. We create learning materials in Lectora. Existing content includes SCORM-based training. Respondents should describe support for SCORM 1.2, SCORM 2004, and other common learning content standards.
20. Will you require Single Sign On (SSO) to be implemented to allow users to log into the LMS from your network without having to enter their credentials? Will users be able to access the system outside of your Network? Do you support SAML 2.0 or Open Network? What is your SSO provider?		AHCT anticipates requiring SSO capabilities. Respondent solutions should support industry-standard authentication methods including SAML 2.0 and modern identity providers. AHCT's SSO provider is Azure AD/Entra
21. Please describe any outbound data feeds or specific integration requirements to exchange data between the LMS and other systems. Include the type of data (specific fields, if possible), destination system, frequency, etc. for these external systems.		Ou current LMS system does not communicate with any other systems. Respondents should describe supported content-provider integrations and completion tracking capabilities.
22. Will this be replacing an existing outbound data feed into the given destination system or will this be a new process?		Currently, there is no outbound data feed.

23. Would you like to integrate any vILT providers with the LMS? Please specify which one(s). Ex. Webex, GoToMeeting, Adobe Connect.		AHCT is interested in a solution that integrates with Microsoft Teams, Webex, and Zoom.
24. Will you require migrating any active/open or future ILT or vILT learner registrations into the new LMS? If so, how many? Please list all sources of your ILT/vILTs.		Not known at this time.
25. Do you have any external content providers that you need to integrate with the LMS (Skillsoft, LinkedIn, etc.)? If so, which ones? Do you want completions for those external courses to be tracked in the LMS?		AHCT is interested in any integration with LinkedIn for internal staff and the ability to track courses in the LMS.
26. Are you looking for a vendor to provide a COTS content library offering with the LMS? If so, what type of training are you looking for that offering to include?		We are open to COTS library offerings - particularly those related to soft skills.
27. Do you require various mobile devices (i.e. tablets, phones, and laptops) to have the ability to access the LMS? If yes, would this mobile access be via a mobile application or via a supported internet browser?		Yes. AHCT requires responsive access across mobile devices and modern browsers.
28. Does your organization require a testing environment for data loads before going into production?		Yes. AHCT anticipates requiring a non-production environment for testing and validation. We'd also prefer to view releases in the testing environment before they're loaded into production. We also prefer that releases not be deployed into production during our high-volume months around Open Enrollment.
29. Are you planning to implement eCommerce functionality with the new LMS (ability for users to purchase/pay for training)? Please describe your use-cases/scenarios for eCommerce workflows.		Currently, our courses are free.
30. Will the learners/users taking training in this LMS self-register for an account or do you have a system from which you'd like to pull user account data for your target audience, or will your administrators be manually bulk loading/creating these accounts?		Please see answer to question #12.
31. Do both the administrator and user interface have to be compliant with 508 and WCAG, or just the user interface?		Yes. Preferably, both administrator and user interface must be WCAG compliant.

32. Is the traceability matrix included in the page count limitation, or are you expecting that it will be submitted as a separate attachment to the response?		The Requirements Traceability Matrix may be submitted as a separate attachment and will not count toward the page limitation.
33. How many internal and external users do you anticipate? Will this vary by month? If so, how many internal and external do you anticipate on average per month?		Up to 2500 combined users. Most users are onboarded during the months of August through November, with the remaining onboarded in varying amounts during the other months.
34. Will any of the external user groups have data that will not come from a previously utilized LMS? Will this data need to be fed into the LMS or be manually created by administrators?		No.
35. Please describe any outbound data feeds or specific integration requirements to exchange data between the LMS and other systems. Include the type of data (specific fields, if possible), destination system, frequency, etc. for these external systems.		Not applicable.
36. Based on the peak usage you described in the RFI, are you looking for pricing for 2,500 annual users, or are you open to a monthly active user model?		Access Health CT welcomes pricing recommendations and encourages Respondents to provide licensing models they believe would best meet AHCT's needs.
37. Does Access Health CT have a budget range or not-to-exceed amount established for LMS licensing, implementation, and ongoing support?		A budget range or not-to-exceed amount has not been established at this time.
38. Is there an incumbent advantage for Noverant, Inc., the current LMS vendor, and will they be permitted to respond to any resulting RFP?		Any resulting procurement will be conducted in accordance with Access Health CT procurement policies. The incumbent vendor, as well as other qualified vendors, may be permitted to participate in the process.
39. What is the anticipated go-live date for the new LMS, and is there a hard deadline driven by the August–October peak certification season?		There is currently not a "go-live" date. The timing of any resulting RFP has not yet been determined.
40. Beyond proprietary SCORM 1.2 content specific to ACA certification and compliance work, does Access Health CT anticipate requiring access to third-party content libraries or off-the-shelf course catalogs as part of the LMS solution?		Yes, AHCT would be interested in libraries or off-the-shelf course catalogs - particularly those related to soft skills.

41. How many total SCORM courses, user records, and historical reports are anticipated to be migrated from the current Noverant system to the new LMS?		AHCT anticipates records from 2019 and onward to be migrated. Active and non-active users total approximately 6,500. Approximately 900 items (assessments, courses, documents, and eLearning modules).
42. Will the LMS need to support single sign-on (SSO) or integrate with any existing identity management, HR, or broker management systems currently used by Access Health CT?		Please see the answer to question #20.
43. Are there any additional LMS features desired such as live video integration or Microsoft Teams integration in the platform?		AHCT is interested in a solution that integrates with Microsoft Teams, Webex, and Zoom.
44. What are the requirements for out-of-state vendors to conduct business with a Connecticut quasi-public agency such as Access Health CT, including any required state registrations or certifications?		Out-of-state vendors should consult the Connecticut Secretary of State for all registrations and certifications required to conduct business in Connecticut.
45. Are there specific Connecticut state data privacy, security, or hosting requirements (e.g., data residency within Connecticut or the U.S.) that LMS vendors must comply with?		The LMS does not store/process PII/PHI/FTI. Residency inside the U.S. is preferable.
46. Will Access Health CT require the LMS to support multiple languages beyond English, given the diverse population served through the Exchange?		Respondents should describe multilingual capabilities. Language requirements are being evaluated.
47. Does Access Health CT anticipate the user base growing beyond 2,500 active users, and should vendors price tiered licensing options to accommodate potential growth?		Respondents should provide scalable pricing options and identify thresholds for additional users.
48. Will the resulting RFP be a competitive sealed bid process, and is there a projected timeline for when the RFP would be issued following evaluation of RFI responses?		Any resulting procurement process and timeline have not yet been finalized. Additional information will be provided if an RFP is issued.
49. What are the contract term limits if any? 3 year? 5 year terms?		Contract terms have not yet been determined and may be outlined in any resulting RFP.
50. Which social media platforms should be integrated?		AHCT is interested in integration with LinkedIn for courses and YouTube for videos.

51. Based on our standard support model, administrator and subject matter expert support will be provided via email, phone, and Freshdesk ticketing system. For end users, the system includes an AI-powered Tenneo assistant, help manuals, and FAQs — which covers most self-service needs cost-effectively. Could you confirm if this approach meets your requirement, or do you foresee any specific scenarios where end users would need direct email, phone, or live chat support beyond the self-service options provided?		Our current support model includes requests submitted via email, ticketing systems, and regularly scheduled support meetings. The proposed administrator and subject matter expert support channels (email, phone, and Freshdesk) generally align with our expectations for administrative support.
52. By default, Help Desk support is provided in English only. Could you confirm if this is sufficient, or do you require support in additional languages? If yes, kindly share the specific languages and the expected user base for each, so we can evaluate coverage and effort accordingly.		Respondents should describe multilingual capabilities. Language requirements are being evaluated.
53. We understand Help Desk support is required primarily during Eastern Standard Time (EST) business hours. Could you confirm the exact coverage window needed — for example, standard 9 AM – 5 PM EST or extended hours such as 8 AM – 8 PM EST? Also, should this coverage apply on weekdays only, or are weekends and public holidays included?		Hours would primarily be 8:00 AM to 5:00 PM EST. No holidays or weekends.
54. Tenneo is certified with ISO 27001 (Information Security), ISO 27701 (Privacy Information Management), SOC 2, and ISO 9001 (Quality Management). The platform is also GDPR and 21 CFR Part 11 compliant. The application will be deployed on AWS Canada (ca-central-1) data center, which is compliant with HIPAA, NIST, SOC 1/2/3, ISO 27001, ISO 27017, ISO 27018, PCI DSS, and PIPEDA, covering a significant portion of the listed frameworks. We believe our current certifications and AWS Canada infrastructure will largely satisfy the outlined compliance requirements. Please confirm.		As part of this RFI, AHCT is gathering information regarding vendor capabilities and compliance frameworks. AHCT has not completed a formal evaluation of any vendor's security, privacy, hosting, or compliance posture at this stage and therefore cannot confirm whether any specific certification, control framework, or hosting arrangement satisfies AHCT's requirements. Respondents should describe all applicable certifications, compliance frameworks, security controls, hosting locations, and audit reports available. Final security, privacy, hosting, and compliance requirements will be detailed in any future solicitation and will be subject to review by AHCT.

55. We understand that annual penetration testing is required by an independent third-party audit firm, with results shared with Access Health CT annually. Could you confirm that the cost of the independent audit firm will be borne by Access Health CT, as this involves an external party outside Tenneo's scope? Tenneo will be responsible for reviewing the findings and remediating any identified vulnerabilities or bugs within a mutually agreed timeline. Kindly confirm this understanding so we can define the responsibilities clearly in the proposal.		Respondents should include all costs associated with required security testing and compliance activities in their proposed pricing.
56. Please elaborate the meaning of a "single course site" in this context.		A single course site refers to a centralized learning environment where all training content, resources, learner records, and reporting are managed within one platform instance.
57. The 1.21 item in tab 1 is not available. Please provide the number of minimum connections		This reference should say 1.19. Access Health CT anticipates approximately 2,500 users annually, with peak usage occurring during Open Enrollment and new hire onboarding periods. While a minimum concurrent connection requirement has not been established, Respondents should describe their solution's ability to support peak demand while maintaining system performance and availability.
58. Will the user duplication be based on a unique identifier like Social Security Number, Mobile number or Email ID?		Duplication would be based on the email address. Email addresses are the unique identifier in our current LMS.
59. Req #1.2 - The system shall integrate with HRIS, ERP, and CRM systems – Can you please detail which systems you would like to integrate with?		Although not required, AHCT is interested in integration capabilities with Paylocity.
60. Can you please confirm how many users we should base pricing off of (# of internal and external learners)?		There could be as many as 2,500 users but it will likely increase in the future.
61. Can Access Health CT provide additional details on the scope of historical data to be migrated from the current LMS, including learner transcripts, certifications, exam history, SCORM completions, and reporting archives?		Historical data would include learner transcripts, eLearning modules, curriculums, assessments, and reports.
62. Are there specific reporting, certification tracking, audit, or compliance management challenges with the current LMS that the Exchange would like a future solution to improve?		AHCT is interested in being able to create customized reports with minimal support from the vendor.

63. Are there specific accessibility, cybersecurity, or hosting standards the Exchange anticipates for a future LMS solution (e.g., WCAG/Section 508 alignment, cloud hosting preferences, or state/federal security requirements)?		WCAG/508 would be preferred.
64. Has the Exchange established a preferred implementation timeline or target go-live window for a future LMS modernization initiative?		No implementation timeline or go-live date has been established at this time. Access Health CT is seeking information through this RFI to better understand available solutions and implementation considerations.