

PROCUREMENT NOTICE

LEGAL NOTICE Request For Proposal (RFP) #2017-25165 Ryan White HIV/AIDS Treatment Modernization Act – Core and Support Services

The Connecticut Department of Public Health (DPH) TB, HIV, STD and Viral Hepatitis Programs is requesting proposals from Connecticut community-based organizations, HIV service organizations, Federally Qualified Health Centers, Community Health Centers and other eligible health providers to deliver the following Ryan White HIV AIDS services: 1) Outpatient/Ambulatory Health Services, 2) Oral Health Care 3) Medical Case Management including Treatment Adherence Services, 4) Early Intervention Services, 5) Health Insurance Premium and Cost Sharing Assistance for Low Income Individuals 6) Mental Health Services 7) Medical Nutrition Therapy 8) Substance Abuse Outpatient Care (Rehabilitation) 9) Emergency Financial Assistance 10) Food Bank/Home Delivered Meals, 11) Housing 12) Non-Medical Case Management Services 13) Medical Transportation. Funded services are provided in accordance with the Ryan White Program as payer of last resort based on income eligibility with priority given to those out of medical care, medically underserved low-income individuals with HIV and AIDS. An anticipated total of approximately \$6,894,196 dependent on Federal funding per year for each of three years, is estimated to be available for Core and Support Services.

The Request For Proposals (RFP) is available in electronic format on the State Contracting Portal at: http://biznet.ct.gov/SCP_Search/Default.aspx?Acclast=1, or from the Department's Official Contact:

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The RFP is also available on the Department's website at <http://www.ct.gov/dph> (Request For Proposals). A printed copy of the RFP can be obtained from the Official Contact upon request.

Deadline for submission of proposals to DPH is December 22, 2016

TABLE OF CONTENTS

	Page
Procurement Notice	1
Section I — GENERAL INFORMATION	3
A. Introduction	3
B. Abbreviations / Acronyms / Definitions	4
C. Instructions	5
D. Proposal Format	8
E. Evaluation of Proposals	9
Section II — MANDATORY PROVISIONS.	12
A. POS Standard Contract, Parts I and II	12
B. Assurances	12
C. Terms and Conditions	13
D. Rights Reserved to the State	14
E. Statutory and Regulatory Compliance	15
Section III — PROGRAM INFORMATION.	17
A. Department Overview	17
B. Program Overview	17
C. Main Proposal Components	18
D. Cost Proposal Components	32
Section IV — PROPOSAL OUTLINE	35
Section V — ATTACHMENTS	38
A. Application Forms.	39
1. Cover Sheet/Proposer Information	39
2. Proposer Information Form (continuation)	40
3. Budget Summary Instructions Position Schedule 2a	41
4. Budget Justification Schedule B	42
5. Budget Summary	43
6. Budget Justification Schedule B Form	44
7. Position Schedule 2a	45
8. Subcontractor Schedule A-Detail	46
9. Work Plan Form	47
10. OPM Consulting Agreement	48
11. Affirmative Action Contract Compliance Policy Statement	49
12. Notification to Bidders	50
13. Workforce Analysis	51
14. Informational Attachments	52
B. Informational Attachments.	52
1. Nondiscrimination Certification Instructions	53
2. Nondiscrimination Certification Affidavit Form C	54
3. False Claims Act Compliance Notification	55
4. False Claims Act Policy	56
5. False Claims Act Procedure	59
6. Campaign Contribution and Solicitation Limitations SEEC Form 11	62

I. GENERAL INFORMATION

A. INTRODUCTION

- 1. RFP# 2017-25165 Ryan White HIV/AIDS Treatment Modernization Act – Core and Support Services**
- The Connecticut Department of Public Health (DPH) TB, HIV, STD and Viral Hepatitis Programs (hereafter referred to as the “Department”) are requesting proposals from Connecticut community-based organizations, HIV service organizations, Federally Qualified Health Centers, Community Health Centers and other eligible health providers to deliver the following Ryan White HIV AIDS services: 1) Outpatient/Ambulatory Health Services, 2) Oral Health Care, 3) Medical Case Management including Treatment Adherence Services, 4) Early Intervention Services 5) Health Insurance Premium (HIP) and Cost Sharing, Assistance for Low Income Individuals, 6) Mental Health Services, 7) Medical Nutrition Therapy, 8) Substance Abuse Outpatient Care (Rehabilitation), 9) Emergency Financial Assistance, 10) Food Bank/Home Delivered Meals, 11) Housing, 12) Non-Medical Case Management Services, and 13) Medical Transportation. Funded services are provided in accordance with the Ryan White Program third party reimbursement/payer of last resort based on income eligibility with priority given to those out of medical care, or medically underserved, low-income individuals with HIV and AIDS. Charges that are billable to third party payers (e.g., private health insurance, prepaid health plans, Medicaid, Medicare, HUD, other RWHAP funding including CADAP) are **unallowable**. The RWHAP is the payer of last resort, and proposers must vigorously pursue alternate sources of payments. Proposer must certify eligibility every 12 months/annually and recertify eligibility at least every 6 months. Proposers are required to use effective strategies to coordinate with third party payers that are ultimately responsible for covering the cost of services provided to eligible or covered persons. Third party sources include, Medicaid, CHIP, Medicare, including Medicare Part D, basic health plans, and private insurance, including those purchased through the Health Insurance Marketplace. Proposers providing Medicaid eligible services must be Medicaid certified. An anticipated total of approximately \$6,894,196, dependent on Federal funding per year for each of three years, is estimated to be available for Core and Support Services.

PLEASE NOTE THIS RFP IS A COST REIMBURSEMENT GRANT ONLY.

Prospective proposer's must have a functioning accounting system that is operated in accordance with generally accepted accounting principles or in agreement with a designated eligible entity that maintains such information and acts as the proposer's fiscal agent. If the proposer intends on providing services that are Medicaid eligible (Outpatient/Ambulatory Health Services, Oral Health Care, Mental Health Services Substance Abuse Outpatient Care (Rehabilitation) the proposer must be Medicaid certified, or must provide a MOA/MOU with a certified Medicaid provider. Failure to submit Medicaid certification or negotiated MOA/MOUs will disqualify proposer from the Medicaid billable services in this RFP.

- 3. Synopsis.** Proposers must submit a **separate and complete original proposal, and six copies** for each region and/or each statewide service category proposed.
- 4. Commodity Codes.** The services that the Department wishes to procure through this RFP are as follows:
1000: Healthcare Services
2000: Community and Social Services

■ B. ABBREVIATIONS / ACRONYMS / DEFINITIONS

ACA	Affordable Care Act
ADAP	AIDS Drug Assistance Program
BFO	Best and Final Offer
CADAP	Connecticut AIDS Drug Assistance Program
C.G.S.	Connecticut General Statutes
CHIP	Children's Health Insurance Programs
CHRO	Commission on Human Rights and Opportunity (CT)
Client	Individual who is HIV positive
CT	Connecticut
Core	Medical services that are a set of direct health care services provided to HIV positive clients
DAS	Department of Administrative Services (CT)
DHHS	Department of Health and Human Services
DMHAS	Department of Mental Health and Addiction Services
DPH	Department of Public Health (CT)
EFA	Emergency Financial Assistance
EIS	Early Intervention Services
FDA	Federal Drug Administration
FPL	Federal Poverty Level
FOIA	Freedom of Information Act (CT)
HCSS	Health Care and Support Services
HAART	HIV Antiretroviral Therapeutic Medications
HRSA	Health Resources and Services Administration
HUD	Housing Urban Development
IRS	Internal Revenue Service (US)
LGBT	Lesbian, Gay, Bisexual, Transgender
LOI	Letter of Intent
MAP	Medication Adherence Program
MCM	Medical Case Management/Medical Case Managers
MSM	Men Having Sex with Men
NMCM	Non-Medical Case Management
NRW	Non-Ryan White
MOA	Memorandum of Agreement
NA	Not Applicable
MOU	Memorandum of Understanding
OAG	Office of the Attorney General
OPM	Office of Policy and Management (CT)
OSC	Office of the State Comptroller (CT)
P.A.	Public Act (CT)
PCP	Prophylaxis
PHS	Public Health Services (US)
PLWH	People Living with HIV
POS	Purchase of Service
RFP	Request For Proposal
RW	Ryan White
RWHAP	Ryan White HIV/AIDS Program
SCSN	Statewide Coordinated Statement of Need
SEEC	State Elections Enforcement Commission (CT)
SMART	Specific/Measurable/Achievable/Relevant/Time-bound
Support	Non-medical services for HIV positive clients that are linked to medical outcomes
TCM	Transitional Case Management (CT)
U.S.	United States

- *contractor*: a private provider organization, CT State agency, or municipality that enters into a POS contract with the Department as a result of this RFP
- *proposer*: a private provider organization, CT State agency, or municipality that has submitted a proposal to the Department in response to this RFP
- *physical presence*: office space with staff
- *prospective proposer*: a private provider organization, CT State agency, or municipality that may submit a proposal to the Department in response to this RFP, but has not yet done so
- *subcontractor*: an individual (other than an employee of the contractor) or business entity hired by a contractor to provide a specific health or human service as part of a POS contract with the Department as a result of this RFP

■ C. INSTRUCTIONS

1. **Official Contact.** The Department has designated the individual below as the Official Contact for purposes of this RFP. The Official Contact is the **only authorized contact** for this procurement and, as such, handles all related communications on behalf of the Department. Proposers, prospective proposers, and other interested parties are advised that any communication with any other Department employee(s) (including appointed officials) or personnel under contract to the Department about this RFP is strictly prohibited. Proposers or prospective proposers who violate this instruction may risk disqualification from further consideration.

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410 Capitol Avenue, MS #11APV
Hartford, CT 06134-0308
Phone: (860) 509-8007 Fax: (860) 509-7853
E-Mail: laura.aponte@ct.gov
Please ensure that e-mail screening software (if used) recognizes and accepts e-mails from the Official Contact.

2. **RFP Information.** The RFP, amendments to the RFP, and other information associated with this procurement are available in electronic format from the Official Contact or from the Internet at the following locations:

- Department's RFP Web Page
<http://www.ct.gov/dph/rfp>
- State Contracting Portal
http://www.das.state.ct.us/Purchase/Portal/Portal_Home.asp

It is strongly recommended that any proposer or prospective proposer interested in this procurement subscribe to receive e-mail alerts from the State Contracting Portal.

Subscribers will receive a daily e-mail announcing procurements and addendums that are posted on the portal. This service is provided as a courtesy to assist in monitoring activities associated with State procurements including this RFP.

Printed copies of all documents are also available from the Official Contact upon request.

3. Contract Awards. The award of any contract pursuant to this RFP is dependent upon the availability of funding to the Department. The Department anticipates the following:

- Total Funding Available: \$6,894,196
- Number of Awards: Approximately 10-12
- Contract Cost: To be negotiated with successful proposers
- Contract Term: 3 years

4. Eligibility. Private provider organizations (defined as non-state entities that are either nonprofit or proprietary corporations or partnerships), local health districts, local health departments, community health centers, FQHCs, and CT State agencies are eligible to submit proposals in response to this RFP. Individuals who are not a duly formed business entity are ineligible to participate in this procurement.

5. Minimum Qualifications of Proposers. To qualify for a contract award, a proposer must have the following minimum qualifications:

- Proposal must be public, nonprofit, for profit, and private organizations.
- Proposals must be complete and comply with all requirements specified in the RFP.
- Proposers must be in good standing with the Department and have no long-standing, significant unresolved issues on current or prior contracts with the Department.
- Proposers must have:
 - Knowledge of the community/area(s) to be served including any emerging trends, populations or HIV service needs/gaps;
 - Demonstrated knowledge of HIV, sexually transmitted diseases, and provision of services to underserved, or uninsured;
 - Documented ability to execute the proposed plan of service delivery, including accounting and financial reporting systems and sound fiscal stability;
 - Sufficient experienced staff, or the ability to hire qualified personnel, to execute the proposed plan of service delivery
 - Technology and infrastructure to support a web-based CAREWare data collection system, the recommended minimum hardware/software configuration is:
 - Windows 7 Service Pack 1, Windows 8, Windows 10, Windows Server 2008 R2 SP1, Windows Server 2008 Service Pack 2, Windows Server 2012, Windows Server 2014, Windows Vista Service Pack 2, .NET Framework 4.5.1.
 - Intel Core 2 Duo Processor, 2 GB RAM, 160 GB hard disk.
 - Adobe Flash version 10 or later.
 - Internet Explorer (version 10 or later).

Any proposal or proposing entity not meeting these minimum requirements shall be removed from further review.

6. Procurement Schedule. See below. Dates after the due date for proposals ("Proposals Due") are target dates only (*). The Department may amend the schedule, as needed. Any change will be made by means of an amendment to this RFP and will be posted on the State Contracting Portal and, if available, the Department's RFP Web Page.

- RFP Released: November 3, 2016
- Letter of Intent Due: November 17, 2106
- Deadline for Questions: November 17, 2016
- Answers Released: December 1, 2016
- Proposals Due: December 22, 2016

- (*) Proposer Selection: March 15, 2017
- (*) Start of Contract Negotiations: March 15, 2017
- (*) Start of Contract: April 1, 2017

7. Letter of Intent. A Letter of Intent (LOI) is recommended but not required for this RFP. The LOI is non-binding and does not obligate the sender to submit a proposal. The LOI must be submitted to the Official Contact by US mail, fax, or e-mail by the deadline established in the Procurement Schedule. The LOI must clearly identify the sender, including name, postal address, telephone number, fax number, and e-mail address. It is the sender's responsibility to confirm the Department's receipt of the LOI.

8. Inquiry Procedures. All questions regarding this RFP or the Department's procurement process must be directed, in writing, to the Official Contact before the deadline specified in the Procurement Schedule. The early submission of questions is encouraged. Questions will not be accepted or answered verbally – neither in person nor over the telephone. All questions received before the deadline(s) will be answered. However, the Department will not answer questions when the source is unknown (i.e., nuisance or anonymous questions). Questions deemed unrelated to the RFP or the procurement process will not be answered. At its discretion, the Department may or may not respond to questions received after the deadline. The Department reserves the right to answer questions only from those who have submitted an LOI. The Department may combine similar questions and give only one answer. All questions and answers will be compiled into a written amendment to this RFP. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the amendment and duly noted as such. The agency will release the answers to questions on the date(s) established in the Procurement Schedule. The Department will publish any and all amendments to this RFP on the State Contracting Portal and, if available, on the Department's RFP Web Page. At its discretion, the Department may distribute any amendments to this RFP to prospective proposers who submitted a LOI.

9. RFP Conference. An RFP Conference will not be held.

10. Proposal Due Date and Time. The Official Contact is the **only authorized recipient** of proposals submitted in response to this RFP. Proposals must be **received** by the Official Contact on or before the due date and time:

- December 22, 2016
- Time: 4:00 pm

Proposals hand-delivered, faxed or e-mailed will not be evaluated. DPH will not accept a postmark date as the basis for meeting the submission due date and time. Proposals received after the due date and time will not be evaluated. At the discretion of the Department, late proposals may be destroyed or retained for pick up by the submitters.

An acceptable submission must include the following:

- one (1) original printed proposal;
- five (5) conforming printed copies of the original proposal; and

- **the original proposal must carry original signatures and be clearly marked on the cover as "Original." Unsigned proposals will not be evaluated.** The original proposal and each conforming copy of the proposal must be complete, properly formatted and outlined, and ready for evaluation by the Screening Committee

11. Multiple Proposals. The submission of multiple proposals **is** allowed with this procurement.

12. Declaration of Confidential Information. Proposers are advised that all materials associated with this procurement are subject to the terms of the Freedom of Information Act (FOIA), the Privacy Act, and all rules, regulations and interpretations resulting from them. If a proposer deems that certain information required by this RFP is confidential, the proposer must label such information as CONFIDENTIAL. In Section C of the proposal submission, the proposer must reference where the information labeled CONFIDENTIAL is located in the proposal. *EXAMPLE: Section G.1.a.* For each subsection so referenced, the proposer must provide a convincing explanation and rationale sufficient to justify an exemption of the information from release under the FOIA. The explanation and rationale must be stated in terms of (a) the prospective harm to the competitive position of the proposer that would result if the identified information were to be released and (b) the reasons why the information is legally exempt from release pursuant to C.G.S. § 1-210(b).

13. Conflict of Interest - Disclosure Statement. Proposers must include a disclosure statement concerning any current business relationships (within the last three (3) years) that pose a conflict of interest, as defined by C.G.S. § 1-85. A conflict of interest exists when a relationship exists between the proposer and a public official (including an elected official) or State employee that may interfere with fair competition or may be adverse to the interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. A conflict of interest may, however, become a legal matter if a proposer tries to influence, or succeeds in influencing, the outcome of an official decision for their personal or corporate benefit. The Department will determine whether any disclosed conflict of interest poses a substantial advantage to the proposer over the competition, decreases the overall competitiveness of this procurement, or is not in the best interests of the State. In the absence of any conflict of interest, a proposer must affirm such in the disclosure statement. *Example: "[name of proposer] has no current business relationship (within the last three (3) years) that poses a conflict of interest, as defined by C.G.S. § 1-85."*

■ D. PROPOSAL FORMAT

- 1. Required Outline.** All proposals **must** follow the required outline presented in Section IV – Proposal Outline. Proposals that fail to follow the required outline will be deemed non-responsive and not evaluated.
- 2. Cover Sheet.** The Cover Sheet is Page 1 of the proposal. Proposers must complete and use the Cover Sheet form provided by DPH in Section V. A. 1. Attachments
- 3. Table of Contents.** All proposals must include a Table of Contents that conforms to the required proposal outline. (See Section IV.)
- 4. Executive Summary.** Each proposal must include Executive Summary, not to exceed one (1) page, of the main proposal and cost proposal. This summary is not included in the narrative page limit(s). The Executive Summary must include a brief

description of the proposed service delivery including needs to be addressed, proposed services, the populations to be served, and the proposed cost.

5. **Attachments.** Attachments other than the required Appendices or Forms identified in Section IV "Proposal Outline" are **not** permitted and will not be evaluated. Further, the required Appendices or Forms must not be altered or used to extend, enhance, or replace any component required by this RFP. **Failure to abide by these instructions will result in disqualification.**
6. **Style Requirements.** Each submitted proposal must conform to the following specifications:
 - Binding Type: Unbound, but fastened with binder clips
 - Dividers: None specified
 - Paper Size: 8.5" x 11"
 - Page Limit: 1 page limit Executive Summary, 2 page limit Narrative, 10 page limit Main Proposal Components, this does not include Required Forms and Attachments
 - Print Style: two-sided
 - Font Size: No smaller than 11 point type
 - Font Type: Easily readable (e.g. Arial, Times New Roman, Verdana)
 - Margins: No less than 0.5" top, bottom, left and right margins
 - Line Spacing: 1.5 line spacing
7. **Pagination.** The proposer's name must be displayed in the header of each page. All pages, including the required Appendices and Forms, must be numbered in the footer.
8. **Packaging and Labeling Requirements.** All proposals must be submitted in sealed envelopes or packages and be addressed to the Official Contact. The Legal Name and Address of the proposer must appear in the upper left corner of the envelope or package. The RFP Name or Number must be clearly displayed on the envelope or package. Any received proposal that does not conform to these packaging or labeling instructions will not be evaluated. At the discretion of the Department, such a proposal may be destroyed or retained for pick up by the submitters.

■ E. EVALUATION OF PROPOSALS

1. **Evaluation Process.** It is the intent of the Department to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. When evaluating proposals, negotiating with successful proposers, and awarding contracts, the Department will conform to its written procedures for POS procurements (pursuant to C.G.S. § 4-217) and the State's Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85).
2. **Screening Committee.** The Department will designate a Screening Committee to evaluate proposals submitted in response to this RFP. The contents of all submitted proposals, including any confidential information will be shared with the Screening Committee. Only proposals found to be responsive (that is, complying with all instructions and requirements described herein) will be reviewed, rated, and scored. Proposals that fail to comply with all instructions will be rejected without further consideration. Attempts by any proposer (or representative of any proposer) to contact or influence any member of the Screening Committee may result in disqualification of the proposer.

- 3. Minimum Submission Requirements.** All proposals must comply with the requirements specified in this RFP. To be eligible for evaluation, proposals must (1) be received on or before the due date and time; (2) meet the Proposal Format requirements; (3) follow the required Proposal Outline; and (4) be complete. Proposals that fail to follow instructions or satisfy these minimum submission requirements will not be reviewed further. The Department will reject any proposal that deviates significantly from the requirements of this RFP.

Proposers with significant outstanding unresolved issues on current and/or prior year contracts with DPH or other state agencies may be removed from consideration for additional or future funding.

- 4. Evaluation Criteria (and Weights).** Proposals meeting the Minimum Submission Requirements received from proposers meeting the Minimum Qualifications of Proposers shall be evaluated according to the established criteria. The criteria are the objective standards that the Screening Committee will use to evaluate the technical merits of the proposals.

The weights are disclosed below (Total of 100 points):

- **Organizational Requirements Profile (5)**
- **Service Requirements (20)**
- **Service Components and Scope of Services (20)**
- **Quality Management Program (10)**
- **Staffing Plan (5) *see note***
- **Data/Information Management (5)**
- **Work Plan (20)**
- **Cost Proposal (5)**
- **Budget and Budget Narrative (5)**
- **Appendices (5)**

Note: As part of its evaluation of the Staffing Plan, the Screening Committee will consider the proposer's demonstrated commitment to affirmative action, as required by the Regulations of CT State Agencies § 46A-68j-30(10).

- 5. Proposer Selection.** Upon completing its evaluation of proposals, the Screening Committee will submit the rankings of all proposals to the Department head. The final selection of a successful proposer is at the discretion of the Department head. Any proposer selected will be so notified and awarded an opportunity to negotiate a contract with the Department. Such negotiations may, but will not automatically, result in a contract. Pursuant to Governor M. Jodi Rell's Executive Order No. 3, any resulting contract will be posted on the State Contracting Portal. All unsuccessful proposals will be notified by e-mail or U.S. mail, at the Department's discretion, about the outcome of the evaluation and proposal selection process.
- 6. Debriefing.** Within ten (10) days of receiving notification from the Department, unsuccessful proposers may contact the Official Contact and request information about the evaluation and proposal selection process. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the ten (10) days. If unsuccessful proposers still have questions after receiving this information, they may contact the Official Contact and request a meeting with the Department to discuss the evaluation process and their proposals. If held, the debriefing meeting will not include any comparisons of unsuccessful proposals with other proposals. The Department will schedule and hold the debriefing meeting within fifteen (15) days of the request. The Department will not change, alter, or

modify the outcome of the evaluation or selection process as a result of any debriefing meeting.

- 7. Appeal Process.** Proposers may appeal any aspect the Department's competitive procurement, including the evaluation and proposer selection process. Any such appeal must be submitted to the Department head. A proposer may file an appeal at any time after the proposal due date, but not later than thirty (30) days after an agency notifies unsuccessful proposers about the outcome of the evaluation and proposer selection process. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the thirty (30) days. The filing of an appeal shall not be deemed sufficient reason for the Department to delay, suspend, cancel, or terminate the procurement process or execution of a contract. More detailed information about filing an appeal may be obtained from the Official Contact.
- 8. Contract Execution.** Any contract developed and executed as a result of this RFP is subject to the Department's contracting procedures, which may include approval by the Office of the Attorney General.

II. MANDATORY PROVISIONS

■ A. POS STANDARD CONTRACT, PARTS I AND II

By submitting a proposal in response to this RFP, the proposer implicitly agrees to comply with the provisions of Parts I and II of the State's "standard contract" for POS:

Part I of the standard contract is maintained by the Department and will include the scope of services, contract performance, quality assurance, reports, terms of payment, budget, and other program-specific provisions of any resulting POS contract. A sample of Part I is available from the Department's Official Contact upon request.

Part II of the standard contract is maintained by OPM and includes the mandatory terms and conditions of the POS contract. Part II is available on OPM's website at: http://www.ct.gov/opm/fin/standard_contract

Note:

Included in Part II of the standard contract is the State Elections Enforcement Commission's notice (pursuant to C.G.S. § 9-612(g) (2) advising executive branch State contractors and prospective State contractors of the ban on campaign contributions and solicitations. If an proposer is awarded an opportunity to negotiate a contract with the Department and the resulting contract has an anticipated value in a calendar year of \$50,000 or more, or a combination or series of such agreements or contracts has an anticipated value of \$100,000 or more, the proposers must inform the proposers principals of the contents of the SEEC notice.

Part I of the standard contract may be amended by means of a written instrument signed by the Department, the selected proposer (contractor), and, if required, the Attorney General's Office. Part II of the standard contract may be amended only in consultation with, and with the approval of, the Office of Policy and Management and the Attorney General's Office.

■ B. ASSURANCES

By submitting a proposal in response to this RFP, a proposer implicitly gives the following assurances:

- 1. Collusion.** The proposer represents and warrants that the proposer did not participate in any part of the RFP development process and had no knowledge of the specific contents of the RFP prior to its issuance. The proposer further represents and warrants that no agent, representative, or employee of the State participate directly in the preparation of the proposers proposal. The proposer also represents and warrants that the submitted proposal is in all respects fair and is made without collusion or fraud.
- 2. State Officials and Employees.** The proposer certifies that no elected or appointed official or employee of the State has or will benefit financially or materially from any contract resulting from this RFP. The Department may terminate a resulting contract if it is determined that gratuities of any kind were either offered or received by any of the aforementioned officials or employees from the proposer, contractor, or its agents or employees.

3. **Competitors.** The proposer assures that the submitted proposal is not made in connection with any competing organization or competitor submitting a separate proposal in response to this RFP. No attempt has been made, or will be made, by the proposer to induce any other organization or competitor to submit, or not submit, a proposal for the purpose of restricting competition. The proposer further assures that the proposed costs have been arrived at independently, without consultation, communication, or agreement with any other organization or competitor for the purpose of restricting competition. Nor has the proposer knowingly disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor.
4. **Validity of Proposal.** The proposer certifies that the proposal represents a valid and binding offer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto. The proposal shall remain valid for a period of 180 days after the submission due date and may be extended beyond that time by mutual agreement. At its sole discretion, the Department may include the proposal, by reference or otherwise, into any contract with the successful proposer.
5. **Press Releases.** The proposer agrees to obtain prior written consent and approval of the Department for press releases that relate in any manner to this RFP or any resultant contract.

■ C. TERMS AND CONDITIONS

By submitting a proposal in response to this RFP, a proposer implicitly agrees to comply with the following terms and conditions:

1. **Equal Opportunity and Affirmative Action.** The State is an Equal Opportunity and Affirmative Action employer and does not discriminate in its hiring, employment, or business practices. The State is committed to complying with the Americans with Disabilities Act of 1990 (ADA) and does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities.
2. **Preparation Expenses.** Neither the State nor the Department shall assume any liability for expenses incurred by a proposer in preparing, submitting, or clarifying any proposal submitted in response to this RFP.
3. **Exclusion of Taxes.** The Department is exempt from the payment of excise and sales taxes imposed by the Federal government and the State. Proposers are liable for any other applicable taxes.
4. **Proposed Costs.** No cost submissions that are contingent upon a State action will be accepted. All proposed costs must be fixed through the entire term of the contract.
5. **Changes to Proposal.** No additions or changes to the original proposal will be allowed after submission. While changes are not permitted, the Department may request and authorize proposers to submit written clarification of their proposals, in a manner or format prescribed by the Department, and at the proposer's expense.
6. **Supplemental Information.** Supplemental information will not be considered after the deadline submission of proposals, unless specifically requested by the Department. The Department may ask a proposer to give demonstrations, interviews, oral presentations or further explanations to clarify information contained in a proposal. Any such demonstration, interview, or oral presentation will be at a

time selected and in a place provided by the Department. At its sole discretion, the Department may limit the number of proposers invited to make such a demonstration, interview, or oral presentation and may limit the number of attendees per proposer.

- 7. Presentation of Supporting Evidence.** If requested by the Department, a proposer must be prepared to present evidence of experience, ability, data reporting capabilities, financial standing, or other information necessary to satisfactorily meet the requirements set forth or implied in this RFP. The Department may make onsite visits to an operational facility or facilities of a proposer to evaluate further the proposer's capability to perform the duties required by this RFP. At its discretion, the Department may also check or contact any reference provided by the proposer.
- 8. RFP Is Not An Offer.** Neither this RFP nor any subsequent discussions shall give rise to any commitment on the part of the State or the Department or confer any rights on any proposer unless and until a contract is fully executed by the necessary parties. The contract document will represent the entire agreement between the proposer and the Department and will supersede all prior negotiations, representations or agreements, alleged or made, between the parties. The State shall assume no liability for costs incurred by the proposer or for payment of services under the terms of the contract until the successful proposer is notified that the contract has been accepted and approved by the Department and, if required, by the Attorney General's Office.

■ D. RIGHTS RESERVED TO THE STATE

By submitting a proposal in response to this RFP, a proposer implicitly accepts that the following rights are reserved to the State:

- 1. Timing Sequence.** The timing and sequence of events associated with this RFP shall ultimately be determined by the Department.
- 2. Amending or Canceling RFP.** The Department reserves the right to amend or cancel this RFP on any date and at any time, if the Department deems it to be necessary, appropriate, or otherwise in the best interests of the State.
- 3. No Acceptable Proposals.** In the event that no acceptable proposals are submitted in response to this RFP, the Department may reopen the procurement process, if it is determined to be in the best interests of the State.
- 4. Award and Rejection of Proposals.** The Department reserves the right to award in part, to reject any and all proposals in whole or in part, for misrepresentation or if the proposal limits or modifies any of the terms, conditions, or specifications of this RFP. The Department may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. The Department reserves the right to reject the proposal of any proposer who submits a proposal after the submission date and time.
- 5. Sole Property of the State.** All proposals submitted in response to this RFP are to be the sole property of the State. Any product, whether acceptable or unacceptable, developed under a contract awarded as a result of this RFP shall be the sole property of the State, unless stated otherwise in this RFP or subsequent contract. The right to publish, distribute or disseminate any and all information or reports, or part thereof, shall accrue to the State without recourse.
- 6. Contract Negotiation.** The Department reserves the right to negotiate or contract for all or any portion of the services contained in this RFP. The Department further

reserves the right to contract with one or more proposer for such services. After reviewing the scored criteria, the Department may seek Best and Final Offers (BFO) on cost from proposers. The Department may set parameters on any BFOs received.

- 7. Clerical Errors in Award.** The Department reserves the right to correct inaccurate awards resulting from its clerical errors. This may include, in extreme circumstances, revoking the awarding of a contract already made to a proposer and subsequently awarding the contract to another proposer. Such action on the part of the State shall not constitute a breach of contract on the part of the State since the contract with the initial proposer is deemed to be void *ab initio* and of no effect as if no contract ever existed between the State and the proposer.
- 8. Key Personnel.** When the Department is the sole funder of a purchased service, the Department reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The Department also reserves the right to approve replacements for key personnel who have terminated employment. The Department further reserves the right to require the removal and replacement of any of the proposer's key personnel who do not perform adequately, regardless of whether they were previously approved by the Department.

■ **E. STATUTORY AND REGULATORY COMPLIANCE**

By submitting a proposal in response to this RFP, the proposer implicitly agrees to comply with all applicable State and federal laws and regulations, including, but not limited to, the following:

- 1. Freedom of Information, C.G.S. § 1-210(b).** The Freedom of Information Act (FOIA) generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). Proposers are generally advised not to include in their proposals any confidential information. If the proposer indicates that certain documentation, as required by this RFP, is submitted in confidence, the State will endeavor to keep said information confidential to the extent permitted by law. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The proposer has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While a proposer may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.
- 2. Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive.** CT statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to insure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.
- 3. Consulting Agreements, C.G.S. § 4a-81.** Proposals for State contracts with a value of \$50,000 or more in a calendar or fiscal year, excluding leases and licensing agreements of any value, shall include a consulting agreement affidavit attesting to whether any consulting agreement has been entered into in connection with the proposal. As used herein "consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A)

providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information or (C) any other similar activity related to such contract. Consulting agreement does not include any agreements entered into with a consultant who is registered under the provisions of C.G.S. Chapter 10 as of the date such affidavit is submitted in accordance with the provisions of C.G.S. § 4a-81. The Consulting Agreement Affidavit (OPM Ethics Form 5) is available on OPM's website at http://www.ct.gov/opm/fin/ethics_forms

IMPORTANT NOTE: A proposer must complete and submit OPM Ethics Form 5 to the Department with the proposal.

- 4. Gift and Campaign Contributions, C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8 and No. 7C, Para. 10; C.G.S. § 9-612(g)(2).** If a proposer is awarded an opportunity to negotiate a contract with an anticipated value of \$50,000 or more in a calendar or fiscal year, the proposer must fully disclose any gifts or lawful contributions made to campaigns of candidates for statewide public office or the General Assembly. Municipalities and CT State agencies are exempt from this requirement. The gift and campaign contributions certification (OPM Ethics Form 1) is available on OPM's website at http://www.ct.gov/opm/fin/ethics_forms

IMPORTANT NOTE: The successful proposer must complete and submit OPM Ethics Form 1 to the Department prior to contract execution.

- 5. Nondiscrimination Certification, C.G.S. §§ 4a-60(a) (1) and 4a-60a (a) (1).** If a proposer is awarded an opportunity to negotiate a contract, the proposer must provide the Department with *written representation* or *documentation* that certifies the proposer complies with the State's nondiscrimination agreements and warranties. A nondiscrimination certification is required for all State contracts – regardless of type, term, cost, or value. Municipalities and CT State agencies are exempt from this requirement. The nondiscrimination certification forms are available on OPM's website at http://www.ct.gov/opm/fin/nondiscrim_forms

IMPORTANT NOTE: The successful proposer must complete and submit the appropriate nondiscrimination certification form to the awarding Department prior to contract execution.

III. PROGRAM INFORMATION

■ A. DEPARTMENT OVERVIEW

DPH is the state's leader in public health policy and advocacy, the agency is the center of a comprehensive network of public health services, and, is a partner to local health departments. The agency provides advocacy, training and certification, technical assistance and consultation, and specialty services such as risk assessment that are not available at the local level. The agency is a source of accurate, up-to-date health information to the Governor, the Legislature, the Federal government and local communities. This information is used to monitor the health status of Connecticut's residents, set health priorities and evaluate the effectiveness of health initiatives. The agency is focused on health outcomes, maintaining a balance between assuring quality and administrative functions among personnel, facilities and programs. DPH is a leader on the national scene through direct input to Federal agencies and the United States Congress.

The mission of DPH is: To protect and improve the health and safety of the people of Connecticut by:

- Assuring the conditions in which people can be healthy
- Preventing disease, injury, and disability, and
- Promoting the equal enjoyment of the highest attainable standard of health, which is a human right and a priority of the state.

■ B. PROGRAM OVERVIEW

The Ryan White Part B HCSS funds services as payer of last resort based on income eligibility with priority given to those out of medical care, or medically underserved low-income individuals with HIV. To do this, the HCSS contracts with Connecticut community-based organizations, HIV service organizations, Federally Qualified Health Centers, Community Health Centers and other eligible health providers to deliver services to individuals.

The purpose of this RFP is to identify organizations that will deliver access to a full range of primary health care and support services that contribute to retention in care, viral load suppression, and eliminate health disparities in the State of Connecticut. This RFP is in alignment with the Ryan White HIV/AIDS Treatment Modernization Act, HIV/AIDS Bureau, Division of State HIV/AIDS Programs National Monitoring Standards for Ryan White Part B Grantees, and Connecticut Ryan White Part B Standards of Care.

DPH is committed to the elimination of health inequities. Racial and ethnic minorities and Connecticut's disadvantaged residents experience health inequities, and therefore do not have the same opportunities as other groups to achieve healthy outcomes. Throughout the various components of the proposal, proposers are required to address the extent to which health disparities and/or health inequities are manifested in their communities. This includes the identification of specific group(s) which experiences a disproportionate burden of disease (this must be supported by data). The proposer must also explain how the proposed program services and/or activities will address these discrepancies.

Background- Connecticut Epidemiological Data:

HIV is a reportable disease and has been since the early 80's. Laboratories are mandated to report results of tests indicative of HIV disease and providers are mandated to report diagnosed cases.

When looking at the impact of HIV in Connecticut, it is necessary to explore data based on people newly diagnosed and living with the disease. Analyzing data on people living with HIV provides insight into care needs while analyzing newly diagnosed data provides insight into prevention needs.

People living with HIV in Connecticut:

- In 2014, 10,727 people were living with HIV:
 - 67% male, 33% female
 - 33% white, 33% black, 32% Hispanic
 - 7% <30 years of age, 12% 30 – 39, 27% 40 – 49, 55% 50+
- Males are living with HIV at a rate 2x that of females.
- Black/African Americans are living with HIV at a rate 7x that of whites. Hispanics are living with HIV at a rate 5x that of whites.
- 31% of people living with HIV had a transmission risk of injection drug use (IDU), 28% men who have sex with men (MSM), 27% heterosexual contact with person know to have HIV or a high risk partner, 2% MSM/IDU, 2% perinatal.

People diagnosed with HIV in 2014:

- 291 HIV cases were diagnosed (a rate of 8.1 per 100,000 people)
 - 73% male, 27% female
 - 47% black 26% white, 24% Hispanic
 - 46% MSM, 30% heterosexual, 8% IDU
 - 32% <30 years of age, 22% 30-39, 20% 40-49, 26% 50+
- Of the newly diagnosed cases, 96 (33%) were diagnosed with AIDS within a year of diagnosis.
- In the years 2010-2014, the highest rate of newly diagnosed cases has been in males aged 20-29.
- In the years 2010-2014, the highest risk of transmission has consistently been seen in MSM, with a range of 43% to 55% of the risk being attributed to MSM contact.
- In the years 2010-2014, the highest rate of newly diagnosed cases in females has been in black/African Americans.

For more information on HIV Surveillance go to the following link:

<http://www.ct.gov/dph/cwp/view.asp?a=3135&q=393044>

■ C. MAIN PROPOSAL COMPONENTS (10 page maximum)

1. Organizational Requirements and Profile:

The purpose of this subsection is to state the organizational requirements (beyond eligibility and minimum requirements) for proposers and to offer guidance in providing the necessary information about the proposer's administrative and operational capabilities.

a. Purpose, Mission, Vision, and History of Organization

The proposer must provide a brief overview of the history and structure of the organization. The proposer must explain how the proposal will fit into the organization's overall mission. Proposers with long-standing, significant unresolved issues on current and/or prior year contracts with DPH may be removed from consideration for additional or future funding.

b. Entity Type (profit/non-profit, etc.) / Years of Operation

The proposer must indicate entity type and years of operation. Proposals will be accepted from Connecticut public and private organizations (defined as non-state entities that are either nonprofit or proprietary corporations or partnerships), community-based agencies, CT State agencies and municipalities. Individuals who

are not a duly formed business entity are ineligible to participate in this procurement.

c. Location of Office(s) or Facilities / Hours of Operation

The proposer must define all locations where services will be provided and hours of operation, including nontraditional locations and hours.

d. Accreditation / Certification / Licensure (if applicable)

Please define any organizational accreditations, certifications or licensure.

2. Service Requirements

All proposers must describe and/or comply with the following service qualification specifications and current number and demographics of clients to be served:

a. The proposer must describe and/or comply with the following:

- General client demographics in the geographical area as detailed by HIV incidence and prevalence provided by the DPH HIV Surveillance Unit. This includes current epidemiological data and health care and supportive service's needs, including barriers to care, health disparities, social economic conditions, and culturally/linguistic needs;
- The HIV Continuum of Care and how services are delivered throughout the continuum within the organizations geographical area, including how HIV primary care services are delivered, and how clients access core health services and supportive services;
- Health disparities and the HIV Continuum of Care including:
 - Any significant health disparities related to race/ethnicity, gender, sexual orientation and age among population, including strategic plans to enroll and engage this population into HIV medical care;
 - Expertise and capacity in providing services to increase the health outcomes of individuals living with HIV;
 - Successes and challenges in health outcomes for individuals with HIV as they move from one stage of the HIV continuum to the next;
- The process of determining client eligibility for services and how a client is screened for services, including the initial and redetermination process of client eligibility.
- Efforts to vigorously pursue enrollment into health care coverage including:
 - Insurance through ACA, Medicaid/Medicare and other private insurance and;
 - Policies and procedures to address the needs of clients who are not eligible for insurance, including utilizing third party reimbursement, and RW funding is the payer of last resort,
- Efforts to vigorously pursue payer of last resort including the following:
 - Policies and procedures for cap on charges, sliding fee scales, billing of insurance or use of other charitable funds for services.
- Capacity to utilize and ensure that client data is confidentially entered into the CAREWare database in a timely and accurate manner for programmatic and fiscal compliance.
- If your agency is Medicaid certified include all services that are billed to Medicaid (Outpatient/Ambulatory Health Services, Oral Health Care, Mental Health Services, Substance Abuse Outpatient Care (Rehabilitation)).

b. Organization's experience in providing HIV Services

The proposer must describe the experience the organization has in delivering culturally sensitive services to individuals living with HIV and communities disproportionately infected with and affected by HIV. The proposer must include a discussion of successes and challenges in serving these populations. The proposer must describe the agency's efforts to integrate the values, attitudes and beliefs of the targeted community into HIV services. The proposer must describe the involvement of community members, particularly those from the proposed target population, in the governance, staffing and consumer advisory groups in the organization, and describe how frontline staff, management and the Board of Directors are reflective of the target population served.

c. Catchment or Service Area in Which Services are to be Provided

The proposer must define the HIV epidemic in the proposer's catchment area, clearly defining target populations to be served (demographics), any existing real or perceived barriers to prevention services, emerging trends and/or populations, service needs or gaps, and the use of community mapping and community resources to be used in addressing needs.

d. Cultural and Linguistic Capacity

The proposer must describe cultural and linguistic capacity including diversity, language, sexual orientation, health equity, and health literacy for the population(s) to be served. Also, describe the organization's experience in delivering culturally sensitive services to persons and communities disproportionately infected and affected by HIV, such as; LGBT, people of color, MSM, and ethnic/minority populations.

e. Documentation of Community Needs and Gaps / Resources

The proposer must describe gaps, and/or barriers to care within their catchment area for the populations to be served including other resources available.

f. Collaborations with Other Service Providers

The proposer must describe collaborations and establish MOA where funds are exchanged and/or MOU where no funds are exchanged with non-Ryan White service provider's health clinics, community-based organizations and/or State or local organizations.

g. Capacity to Manage and/or Deliver Early Identification of Individuals with HIV/AIDS (EIIHA)

The proposer must describe the HIV services system to identify, refer, link, retain, prescribe ART and increase rates of viral suppression for the target populations including the following:

- Strategies for identifying and engaging at-risk individuals who are unaware of their status, and re-engaging individuals who have fallen out of medical care.
- Current or proposed recruitment strategies to increase access of newly diagnosed or out-of-care individuals to medical care, with emphasis on maintain linkage to medical care.
- Collaborations with RW and NRW organizations to identify newly diagnosed or out-of-care individuals with HIV to ensure access to core health and support services. Using the HIV Continuum of Care as a framework, describe these collaborations with specific details about working relationships and how to support HIV individuals through the HIV Continuum to maintain viral suppression.
- Strategies to promote Pre-Exposure Prophylaxis (PrEP) services.

3. Service Components and Scope of Service:

- CT RW Part B Program provides funding for five regions including: Region 1, Region 2, Region 3, Region 4 and Region 5, with priority Regions being 3, 4, and 5 that do not receive RW Part A funding for (11) eleven Core Medical and Support Service categories, and/or (3) three for Statewide Core Medical and Support Services under this RFP.
- Proposers should indicate the Region that they propose to target, and identify the core health and support service categories they are applying for under this RFP. Detailed SOC's for each core medical and support service can be found at: <http://www.ct.gov/dph/site/default.asp>
The justification should be based on: surveillance data, needs of target population, community mapping, needs assessment and prior experience serving the population. Detailed surveillance data can be found at: <http://www.ct.gov/dph/cwp/view.asp?a=3135&q=393044>
- No specific amount of funds will be earmarked to fund core health and support services prior to proposal review. Proposer may expand service delivery outside of their region by **demonstrating need, justification and physical presence** in that region.

Allowable Regional Service Categories:

Service Category	Region 1 New Haven & Fairfield Counties	Region 2 Hartford, Middlesex, & Tolland Counties	**Region 3 Litchfield County	**Region 4 New London County	**Region 5 Windham County
Core Medical Services	Funding Allocation	Funding Allocation	Funding Allocation	Funding Allocation	Funding Allocation
1. Medical Case Management, including Treatment Adherence	\$1,614,312	\$1,022,641	\$85,129	\$243,068	\$61,912
2. *Outpatient/ Ambulatory Health Services	\$260,200	\$165,300	\$16,109	\$46,313	\$11,579
3. Early Intervention Services			\$41,472	\$119,389	\$30,161
4. Medical Nutrition Therapy	\$195,792	\$124,253	\$0	\$56,478	\$0
5. *Mental Health Services	\$27,620	\$17,528	\$1,730	\$4,979	\$1,258
6. *Oral Health Care	\$380,000	\$237,000	\$21,211	\$61,000	\$15,289
7. *Substance Abuse Outpatient Care (Rehabilitation)			\$10,855	\$31,250	\$7,895
Support Services					
8. Non-Medical Case Management	\$94,379	\$73,000	\$38,400	\$61,946	\$28,055
9. Emergency Financial Assistance	\$66,720	\$44,213	\$4,561	\$12,619	\$3,317
10. Food Bank/Home Delivered Meals	\$33,632	\$20,314	\$1,888	\$6,188	\$1,519
11. Medical Transportation	\$31,416	\$19,436	\$1,967	\$5,664	\$1,431
Administrative Cost	\$300,422	\$191,501	\$24,811	\$72,092	\$18,044
Total	\$3,004,493	\$1,915,186	\$248,133	\$720,986	\$181,460
*Medicaid/Medicare billable rates only					
** Regions 3, 4, & 5 only can apply for EIS and Substance Abuse Outpatient Care (Rehabilitations)					

Allowable Statewide Service Categories:

Service Category	Funding Allocation
Core Medical Services	
1. Health Insurance Premium/Cost Sharing Assistance for Low-Income Individuals	
Administrative Cost	\$233,942
Total	\$25,991
Support Services	
2. Housing	
Administrative Cost	\$224,536
Total	\$24,946
3. Non-Medical Case Management/TCM	
Administrative Cost	\$283,974
Total	\$31,549
Total	\$824,938

If you are applying for the following core medical and support services you must describe the related service activities:

Core Medical Services

Medical Case Management (MCM), Including Treatment Adherence Services is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV Continuum of Care. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. MCM includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication). Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client’s and other key family members’ needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

Service Activities:	
<p>1) Staff Requirements:</p> <ul style="list-style-type: none"> • The minimum education requirement for MCM’s is a Registered Nurse (RN), Bachelor of Social Work (BSW), or other related health or human service Bachelor’s degree(s) from an accredited college or university. <p>MCM’s hired prior to 2015 may substitute related direct client service experience under the supervision of a human services professional for a period of 2 years of full time work regardless of academic</p>	<ul style="list-style-type: none"> • MCM supervisors who were hired prior to 2015 may substitute related direct client service experience under the supervision of a human services professional for a period of 5 years of full time work regardless of academic preparation. <p>2) Assessment:</p> <ul style="list-style-type: none"> • Face-to-face assessment and initial intake must be completed. • RNs are solely responsible for the client’s assessment, planning, and evaluation phases of the treatment adherence component. <p>3) Care Plan:</p> <ul style="list-style-type: none"> • Developed in collaboration with the client, the plan must be implemented

<p>preparation.</p> <ul style="list-style-type: none"> The minimum requirements for MCM supervisors is a RN, BSW, or other related health or human service Bachelor's degree(s) from an accredited college or university. 	<p>and include:</p> <ul style="list-style-type: none"> A description of the needs Action steps to resolve the need(s) Timeframes to resolve the need(s) Documentation of the person responsible to complete action steps Care Plan Monitoring Reassessment Documentation Discharge Plan
<p>Other Requirements:</p> <p>MCM services include objectives to improve health care outcomes whereas NMCM services include objectives providing guidance and assistance to improve access to needed services.</p>	

Outpatient/Ambulatory Health Services are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight. Emergency room or urgent care services are not considered outpatient settings. Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing, including laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription, and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care services related to HIV diagnosis

<p>Service Activities:</p>	
<ul style="list-style-type: none"> Primary health care clinics must be licensed and, where applicable, accredited to deliver primary medical care. RW clinic staff and contracted service sub-recipients must have current license and/or certification of practice within their professional scope of practice as required by the State of Connecticut. Clinical performance measures for HIV primary care services must include: <ul style="list-style-type: none"> Gaps in HIV medical visits Viral Load Suppression <200 copies/mm3 copies Hepatitis B and C screenings performed at least once since diagnosis Hepatitis B vaccination series completed as recommended 	<ul style="list-style-type: none"> Annual syphilis screening TB screening performed at least once since diagnosis Annual mental health and substance abuse screening Annual HIV risk reduction Counseling Initial oral health and annual updated history and dental treatment plan Care plan updated every 6 months in the measurement year Assessment, planning, and evaluation phases of the treatment adherence component. <p>For more information, refer to DHHS Guidelines www.aidsinfo.nih.gov/guidelines</p> <ul style="list-style-type: none"> The medical care sub-recipient must work in partnership with the client to offer adequate health information in client-centered treatment options.

by medical provider <ul style="list-style-type: none"> • PCP prophylaxis: CD4 count below 200 cells/mm3 who were prescribed prophylaxis • Prescribed HAART within the previous year • Pregnant women with HIV who were prescribed ART 	
Other Requirements:	
<ul style="list-style-type: none"> • Treatment adherence services provided during an outpatient/ambulatory health service visit should be reported under the outpatient/ambulatory health services category whereas Treatment Adherence services provided during a MCM visit should be reported in the MCM service category. 	
<ul style="list-style-type: none"> • Services must be rendered at the Medicaid billable rate. 	

Early Intervention Services (EIS) must include the following components:

- Targeted HIV testing to identify the unaware of their HIV status and assure access to HIV care and treatment services if found to be HIV-infected
- Sub-recipient must coordinate these testing services with other HIV prevention and testing programs within their geographical area to avoid duplication of efforts
- HIV testing resources utilized by EIS cannot supplant testing resources paid for by other sources
- Referral services to improve HIV care and treatment services at key points of entry
- Access and linkage to HIV care and treatment services such as HIV outpatient/ambulatory health services, MCM, and Substance Abuse Care
- Outreach services and health education/risk reduction related to HIV diagnosis

Service Activities:	
1) Assessment of needs include: <ul style="list-style-type: none"> • Barriers to medical care • HIV medications 2) Linkage to core and support services include: <ul style="list-style-type: none"> • One HIV medical care visit • Link to health insurance, medications, including CT AIDS Drug Assistance Program (CADAP) 	<ul style="list-style-type: none"> • Linkage and Retention in care • Health literacy needs • Link to psychosocial resources that address barriers to establishing medical care

Medical Nutrition Therapy: Must include the following:

- Nutritional assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider’s recommendation
- Nutrition education and/or counseling

These services can be provided in individual and/or group settings and outside of HIV outpatient/ambulatory health services.

Service Activities:	
1) Staff Requirements: <ul style="list-style-type: none"> • Medical nutrition therapy provider must be a licensed Registered Dietitian (RD). 2) Service Delivery: <ul style="list-style-type: none"> • The following services are 	<ul style="list-style-type: none"> • Nutrition education counseling • Ensure nutritional supplements are provided as appropriate • HIV and nutrition educational materials are provided • All services must be pursuant to a

required to be provided by the RD: <ul style="list-style-type: none"> • Nutritional evaluation/assessment • Implement a nutrition plan based on the nutritional evaluation/assessment 	medical provider's referral
Other Requirements:	
All services performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the RD.	

Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Service Activities:	
1) Staff Requirements: <ul style="list-style-type: none"> • Contracted staff is required to have a current mental health professional license to provide such services (group or individual). 2) Intake and Assessment: <ul style="list-style-type: none"> • Intake and assessment is required to be completed and documented within 14 days of client's first face-to-face visit with a mental health professional. • Contains a screen for depression with a clinician's signature. 3) Treatment Plan: <ul style="list-style-type: none"> • Will be completed within 30 days of intake and must include: <ul style="list-style-type: none"> • Suggested therapy/ frequency/ estimated end dates and/or rationale for continuation with note of frequency of interventional plan 	<ul style="list-style-type: none"> • Must be reviewed and updated every 6 months or on an as needed basis • Reassessment • Documentation • Discharge Plan 4) Continuum of Care: <ul style="list-style-type: none"> • Mental health treatment must be assessed on an ongoing basis the need for other mental health programs that may better meet client's clinical needs and provide appropriate referrals. These referrals may include day programs, inpatient psychiatric units, community mental health programs, etc. • Must maintain ongoing contact and follow-up with client's MCM, medical provider, and/or other psychosocial providers.
<ul style="list-style-type: none"> • Services must be rendered at the Medicaid billable rate. 	

Oral Health Care Services provide outpatient diagnostic, preventive, and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

Service Activities:	
1) Staff Requirements: <ul style="list-style-type: none"> • Ensure contracted staff have current dental health care professional license and meet dental health guidelines based 	3) Continuum of Care: <ul style="list-style-type: none"> • Charts will have documentation that client's oral health care services fall within specified service caps, expressed by dollar amount, and type of

<p>on State and local laws to provide such services.</p> <p>2) Treatment Plan:</p> <ul style="list-style-type: none"> Charts will have treatment plan completed, signed and dated by client in the measurement year. 	<p>procedure.</p>
<ul style="list-style-type: none"> Services must be rendered at the Medicaid billable rate. 	

Substance Abuse Outpatient Care (Rehabilitation) is the provision of outpatient services for the treatment of drug or alcohol use disorders. Services include:

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
 - Pretreatment/recovery readiness programs
 - Harm reduction
 - Behavioral health counseling associated with substance use disorder
 - Medication assisted therapy
 - Neuro-psychiatric pharmaceuticals
 - Relapse prevention

Service Activities:	
<p>1) Staff Requirements:</p> <ul style="list-style-type: none"> As per Connecticut State Statutes and DMHAS regulations, professional staff will be licensed, certified, or supervised by a licensed Drug Treatment professional. Ongoing staff training in Substance Abuse <p>2) Intake:</p> <ul style="list-style-type: none"> Intake to be completed within 72 hours of client’s initial contact to agency. <p>3) Assessment</p>	<p>4) Treatment Plan:</p> <ul style="list-style-type: none"> Must be compliant with DMAS regulations. <p>5) Access to and Maintenance in Medical Care:</p> <ul style="list-style-type: none"> RW clients’ ongoing participation in primary HIV medical care. <p>6) Referral to Support Services</p> <p>7) Discharge Plan</p> <p>8) Documentation of decreased use of drugs and alcohol frequency or abstinence</p> <p>9) Efficacy of Services:</p> <ul style="list-style-type: none"> Clients are satisfied with their treatment.
<ul style="list-style-type: none"> Services must be rendered at the Medicaid billable rate. 	

Support Services

Non-Medical Case Management Services (NMCM) provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. NMCM services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer’s Patient Assistance Programs, other state or local health care and supportive services, or ACA health insurance plans. This service category includes several methods of communication including face-to-face, phone contact, and any other forms of communication deemed appropriate by the RW Part B sub-recipient. Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary

- Ongoing assessment of the client's and other key family members' needs and personal support systems

Service Activities:	
<p>1) Staff Requirements:</p> <ul style="list-style-type: none"> • The minimum education requirement for NMCM is a high school diploma or GED • The minimum education requirements for NMCM supervisors is a Registered Nurse (RN), Bachelor of Social Work (BSW), or other related health or human service degree from an accredited college or university. <p>2) Assessment:</p> <ul style="list-style-type: none"> • Face-to-face assessment and initial intake must be completed 	<p>3) Care Plan:</p> <ul style="list-style-type: none"> • Developed in collaboration with the client must include: <ul style="list-style-type: none"> • A description of the needs • Action steps to resolve the need(s) • Timeframes to resolve the need(s) • Documentation of who will complete action steps • Care Plan Monitoring • Reassessment • Documentation • Discharge Plan
Other Requirements:	
NMCM services include objectives providing guidance and assistance in improving access to needed services whereas MCM services have objectives to improve health care outcomes.	

Emergency Financial Assistance provides limited, one-time or short-term payments to assist the client with an emergent need for paying for essential utilities (heating/electric), housing, and medication on the CADAP Formulary. EFA can occur as a direct payment to an agency or through a voucher program. Direct cash payments to clients are not permitted. It is expected that all other sources of funding in the community for EFA will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a client should not be funded through EFA.

Service Activities:	
<p>1) Eligibility:</p> <ul style="list-style-type: none"> • Criteria must be established for the provision of EFA that includes, at minimum: <ul style="list-style-type: none"> • Income limits • Amount limits • Requirements to access other resources before Ryan White funds • Documentation of need and why it is an emergency • Documentation verifying that client is in HIV medical care • Established cap for utilities (electric, heating oil, gas), and/or medications on CADAP formulary. <p>2) Service Delivery:</p> <ul style="list-style-type: none"> • Policies and procedures must be established for service delivery to provide the following: 	<ul style="list-style-type: none"> • Utilities (electric, heating oil, gas) • Medications on CADAP formulary • Unallowable services include: <ul style="list-style-type: none"> • Telephone • Food • Housing • Medications not on CT CADAP formulary • Prescription eye glasses • Medical transportation <p>3) Continuum of Care:</p> <ul style="list-style-type: none"> • Ensure that clients are in care or actively taking steps to engage in HIV medical care. If clients need assistance accessing HIV medical care, referrals must be provided.

Other Requirements:
 Direct cash payments to clients are not permitted. It is expected that all other sources of funding in the community for EFA will be effectively used and that any allocation of RW Part B funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a client should not be funded through EFA.

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food.

Service Activities:	
<p>1) Eligibility:</p> <ul style="list-style-type: none"> Criteria must be established for the provision of food bank/home-delivered meals that includes, at minimum: <ul style="list-style-type: none"> Voucher program to purchase actual food item(s) Voucher program to purchase hot meal(s) <p>2) Licensing and Regulations:</p> <ul style="list-style-type: none"> Licenses and permits must be maintained as required by law to operate the particular food service programs. 	<p>3) Service Delivery:</p> <ul style="list-style-type: none"> Policies and procedures must be established for clients that include: <ul style="list-style-type: none"> Improving nutritional status Maintaining weight Unallowable services include: <ul style="list-style-type: none"> Personal hygiene products Household cleaning supplies Water filtration/purification systems

Medical Transportation is the provision of nonemergency transportation services that enable an eligible client to access or be retained in core medical and support services.

Service Activities:	
<p>1) Eligibility:</p> <ul style="list-style-type: none"> Screen for direct medical transportation services by assessing level of need and determining if client has other means of transportation. Based on screening, the type of direct medical transportation will be determined (i.e. bus pass/cards, and cab service). Bus pass/cards, and cab service must be used by client to access HIV-related health and support services, which includes getting to and from appointments. Make appropriate referrals to other transportation resources if clients do not meet the criteria for medical transportation. 	<p>2) Service Delivery:</p> <ul style="list-style-type: none"> Ensure that a proper job description, resume, valid State driver's license, and written policies and procedures with transportation service operators is provided and include: <ul style="list-style-type: none"> Licensing Registration Insurance Insurance and safety requirements Necessary action to be taken in the event of an accident Use of safety belts Cell phone usage Vehicle maintenance Disability/handicap door to door service Unallowable Services include: <ul style="list-style-type: none"> Purchase or lease of organizational vehicles
Other Requirements:	
<p>Medical transportation may be provided through:</p> <ul style="list-style-type: none"> Contracts with providers of transportation services Mileage reimbursement (through a non-cash system) that enables clients to travel 	

to needed medical or other support services, but should not in any case exceed the established rates for Federal Programs (Federal Joint Travel Regulations provide further guidance on this subject)

Statewide Core Medical Service

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program.

- Ensure that clients are buying health coverage that, at a minimum, includes at least one drug in each class of a qualified health plan.

The service provision consists of either or both of the following:

- Paying cost-sharing on behalf of the client
- Reconciliation of premium tax credits under the ACA

Service Activities:	
<p>1) Eligibility:</p> <ul style="list-style-type: none"> • Establish eligibility criteria provided for the provision of health insurance premium and cost sharing assistance that provides a cost effective alternative to CADAP. <p>2) Service Delivery:</p> <ul style="list-style-type: none"> • Ensure that clients have assistance with the application process for CT's Insurance Premium Assistance (CIPA). 	<ul style="list-style-type: none"> • Ensure initial insurance payments are made and cost-sharing (office visits, co-pays and deductibles) is paid on behalf of the client. • Ensure a process for the reconciliation of premium tax credits under ACA. <p>3) HIV Care Continuum:</p> <ul style="list-style-type: none"> • Ensure that clients have a current health insurance plan that provides comprehensive primary care and pharmacy benefits and a full range of HIV medications.

Statewide Support Services

Housing Services is short-term assistance to support emergency, temporary, or transitional housing to enable an individual or family to gain or maintain medical care. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include housing that provides some type of medical or supportive services (such as residential substance abuse or mental health services, residential foster care, or assisted living residential services) or housing that does not provide direct medical or supportive services but is essential for an individual or family to gain or maintain access to and compliance with HIV-related medical care and treatment.

Housing funds cannot be in the form of direct cash payments to recipients for services and cannot be used for mortgage payments. Short-term or emergency assistance is understood as transitional in nature and for the purpose of moving or maintaining an individual or family in a long-term stable living situation. Therefore, such assistance cannot be permanent and must be accompanied by a strategy to identify, relocate, and/or ensure the individual or family is moved to, or capable of maintaining, a long-term, stable living situation.

Service Activities:	
<p>1) Eligibility:</p> <ul style="list-style-type: none"> • Policies and procedures must be established regarding housing that defines: <ul style="list-style-type: none"> • The use of funds, including time limits, the maximum 	<p>food and beverages, telephone, liquor, tobacco products, movies, entertainment, etc.</p> <ul style="list-style-type: none"> • Transitional housing is limited to twenty-four (24) months; with supervisory approval this may be

<p>amount per contract year, and reapplication periods</p> <ul style="list-style-type: none"> • Ryan White funds will not pay more than the Fair Market Rent (FMR) in assistance • Emergency housing, including what documentation is necessary for validating the conditions • The use of funds for short term lodging and the use of Ryan White funds will not cover incidental charges such as 	<p>extended</p> <p>2) Service Delivery:</p> <ul style="list-style-type: none"> • Ensure that a client assessment is completed and includes an evaluation of the client’s housing needs, strengths, resources, limitations, and projected barriers to services. • Ensure that housing payments are made to a vendor and that no payments are made directly to clients, family or household members.
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Non-Medical Case Management/TCM Services provide short-term transitional case management services to HIV positive inmates upon release from incarceration to ensure inmates are not lost-to-care upon release by linking to medical care, MCM, and support services.

Service Activities:	
<p>1) Staff Requirements:</p> <ul style="list-style-type: none"> • The minimum education requirement for NMCM is a high school diploma or GED • The minimum education requirements for NMCM supervisors is a Registered Nurse (RN), Bachelor of Social Work (BSW), or other related health or human service degree from an accredited college or university. <p>2) Assessment:</p> <ul style="list-style-type: none"> • Face-to-face assessment and initial intake must be completed 	<p>3) Care Plan:</p> <ul style="list-style-type: none"> • Developed in collaboration with the client must include: <ul style="list-style-type: none"> • A description of the needs • Action steps to resolve the need(s) • Timeframes to resolve the need(s) • Documentation of who will complete action steps • Care Plan Monitoring • Reassessment • Documentation • Discharge Plan
Other Requirements:	
NMCM services include objectives providing guidance and assistance in improving access to needed services whereas MCM services have objectives to improve health care outcomes.	

4. Quality Management Program:

The proposer must describe a mechanism to implement a quality management program to improve, evaluate, and monitor the delivery of Ryan RWB services, and to assess the extent to which HIV health services are provided to clients. The proposer must implement an annual clinical quality management plan that is in alignment with RWB’s quality management plan including identifying and describing at least one annual quality goal and one of the goals must be the specific one chosen by the RWB quality management team. The QMP must include the following:

- The infrastructure including leadership staff responsible for developing, implementing, and monitoring the quality management plan.
- Description of efforts to coordinate quality management activities.
- Description of how the proposer has worked to improve the delivery of services including the selection of clinical performance measures.

- Describe the tools utilized to plan and document the proposer's performance improvement projects (i.e. Plan-Do-Study-Act (PDSA)).
- Identify data collection methods and how the data will be used in making program improvements.

5. Staffing Requirements – Staffing Plan:

All proposals must address or comply with the following staffing specifications:

a. Staffing Requirements:

- The proposal must describe the staff assigned to this program including job descriptions, number of hours per week, and hourly rates must be provided for all staff funded through this program. Resumes must be provided for all professional staff assigned to this program. The profile of staff who will be working in this program is clear, and adequate time is allocated to manage the services to be provided.

b. Key Personnel/Managers/Staff Assigned:

- The proposer must describe the administrative structure and oversight for the program. Identify the coordinator/supervisor and the individuals that will comprise the program and the staff assigned, including the extent to which they have the appropriate training and experience to perform assigned duties. The Proposer must complete and attach the Position Schedule 2a, Attachments Section V. A. 6 (**Attach resumes and job descriptions for all staff assigned to this program as appendices**).

c. Staffing Level and Demographics of Organization Work Force:

- The proposer must complete and attach an organizational Work Force Analysis in Attachments Section V. A. 12 Application Forms. The proposer must also provide evidence that the proposer will utilize small and minority businesses whenever feasible and appropriate in the purchase of supplies and services.

•

d. Staff Qualifications/Experience:

- The proposer must describe staff qualifications and experience including any credentials or licensure.

•

e. Organizational Chart:

- The proposer must include an organizational chart in Proposal Outline Section IV. Appendices.

f. Subcontractors:

If subcontractors will be used in the proposed program, specify the following information for each one:

- Legal Name of Agency, Address, FEIN
- Contact Person, Title, Phone, Fax, E-mail
- Services Currently Provided
- Services To Be Provided Under Subcontract
- Subcontractor Oversight
- Subcontract Cost and Term
- Subcontractor Qualifications (see Staffing Requirements above)

NOTE: The proposal must include a completed Subcontractor Schedule A—Detail Form for each subcontractor proposed (If known at application time, otherwise, will be required to submit during contract negotiations; see Attachments Section V. A. 7. Application Forms)

6. Data and Technology Requirements

Successful proposers will clearly describe experience in the following criteria:

a. E-Mail/Internet Capabilities

Proposer must define current capabilities as well as system restrictions. Proposers must have access to and be able to access email and the internet for the purposes of data collection and record reporting, as well as for any required or recommended DPH webinars and teleconferences.

b. IT Infrastructure / Hardware & Software Quality

Proposer must describe current operating system, including the indication of any staff assigned to IT management. Such individual's name and contact information must be included. Successful proposers are required to install the CAREWare data system and utilize a designated data collection and reporting system for documentation of all Ryan White Part B clients. Proposers must have hardware capable of supporting such a system and provide staff support for installation, maintenance and updating of the data system.

c. Data Collection / Storage / Reporting

Successful proposers will be required to set up and maintain client files as per DPH confidentiality requirements, install and utilize a designated database. Successful proposers will also be required to collect client level data, and track performance measures and client level indicators as required by DPH.

7. Work Plan

Successful proposers will clearly address the following specifications:

a. The proposal must contain a comprehensive and realistic work plan with SMART objectives, describing the proposed services to be provided, expected outcomes, measures of success and timelines using the work plan form provided. (See Section V. 9. Application Forms). SMART objectives are objectives that are Specific, Measurable, Achievable, Realistic, and Time-bound. The work plan must be consistent with the RFP and the service goals and objectives. The work plan shall include a comprehensive description of the:

- Service categories
- Service goals
- SMART objectives
- Service unit definitions (refer to the SOC's)
- Number of clients to be served
- Outcome measures
- Amount requested

The detailed work plan form shall be completed in landscape and provided in the required format (see Forms Section F. g.)

■ D. COST PROPOSAL

1. Financial Profile

The proposer's approach must be addressed as to the extent to which a cost effective budget correlates to the services provided in each line item and follows eligibility guidelines.

Fiscal Competitiveness

The proposer must describe how the proposal is fiscally competitive, including how staffing and service delivery costs are competitive with similar organizations in order to attract and maintain qualified staff and provide services in a cost efficient manner. The proposer must also **define fiscal stability as indicated in the organization's most recent fiscal audit**. The proposer must have financial control procedures in place and documented and must provide monthly financial status reports and year-end final reports as per Department provided reporting format. The Contractor will be responsible for funding for audits.

2. Budget and Budget Narrative

The proposal must contain an itemized budget with justification for each line item on the budget forms included in the Application. **A separate budget must be submitted for statewide services (housing services, health insurance premium and cost sharing, and non-medical case management/TCM).**

- a. All costs (travel, printing, supplies, etc.) must be included in the proposal. Competitiveness of the budget will be considered as part of the proposal review process (Please note: lower levels of Administrative and General Costs will be looked upon more favorably during the proposal evaluation process.)
- b. Please complete and attach the budget summary and budget justification forms in Attachments Section V.A.4. and 5. Application Forms. Add pages to the required forms as needed in the format provided.
- c. The State of Connecticut is exempt from the payment of excise, transportation and sales taxes imposed by the Federal and/or State government. Such taxes must not be included in contract prices.
- d. The maximum amount of the bid may not be increased after the proposal is submitted. All cost estimates will be considered as "not to exceed" quotations against which time and expenses will be charged.
- e. The proposed budget is subject to change during the contract award negotiations.

■ E. APPENDICES

- a. Job Descriptions
- b. Staff /Resumes
- c. Organizational Chart
- d. Letters of Support (Proposers should provide *three* letters of support). One letter of support should be obtained from a stakeholder within the community with whom the proposed contractor has a collaborative relationship.
- e. Memorandum of Understanding(s) and/or Memorandum of Agreement(s)
- f. Audited Financial Statements including State and/or Federal Single Audits if applicable

■ F. Forms

- a. Cover Sheet
- b. Proposer Information
- c. Budget Summary
- d. Position Schedule 2a
- e. Budget Justification
- f. Subcontractor Schedule- Detail

- g.** Work Plan (for each service category)
- h.** Consulting Agreement Affidavit
- i.** Affirmative Action
- j.** Notification to Bidders
- k.** Workforce Analysis

IV. PROPOSAL OUTLINE

*This section presents the **required** outline that must be followed when submitting a proposal in response to this RFP. Proposals must include a Table of Contents that exactly conforms to the required proposal outline (below). Proposals must include all the components listed below, in the order specified, using the prescribed lettering and numbering scheme. Incomplete proposals will not be evaluated.*

A. Cover Sheet (Please place proposal form pages here.)

B. Table of Content

C. Declaration Confidential Information

(See I. General Information, C. Instructions, 12. (Declaration of Confidential Information)

D. Conflict of Interest – Disclosure Statement

(See I. General Information, C. Instructions, 13. (Conflict of Interest Disclosure Statement)

E. Executive Summary

(See I. General Information, D. Proposal Format, 4. Executive Summary)

F. Main Proposal:

(See III. Program Information, C. Main Proposal Components)

DPH reserves the right to make adjustments to the points awarded based on proposers prior compliance with contractual requirements.

1. Organizational Requirements Profile (5 points)

- a. Overview of the history and structure of the organization
- b. How this proposal will fit into the organization's overall mission and meet the intent of this RFP
- c. History of past affiliation with HIV programs
- d. Name, title, address, telephone, and fax numbers of staff persons responsible for **the completion and submittal of contract and legal documents/forms, program** progress reports, and financial expenditure reports. Please Note that the Form pages one and two will be located under Section A of this proposal outline.
- e. Indicate whether or not the agency is incorporated, the type of agency applying for funding, the fiscal year for the proposed agency, federal ID number and/or town code and, Medicaid number, and if registered as a Connecticut Minority Business Enterprise and /or Women Business Enterprise

2. Service Requirements (20 points)

- a. Overview of the program's client demographics as detailed by the CT DPH HIV Epidemiological Profile.
- b. Description of the Continuum of Care and how services are delivered.
- c. Description of health disparities.
- d. Description of the process of determining Client Eligibility for services.
- e. Description of efforts to vigorously pursue enrollment into health insurance.
- f. Description of efforts to vigorously pursue payer of last resort.
- g. Description of proposers experience in providing HIV Services.

- h. Description of the HIV epidemic catchment area.
- i. Description of the cultural and linguistic capacity for the population to be served.
- j. Documentation of community needs, and gaps/resources.
- k. Description of collaborations with other HIV service providers.
- l. Description of the capacity to manage and/or deliver Early Identification of Individuals with HIV/AIDS (EIIHA).

3. Service Components and Scope of Services (20 points)

- a. Indicate the region proposed to be targeted and identification of the Core Medical and Support service categories.
- b. Indicate Statewide service categories (if applicable).

4. Quality Management Program (10 points)

- a. Description of a mechanism to implement a quality management program to improve, evaluate and monitor the delivery of Ryan White Part B services.

5. Staffing Plan (5 points)

- a. Description of the staff assigned to this program including job description, number of hours per week, hourly rates, extent to which staff has the appropriate training and experience to perform assigned duties. Resumes must be attached for all staff assigned to this project. Attach resumes and job descriptions for all staff as appendices.
- b. Description of the administrative oversight for the program. Identify the program coordinator/supervisor, and the staff assigned to this project including job description, number of hours per week, hourly rates, extent to which staff has the appropriate training and experience to perform assigned duties. Resumes must be attached for all staff assigned to this project. Attach completed Position Schedule 2a, in Attachments Section V.A.7
- c. Include completed organizational Workforce Analysis in Attachments Section V.A. 13 Application Forms. This is evidence that the applicant will utilize small and minority businesses whenever feasible and appropriate in the purchase of supplies and services.
- d. Description of staff qualifications and experience including any credentials or licensure.
- e. Description of the Program staff's ability to manage risk and take corrective action as necessary. Include an organizational chart in Section IV, Appendices.
- f. If subcontractors are used, specify legal name of agency, address, FEIN, contact person phone, fax, and email address; services currently provided, serves to be provided with subcontract, subcontract or oversight, subcontractor cost and term, and subcontractor qualifications (Please refer to staffing requirements).
- g. Include a completed Subcontractor Schedule A-Detail Form for each subcontractor proposed (If known at application time, otherwise, will be required to submit during contract negotiations. See Attachments Section V.A.8 Application Forms).

6. Data/Information Management (5 points)

- a. Demonstration of the ability to collect, store, and report Data including establishment of an automated system to enable collection, storage, and transmission of data electronically to DPH; and capacity to develop reports per DPH specifications, which support documentation of delivered services.

7. Work Plan (15 points)

- a. Include a comprehensive and realistic work plan with SMART objectives, describing the proposed services to be provided, expected outcomes, measures of success and timelines using the work plan form provided (See Attachments Section V.A. 9 Application Forms).

G. Cost Proposal (See III. Program Information, D. Cost Proposal Components)

1. Financial Profile (5 points)

- a. Fiscal competitiveness:
 - 1. Staffing and service delivery costs
 - 2. Fiscal stability as indicated in the organization's most recent fiscal audit.

2. Budget and Budget Narrative (10 points)

- a. Include itemized budget. Complete and attach the budget summary and justification forms (See Attachments Section V.A. 5 and 6).
- b. Include copies of state set aside certifications for small and/or minority business.

H. Appendices (5 points)

- a. Job descriptions
- b. Staff / Resumes
- c. Organizational Chart
- d. Three (3) Letters of Support
- e. Memorandum of Understanding(s) and/or Memorandum of Agreement(s) with Medicaid rate for services

I. Forms

1. Department

- a. Cover Sheet/Proposer Information
- b. Proposer Information Form (continuation)
- c. Budget Summary Instructions Position Schedule 2a
- d. Budget Justification Schedule B
- e. Budget Summary
- f. Budget Justification Schedule B Form
- g. Position Schedule 2a
- h. Subcontractor Schedule A-Detail
- i. Work Plan Form
- j. OPM Consulting Agreement
- k. Affirmative Action Contract Compliance Policy Statement
- l. Notification to Bidders
- m. Workforce Analysis

V. ATTACHMENTS

Reserved for Department use. Section V is not standard and will vary by RFP, depending of the Department's procurement requirements.

■ **A. APPLICATION FORMS:** *The following forms must be completed and included in the proposal submission as applicable and directed.*

	Page
1. Cover Sheet/Proposer Information	39
2. Proposer Information Form (continuation)	40
3. Budget Summary Instructions Position Schedule 2a	41
4. Budget Justification Schedule B	42
5. Budget Summary	43
6. Budget Justification Schedule B Form	44
7. Position Schedule 2a	45
8. Subcontractor Schedule A-Detail	46
9. Work Plan Form	47
10. OPM Consulting Agreement	48
11. Affirmative Action Contract Compliance Policy Statement	49
12. Notification to Bidders	50
13. Workforce Analysis	51
14. Informational Attachments.	52

■ **B. INFORMATIONAL ATTACHMENTS:** *The following attachments are for your information only. These attachments will be used for applicants awarded funding and will be requested during the contract development process.*

1. Nondiscrimination Certification Instructions	53
2. Nondiscrimination Certification Affidavit Form C	54
3. False Claims Act Compliance Notification	55
4. False Claims Act Policy	56
5. False Claims Act Procedure	59
6. Campaign Contribution and Solicitation Limitations SEEC Form 11	62

VI. FORMS

CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
TB, HIV, STD AND VIRAL HEPATITIS PROGRAMS
COVER SHEET

Health Care and Support Services
DPH RFP Log # 2017-25165 REQUEST FOR PROPOSAL

Proposer Information

Proposer Agency: _____
Legal Name

_____ Address

_____ City/Town State Zip Code

_____ Telephone No. FAX No. Email Address

Contact Person: _____ Title: _____

Telephone No: _____

TOTAL PROGRAM COST: \$ _____

I certify that to the best of my knowledge and belief, the information contained in this application is true and correct. The application has been duly authorized by the governing body of the applicant, the applicant has the legal authority to apply for this funding, the applicant will comply with applicable state and federal laws and regulations, and that I am a duly authorized signatory for the applicant.

Signature of Authorizing Official: Date

Typed Name and Title

The proposer agency is the agency or organization, which is legally and financially responsible and accountable for the use and disposition of any awarded funds. Please provide the following information:

- Full legal name of the organization or corporation as it appears on the corporate seal and as registered with the Secretary of State
- Mailing address
- Main telephone number
- Fax number, and email address, if any
- Principal contact person for the application (person responsible for developing application)
- Total program cost

The funding proposal and all required submittals must include the signature of an officer of the proposer agency who has the legal authority to bind the organization. The signature, typed name and position of the authorized official of the proposer agency must be included as well as the date on which the proposal is signed.

PLEASE LIST THE AGENCY CONTACT PERSONS RESPONSIBLE FOR COMPLETION AND SUBMITTAL OF:

Contract and Legal Documents/Forms:

Name	Title	Tel. No.
Street	Town	Zip Code
Email		Fax No.

Program Progress Reports:

Name	Title	Tel. No.
Street	Town	Zip Code
Email		Fax No.

Financial Expenditure Reporting Forms:

Name	Title	Tel. No.
Street	Town	Zip Code
Email		Fax No.

Incorporated: YES NO

Agency Fiscal Year:

Type of Agency: Public Private Other, Explain: _____

Profit Non-Profit

Federal Employer I.D. Number:

Town Code No:

Medicaid Provider Status: YES NO

Medicaid Number:

Minority Business Enterprise (MBE): YES NO

Women Business Enterprise (WBE): YES NO

A. Budget Summary Instructions**1. Position Schedule #2a**

- a. Complete the schedule for all positions to be funded even if currently vacant.
- b. Complete one Position Schedule #2a for each Program/Fund to be included in the Budget.

2. Personnel (lines #1 - #2)

- a. Line #1 **Salary and Wages**: Enter the total salary charged, as listed on Position Schedule 2a.
- b. Line #2 **Fringe Benefits Line**: Enter the total fringe benefits charged, as listed on Position Schedule 2a.

3. Line #8 Contractual (Subcontracts): Provide the total of all subcontracts and complete Subcontractor Schedule.**4. Lines #3 - #7, #9, and #10:** Complete categories as appropriate,**5. Line #11:** Other Expenses are any other types of expense that do not fit into the categories listed.

For example: Equipment. Please note that the state's definition of equipment is tangible personal property with a normal useful life of at least one year and a value of at least \$5,000 or more.

6. Audit Costs: The cost of audits made in accordance with OMB Circular A133 (Federal Single Audit) are allowable charges to Federal awards. The cost of State Single Audits (CGS 4-23 to 4-236) are allowable charges to State awards. Audit costs are allowable to the extent that they represent a pro-rata share of the cost of such audit. Audit costs charged to Department of Public Health contracts **must be budgeted, reported and justified as an audit cost line item within the Administrative and General Cost category.**

7. Administrative and General Costs, Line Item #12

- a. Are defined as those costs that have been incurred for the overall executive and administrative offices of the organization or other expenses of a general nature that do not relate solely to any major cost objective of the overall organization. Examples of A&G costs include salaries of executive directors, administrative & financial personnel, accounting, auditing, and management information systems, proportional office costs such as building occupancy, telephone, equipment, and office supplies. Please review the OPM website on Cost Standards for more information

at: http://www.opm.state.ct.us/finance/pos_standards/coststandards.htm.

- b. **Administrative and General Costs** must be itemized on the Budget Justification Schedule. Costs that have a separate line item in the Budget Summary may not be duplicated as an Administrative and General Cost. For example, if the Budget Summary includes an amount for telephone costs, this cannot also be included as an Administrative and General Cost.

8. Other Program Income list any other program income, if appropriate, such as in-kind contributions, fees collected, or other funding sources and include brief explanation on Budget Justification.

9. Multiple Funding Period Contracts: Please complete a full budget for each Funding Period of the contract, clearly indicating the Period on each form. Absent other instructions, assume level funding for the second year.

B. Budget Justification Schedule B

1. Please provide a brief explanation for each line item listed on the Budget Summary. This must include a detailed breakdown of the components that make up the line item and any calculation used to compute the amount.

Line Item (Description)	Amount	Justification - Breakdown of Costs
Travel	\$730	1,659 miles @ .44 = \$730.00 outreach workers going to meetings and site visits.

2. For contractors who have subcontracts, a brief description of the purpose of each subcontract must be provided. Use additional sheets as necessary.

****Please note: If Laboratory Services is a line item on the primary or subcontract budget, please supply a justification as to why a private laboratory is being used as opposed to the Connecticut State Laboratory.*

C. Subcontractor Schedule A--Detail

- a) All subcontractors used by each program must be included, if it is not known who the subcontractor will be, an estimated amount and whatever budget detail is anticipated should be provided. (Submit the actual detail when it is available). A separate subcontractor schedule must be completed for each program included in the contract. For example: The contract is providing both a Needle Exchange program and an AIDS Prevention Education Program and Subcontractor "A" is providing services to both program there must be a separate budget for Subcontractor "A" for each.

b) Detail of Each Subcontractor:

- i) Choose a category below for each subcontract using the basis by which it is paid:

A. Budget Basis B. Fee for Service C. Hourly Rate

- ii) Choose whether the subcontractor is a minority or woman owned a business:

iii) MBE WBE Neither

- iv) Provide the detail for each subcontract just as for the primary contract budget referencing the corresponding program of the contract. Detail must be provided for each subcontractor listed in the Summary.

Note: If space allowed is not sufficient for large or complex subcontract budgets, the primary Budget Summary format may be copied and used instead.

Enter the Legal Name of the Contractor, #2017-25165

Contract Period: to

Budget Summary

Program:	Name		Name		Total
Fund:	SID 1	SID 2	SID 3	SID 4	
1. Salaries & Wages					
2. Fringe Benefits					
3. Travel					
4. Training					
5. Educational Materials					
6. Office Supplies					
7. Medical Materials					
8. Contractual (Sub-Contracts) **					
9. Telephone					
10. Advertising					
11. Other Expenses (list)					
a.					
b.					
c.					
d.					
e.					
f.					
g.					
h.					
i.					
12. **Administrative and General Costs					
Total DPH Grant					
Other Program Income					

*Complete Sub-contractor Schedule A

** **Administrative and General Costs shall not exceed 10% of the direct service costs.**

Enter the Legal Name of the Contractor #2017-25165

Contract Period: [] to []

Position Schedule #2a

Program/Fund

Position Description and Staff Person Assigned	Site/ Location	Hours wk/ wks per Year	Hourly Rate	Total Salary Charged	Fringe Benefit Rate %	Total Fringe Benefits
1.Position: Name:		/			%	
2.Position: Name:		/			%	
3.Position: Name:		/			%	
4.Position: Name:		/			%	
5.Position: Name:		/			%	
6.Position: Name:		/			%	
7.Position: Name:		/			%	
8.Position: Name:		/			%	
9.Position: Name:		/			%	
10.Position: Name:		/			%	
11.Position: Name:		/			%	
12.Position: Name:		/			%	
13.Position: Name:		/			%	
14.Position: Name:		/			%	
15.Position: Name:		/			%	
16.Position: Name:		/			%	
Totals						

Subcontractor Schedule A-Detail

Enter the Legal Name of the Contractor #2017-25165

#1

Subcontractor Name:

Address:

Telephone: () (-)

Select One: **A** Budget Basis **B** Fee-for-Service **C** Hourly Rate

Indicate One: MBE WBE Neither

Program:	Name		Name		Total
	Fund:	SID 1	SID 2	SID 1	
Line Item(s)					
Total Subcontract Amount:					

#2

Subcontractor Name:

Address:

Telephone: () (-)

Select One: **A** Budget Basis **B** Fee-for-Service **C** Hourly Rate

Indicate One: MBE WBE Neither

Program:	Name		Name		Total
	Fund:	SID 1	SID 2	SID 1	
Line Item(s)					
Total Subcontract Amount:					

#3

Subcontractor Name:

Address:

Telephone: () (-)

Select One: **A** Budget Basis **B** Fee-for-Service **C** Hourly Rate

Indicate One: MBE WBE Neither

Program:	Name		Name		Total
	Fund:	SID 1	SID 2	SID 1	
Line Item(s)					
Total Subcontract Amount:					

Work Plan (make as many blank pages as needed)

Goals	Smart Objectives (Specific, Measureable, Achievable, Realistic and Time-bound)	Activities	Staff Position(s) Responsible	Outcome Measure (how you will measure your objective)	Timeframe for Completion:

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

J. Robert Galvin, M.D., M.P.H.
Commissioner



M. Jodi Rell
Governor

AFFIRMATIVE ACTION CONTRACT COMPLIANCE POLICY STATEMENT

The Department of Public Health is an affirmative action employer, in compliance with all state and federal laws which prohibit discrimination and mandate affirmative action to overcome the present effects of past discrimination. Accordingly, we require that the individuals and organizations with which we do business do not engage in discriminatory practices.

This Department and our contractors shall fully comply with the CONTRACT COMPLIANCE REGULATIONS OF CONNECTICUT STATE AGENCIES, Sections 46a-68j-21 through 46a-68j-43, which establish procedures for evaluating compliance with Connecticut General Statutes, Section 4a-60, the state's nondiscrimination contract provisions. We require our contractors to cooperate with the Connecticut Commission on Human Rights and Opportunities in all activities pertinent to these regulations.

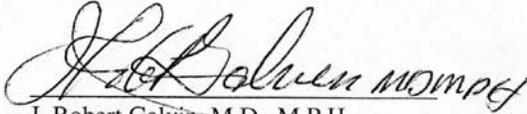
This Department will not knowingly do business with any contractor, subcontractor or supplier of materials who unlawfully discriminates against members of any class protected under state or federal law. Contractors whose overall employment statistics are not reflective of the general employment area may be required to submit evidence of good faith efforts to ensure that their personnel policies and practices do not have a discriminatory impact.

As part of our contract compliance program, bidders, contractors, subcontractors, and suppliers are encouraged to develop and follow a plan of affirmative action to achieve or exceed parity of employment with the applicable labor market. The existence and active administration of voluntary plans will be a factor in deciding contract approvals and the continuation of existing contracts, in accordance with Section 46a-68j-30.

This Department also solicits and encourages the participation of minority business enterprises as bidders, awardees, contractors, suppliers, and subcontractors.

All bidders and contractors shall be notified of this policy, must sign a Notification to Bidders Form, and complete a workforce analysis questionnaire necessary for the contract award process.

17 Sep 04
Date


J. Robert Galvin, M.D., M.P.H.
Commissioner of Public Health



PHONE: (860) 509-7101 FAX: (860) 509-7111
410 CAPITOL AVENUE - MS#13COM, P.O. BOX 340308, HARTFORD, CONNECTICUT 06134-0308
Affirmative Action/Equal Employment Opportunity Employer

NOTIFICATION TO BIDDERS

The contract to be awarded is subject to contract compliance requirements mandated by Sections 4a-60 and 4a-60a of the Connecticut General Statutes; and, when the awarding agency is the State, Sections 46a-71 (d) and 46a-81i (d) of the Connecticut General Statutes. There are Contract Compliance Regulations codified at Section 46a-68j-21 through 46a-68j-43 of the Regulations of Connecticut State agencies, which establish a procedure for the awarding of all contracts covered by Sections 4a-60 and 46a-71 (d) of the Connecticut General Statutes.

According to Section 46a-68j-30 (9) of the Contract Compliance Regulations, every agency awarding a contract subject to the contract compliance requirements has an obligation to "aggressively solicit the participation of legitimate minority business enterprises as bidders, contractors, subcontractors and suppliers of materials." "Minority Business Enterprise" is defined in Section 4a-60 of the Connecticut General Statutes as a business wherein fifty-one percent or more of the capital stock, or assets belong to a person or persons: "(1) Who are active in the daily affairs of the enterprise; (2) Who have the power to direct the management and policies of the enterprise; and, (3) Who are members of a minority, as such term is defined in subsection (a) of Section 32-9n." "Minority" groups are defined in Section 32-9n of the Connecticut General Statutes as "(1) Black Americans ... (2) Hispanic Americans ... (3) Women ... (4) Asian Pacific Americans and Pacific Islanders; or (5) American Indians." The above definitions apply to the contract compliance requirements by virtue of Section 46a-68j-21 (11) of the Contract Compliance Regulations.

The awarding agency will consider the following factors when reviewing the bidder's qualifications under the contract compliance requirements.

- a) the bidder's success in implementing an affirmative action plan;
- b) the bidder's success in developing an apprenticeship program complying with Sections 46a-68-1 to 46a-68-18 of the Connecticut General Statutes, inclusive;
- c) the bidder's promise to develop and implement a successful affirmative action plan;
- d) the bidder's submission of EEO-1 data indicating the composition of its workforce is at or near parity when compared to the racial and sexual composition of the workforce in the relevant labor market area; and,
- e) the bidder's promise to set aside a portion of the contract for legitimate minority business enterprises. See Section 46a-68j-30 (10) (E) of the Contract Compliance Regulations.

INSTRUCTION: Bidder must sign acknowledgment below line and return acknowledgment to Awarding Agency along with the bid proposal.

The undersigned acknowledges receiving and reading a copy of the "Notification to Bidders" form.

_____ Signature _____
 _____ Date _____

On behalf of:

B. INFORMATIONAL ATTACHMENTS:

*The information and forms in this section are for your reference only. The information contained herein will be required of applicants awarded funding and will be requested during the contract development process. Some of the indicated information may be submitted electronically. **Do not include any of the forms included here with your proposal.***

- 1. Nondiscrimination Certification Instructions
- 2. Nondiscrimination
- 3. False Claims Act
- 4. False Claims Act Policy
- 5. False Claims Act
- 6. SEEC Form 11- Campaign Contribution and
- 7. Preliminary Review Team Technical Criteria

The remainder of this page is intentionally blank

Nondiscrimination Certification Instructions

The governing body of your **corporation, company, or entity** must adopt policies and/or pass a resolution adopting and supporting nondiscrimination agreements and warranties as indicated in the *attached* Certification form.

If an **individual**, you must certify that you will adhere to the required nondiscrimination agreements and warranties, as indicated in the *attached* Certification form.

Individual Use FORM A	Corporation, Company or Entity <i>Use FORM B (under \$50,000) or FORM C (</i>
For an individual, enter your full legal name and address of residence.	Enter the legal Name and Title of the Authorized Signatory if not already included on the form. This is the person named in the Secretarial Certification as authorized to sign. Alternately, the person authorized to certify the authorized signatory may sign this certification. If this option is chosen, the individual signing the secretarial certification and the nondiscrimination certification should be the same
This does not apply for contracts with individuals.	Enter Corporation / Contractor Name with no abbreviations unless it is legally abbreviated in the charter if not already included on the form. Exception: Corp. is a legal abbreviation
This does not apply for contracts with individuals.	Enter State or Commonwealth of Incorporation where required if not already included on the form
Enter the <u>Day, Month, Year</u> on which the certification is signed. <u>This date must be the same or later than the date the Contract is</u>	Enter the <u>Day, Month, Year</u> on which the certification is signed. <u>This date must be the same or later than the date the Contract is</u> signed
Enter the Signer's Signature.	Enter the Signer's Signature.

IMPORTANT

Name of Signer must be typed **exactly** the same at the beginning of Document as at the end of the Document. Signature must match the typed name **exactly**.

It is **not** necessary to have the form notarized unless an area for such appears on the form. Notarization is required, however, if so indicated on the form.

The requirement for notarization exists for contracts including funding in excess of \$50,000 per year.

The enclosed form is an official document approved by the Connecticut Office of Attorney General. Substitute documents are not acceptable.

Any type of correction fluid or tape is not acceptable! ***

*** We can supply additional forms if necessary.

cert.instr.
7/10/09



STATE OF CONNECTICUT
NONDISCRIMINATION CERTIFICATION – Affidavit
By Entity
For Contracts Valued at \$50,000 or More

Form C
7/8/09

Documentation in the form of an affidavit signed under penalty of false statement by a chief executive officer, president, chairperson, member, or other corporate officer duly authorized to adopt corporate, company, or partnership policy that certifies the contractor complies with the nondiscrimination agreements and warranties under Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended

INSTRUCTIONS:

For use by an entity (corporation, limited liability company, or partnership) when entering into any contract type with the State of Connecticut valued at \$50,000 or more for any year of the contract. Complete all sections of the form. Sign form in the presence of a Commissioner of Superior Court or Notary Public. Submit to the awarding State agency prior to contract execution.

AFFIDAVIT:

I, the undersigned, am over the age of eighteen (18) and understand and appreciate the obligations of an oath.

I am _____ of _____, an entity
Signatory's Title Name of Entity

duly formed and existing under the laws of _____
Name of State or Commonwealth

I certify that I am authorized to execute and deliver this affidavit on behalf of

_____ and that _____
Name of Entity Name of Entity

has a policy in place that complies with the nondiscrimination agreements and warranties of Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended.

Authorized Signature

Printed Name

Sworn and subscribed to before me on this _____ day of _____, _____.

Commissioner of the Superior Court/
Notary Public

Commission Expiration Date

FALSE CLAIMS ACT
COMPLIANCE NOTIFICATION

This Contract requires compliance with The Deficit Reduction Act (“Act”) of 2005, which requires that the contractor or “qualified provider” receiving the contract comply with the Department’s False Claims Act Policy and Procedure as follows:

1. Review, print, and maintain on file the following Department’s False Claims Act Policy and False Claims Act Procedure.
2. Provide appropriate notice of the requirements of the Policy and Procedure by providing copies of the Department’s False Claims Policy and False Claims Procedure to all employees of your organization, including officers and officials as well as subcontractors providing services funded by this Contract, in accordance with the requirements of Section 4.3.3 of the Department’s False Claims Act Procedure.

Do not return the False Claims Policy or False Claims Procedure to the Department. Your signature on the executed Contract confirms your receipt and compliance with the Department’s False Claims Act compliance requirement.

	<h2>False Claims Act (Policy)</h2>	<p>PL-CGMS C-001 Revision: 1.0 Effective Date: 05/21/2010</p>
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APPROVAL SIGNATURES		DATE
J. Robert Galvin, M.D., M.P.H. (original signature on file)	Commissioner of Public Health	05/21/2010

REVISION HISTORY			
Revision	Description of Change	Author	Effective Date
Basic	Initial Release	Bruce Wallen	05/21/2010

REFERENCE DOCUMENTS	
Document	Title
The Deficit Reduction Act ("Act") of 2005	Section 6032
United States Code (U.S.C.)	Sections 3729-3733
Connecticut General Statutes (C.G.S.)	Section 53a-290 Vendor Fraud
Connecticut General Statutes (C.G.S.)	Section 4-61dd Whistleblower
Connecticut General Statutes (C.G.S.)	Section 31-51m Blacklisting
Connecticut General Statutes (C.G.S.)	Section 17b-127 General Assistance

	<h2>False Claims Act (Policy)</h2>	<p>PL-CGMS C-001 Revision: 1.0 Effective Date: 05/21/2010</p>
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1.0 Purpose

The Deficit Reduction Act ("Act") of 2005 is the federal government's legislative effort to control spending for entitlement programs, such as Medicaid. The Act seeks to control spending by reducing federal overpayments for prescription drugs and medical services, thereby improving the integrity of federally funded entitlement programs.

2.0 Scope

Section 6032 of the Act states that any entity, such as the Department of Public Health (Department), which receives or makes payments under a state plan approved under Title XIX or under a waiver of such plan, totaling at least \$5,000,000 annually, is required to establish written policies providing detailed information about the False Claims Act ("FCA") and any state false claims laws to all Department employees, contractors and agents. The Department is also required to establish and inform all employees, contractors, qualified providers and agents about the Department's policies and procedures for the detection and prevention of fraud, waste and abuse, the protection afforded to any person who reports an incident of a false claim to a regulatory body (e.g., Whistleblower Protection) and any civil or criminal penalties for false claims.

3.0 Definitions and Acronyms

Specialized acronyms and definitions identified in this contract procedure are defined below.

3.1 Acronyms

<u>"CGMS"</u>	The Connecticut Department of Public Health, Contracts & Grants Management Section
<u>"Department"</u>	The State of Connecticut Department of Public Health
<u>"FCA"</u>	False Claims Act
<u>"PFCRA"</u>	Program Fraud Civil Remedies Act

3.1 Definitions

Claim - means any request or demand, whether under a contract or otherwise, for money or property which is made by a contractor, grantee, or other recipient if the United States government provides any portion of the money or property which is requested or demanded or if the government will reimburse such contractor, grantee, or other recipient for any portion of the money or property which is requested or demanded.

Contractor or Agent - means any contractor, subcontractor, agent, qualified vendor, consumer or family member who act as an employer or other person which or who, on behalf of the entity, furnishes, or otherwise authorizes the furnishing of, Medicaid health care items or services, performs billing or coding functions, or is involved in the monitoring of health care provided by the entity.

Employee - means any officer or employee of the entity, contractor, or agent.

Entity - means a governmental agency, organization, unit, corporation, partnership or other business arrangement, including Medicaid managed care organizations, whether for profit or not-for-profit, which receives or makes payments, under a state plan approved under Title XIX or under any waiver of such plan, totaling at least \$5,000,000 annually.

Knowing and Knowingly - means that a person with respect to information 1) has actual knowledge of the information; 2) acts in deliberate ignorance of the truth or falsity of the information; or 3) acts in reckless disregard of the truth or falseness of the information.

	<h2>False Claims Act (Policy)</h2>	<p>PL-CGMS C-001 Revision: 1.0 Effective Date: 05/21/2010</p>
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4.0 Compliance

4.1 False Claim Act

The FCA prohibits any person, firm, corporation or entity from knowingly presenting, or causing to be presented, a false claim or statement to a federally funded program, including Medicaid, or conspiring to defraud the federal government. Any person, company or entity that acts in deliberate ignorance of or with reckless disregard of the truth of such information is considered to have acted knowingly.

The civil penalty for violating the FCA is a fine of not less than \$5,000 and not more than \$10,000 per violation. The person, company or entity may also be fined an additional three times the amount of damages sustained by the federal government. The PFCRA also provides that any person or company that commits fraud by making a false statement or claim can be assessed a penalty of \$5,000 per false claim or statement in addition to the penalties available under the FCA.

A person may bring a civil action for violating the FCA on behalf of said person and the United States government. If the federal government proceeds with an action brought by such person then that person shall receive at least 15 percent but not more than 25 percent of the proceeds of the action or settlement. If the federal government does not proceed with the action and the person initiating the action proceeds, then the person bringing the action shall receive a reasonable amount, to be determined by the court, but not less than 25% and not more than 30% of the proceeds of the action or settlement.

The FCA prohibits retaliation by an employer against an employee for bringing a false claim action or participating in such action (Whistleblower Protection). Any employee subject to retaliation by an entity, contractor or agent shall be entitled to all relief necessary to make the employee whole, including but not limited to reinstatement, two times the amount of back pay, interest on back pay and special damages.

4.2 State False Claim Related Acts

Under Connecticut's Vendor Fraud statute it is illegal for a person on his own behalf or on the behalf of an entity, with intent, to fraudulently provide goods or services to a beneficiary or recipient under Title XIX or to fraudulently receive goods or services. Connecticut law also prohibits any vendor from fraudulently providing services or goods for any recipient of General Assistance. The State Whistleblower law provides any employee who reports a suspected violation of state or federal law with protection against retaliation by the employer. State law also prohibits any person, corporation, state or political subdivision from blacklisting any employee.

4.3 Compliance Reporting

All DPH employees, contractors and agents, are required to report fraud, waste and abuse to: The Department of Public Health, Contracts & Grants Management Section, 410 Capitol Avenue, MS#13GCT, P.O. Box 340308, Hartford, CT 06134-0308.

	<h2>False Claims Act (Procedure)</h2>	<p>PR-CGMS C-001 Revision: 1.0 Effective Date: 05/21/2010</p>
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APPROVAL SIGNATURES		DATE
J. Robert Galvin, M.D., M.P.H. (original signature on file)	Commissioner of Public Health	05/21/2010

REVISION HISTORY			
Revision	Description of Change	Author	Effective Date
Basic	Initial Release	Bruce Wallen	05/21/2010

REFERENCE DOCUMENTS	
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The Deficit Reduction Act ("Act") of 2005	Section 6032
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Connecticut General Statutes (C.G.S.)	Section 17b-127 General Assistance

	<h2>False Claims Act (Procedure)</h2>	<p>PR-CGMS C-001 Revision: 1.0 Effective Date: 05/21/2010</p>
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1.0 Purpose

This procedure provides guidance to the Department of Public Health on informing all employees, contractors and agents about the Department of Public Health False Claims Policy, PL-CGMS C-001.

2.0 Scope

This procedure applies to all Department of Public Health staff, and officers and employees of contractors, agents, qualified providers and subcontractors funded by the department.

3.0 Definitions and Acronyms

Specialized acronyms and definitions identified in this contract procedure are defined below.

3.1 Acronyms

<u>"CGMS"</u>	The Connecticut Department of Public Health, Contracts & Grants Management Section
<u>"Department"</u>	The State of Connecticut Department of Public Health
<u>"FCA"</u>	False Claims Act
<u>"PFCRA"</u>	Program Fraud Civil Remedies Act
<u>"POS"</u>	Purchase of Service Contract

3.2 Definitions

Claim - means any request or demand, whether under a contract or otherwise, for money or property which is made by a contractor, grantee, or other recipient if the United States government provides any portion of the money or property which is requested or demanded, or if the government will reimburse such contractor, grantee, or other recipient for any portion of the money or property which is requested or demanded.

Contractor or Agent - means any contractor, subcontractor, agent, qualified vendor, consumer or family member who act as an employer or other person which or who, on behalf of the entity, furnishes, or otherwise authorizes the furnishing of, Medicaid health care items or services, performs billing or coding functions, or is involved in the monitoring of health care provided by the entity.

Employee - means any officer or employee of the entity, contractor or agent.

Entity - means a governmental agency, organization, unit, corporation, partnership or other business arrangement, including Medicaid managed care organizations, whether for profit or not-for-profit, which receives or makes payments, under a state plan approved under Title XIX or under any waiver of such plan, totaling at least \$5,000,000 annually.

Knowing and Knowingly - means that a person with respect to information 1) has actual knowledge of the information; 2) acts in deliberate ignorance of the truth or falsity of the information; or 3) acts in reckless disregard of the truth or falseness of the information. Purchase of Service Contract - Previously Human Service Contract, a contract document used to procure direct client services to populations served by the Department over a defined period and for an agreed upon maximum price.

Subcontractor – See "Contractor or Agent" above.

	<h2>False Claims Act (Procedure)</h2>	<p>PR-CGMS C-001 Revision: 1.0 Effective Date: 05/21/2010</p>
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4.0 Process

4.1 Dissemination to the Department's New Employees

4.1.1 The Department's Human Resources staff shall present and provide all newly hired Department employees with a copy of the False Claims Act Policy and Procedure during the new employee orientation.

4.1.2 Each new Department employee must acknowledge receipt of the False Claims Act Policy and Procedure by signing an acknowledgement that they received it. The acknowledgement shall be maintained in their personnel file.

4.2 Dissemination to the Department's Existing Employees

Each existing Department employee shall receive a copy of the Department's False Claims Act Policy and Procedure and must sign an acknowledgement that they have received it. The acknowledgement shall be maintained in their personnel file.

4.3 Dissemination to Contractors and Qualified Providers

4.3.1 CGMS shall include the Department's False Claims Act Policy and Procedure in all POS contracts between the Department and its contractors and agents.

4.3.2 Contractors and agents shall inform all employees providing services funded by the contract of the policy and procedure and obtain acknowledgement of receipt.

4.3.3 Execution of the contract by a contractor or agent, via authorized signature, shall indicate acceptance of and compliance with the Department's False Claims Policy and Procedure in accordance with Part II, Section C.4, (Terms and Conditions, Contractor Obligations, Federal Funds) of the POS Contract.

4.3.4 Contractors and agents under contract with the Department shall inform all subcontractors, providing services funded by the contract, of the policy and procedure and obtain acknowledgement of receipt either via inclusion of a contract term/condition in the sub-contractual agreement as in 4.3.3 above, and execution of such subcontract, or via separate acknowledgement.

5.0 Records

5.1 The following records shall be maintained, generated, or updated, and filed by the Department in accordance with this procedure and CGMS record retention requirements and schedules. Contractors shall maintain records according to their established record retention schedules.

Record Name	Responsible	Retention Req.	Location
Employee acknowledgement of receipt of False Claims Policy and Procedure	Human Resources Office	Until employee termination	Employee File
Fully Executed Contract Document	CGMS	3 Yrs. From end date of contract(s)	CGMS Contract File

Notice to Executive Branch State Contractors and Prospective State Contractors of Campaign Contribution and Solicitation Limitations

This notice is provided under the authority of Connecticut General Statutes §9-612(g)(2), as amended by P.A. 10-1, and is for the purpose of informing state contractors and prospective state contractors of the following law (italicized words are defined on the reverse side of this page).

CAMPAIGN CONTRIBUTION AND SOLICITATION LIMITATIONS

No *state contractor, prospective state contractor, principal of a state contractor or principal of a prospective state contractor*, with regard to a *state contract* or *state contract solicitation* with or from a state agency in the executive branch or a quasi-public agency or a holder, or principal of a holder of a valid prequalification certificate, shall make a contribution to (i) an exploratory committee or candidate committee established by a candidate for nomination or election to the office of Governor, Lieutenant Governor, Attorney General, State Comptroller, Secretary of the State or State Treasurer, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee (which includes town committees).

In addition, no holder or principal of a holder of a valid prequalification certificate, shall make a contribution to (i) an exploratory committee or candidate committee established by a candidate for nomination or election to the office of State senator or State representative, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee.

On and after January 1, 2011, no state contractor, prospective state contractor, principal of a state contractor or principal of a prospective state contractor, with regard to a state contract or state contract solicitation with or from a state agency in the executive branch or a quasi-public agency or a holder, or principal of a holder of a valid prequalification certificate, shall **knowingly** *solicit* contributions from the state contractor's or prospective state contractor's employees or from a *subcontractor* or *principals of the subcontractor* on behalf of (i) an exploratory committee or candidate committee established by a candidate for nomination or election to the office of Governor, Lieutenant Governor, Attorney General, State Comptroller, Secretary of the State or State Treasurer, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee.

DUTY TO INFORM

State contractors and prospective state contractors are required to inform their principals of the above prohibitions, as applicable, and the possible penalties and other consequences of any violation thereof.

PENALTIES FOR VIOLATIONS

Contributions or solicitations of contributions made in violation of the above prohibitions may result in the following civil and criminal penalties:

Civil penalties—Up to \$2,000 or twice the amount of the prohibited contribution, whichever is greater, against a principal or a contractor. Any state contractor or prospective state contractor which fails to make reasonable efforts to comply with the provisions requiring notice to its principals of these prohibitions and the possible consequences of their violations may also be subject to civil penalties of up to \$2,000 or twice the amount of the prohibited contributions made by their principals.

Criminal penalties—Any knowing and willful violation of the prohibition is a Class D felony, which may subject the violator to imprisonment of not more than 5 years, or not more than \$5,000 in fines, or both.

CONTRACT CONSEQUENCES

In the case of a state contractor, contributions made or solicited in violation of the above prohibitions may resulting the contract being voided.

In the case of a prospective state contractor, contributions made or solicited in violation of the above prohibitions shall result in the contract described in the state contract solicitation not being awarded to the prospective state contractor, unless the State Elections Enforcement Commission determines that mitigating circumstances exist concerning such violation.

The State shall not award any other state contract to anyone found in violation of the above prohibitions for a period of one year after the election for which such contribution is made or solicited, unless the State Elections Enforcement Commission determines that mitigating circumstances exist concerning such violation.

Additional information may be found on the website of the State Elections Enforcement Commission, www.ct.gov/seec. Click on the link to "Lobbyist/Contractor Limitations."

DEFINITION

“State contractor” means a person, business entity or nonprofit organization that enters into a state contract. Such person, business entity or nonprofit organization shall be deemed to be a state contractor until December thirty-first of the year in which such contract terminates. “State contractor” does not include a municipality or any other political subdivision of the state, including any entities or associations duly created by the municipality or political subdivision exclusively amongst themselves to further any purpose authorized by statute or charter, or an employee in the executive or legislative branch of state government or a quasi-public agency, whether in the classified or unclassified service and full or part-time, and only in such person's capacity as a state or quasi-public agency employee.

“Prospective state contractor” means a person, business entity or nonprofit organization that (i) submits a response to a state contract solicitation by the state, a state agency or a quasi-public agency, or a proposal in response to a request for proposals by the state, a state agency or a quasi-public agency, until the contract has been entered into, or (ii) holds a valid prequalification certificate issued by the Commissioner of Administrative Services under section 4a-100. “Prospective state contractor” does not include a municipality or any other political subdivision of the state, including any entities or associations duly created by the municipality or political subdivision exclusively amongst themselves to further any purpose authorized by statute or charter, or an employee in the executive or legislative branch of state government or a quasi-public agency, whether in the classified or unclassified service and full or part-time, and only in such person's capacity as a state or quasi-public agency employee.

“Principal of a state contractor or prospective state contractor” means (i) any individual who is a member of the board of directors of, or has an ownership interest of five per cent or more in, a state contractor or prospective state contractor, which is a business entity, except for an individual who is a member of the board of directors of a nonprofit organization, (ii) an individual who is employed by a state contractor or prospective state contractor, which is a business entity, as president, treasurer or executive vice president, (iii) an individual who is the chief executive officer of a state contractor or prospective state contractor, which is not a business entity, or if a state contractor or prospective state contractor has no such officer, then the officer who duly possesses comparable powers and duties, (iv) an officer or an employee of any state contractor or prospective state contractor who has *managerial or discretionary responsibilities with respect to a state contract*, (v) the spouse or a *dependent child* who is eighteen years of age or older of an individual described in this subparagraph, or (vi) a political committee established or controlled by an individual described in this subparagraph or the business entity or nonprofit organization that is the state contractor or prospective state contractor.

“State contract” means an agreement or contract with the state or any state agency or any quasi-public agency, let through a procurement process or otherwise, having a value of fifty thousand dollars or more, or a combination or series of such agreements or contracts having a value of one hundred thousand dollars or more in a calendar year, for (i) the rendition of services, (ii) the furnishing of any goods, material, supplies, equipment or any items of any kind, (iii) the construction, alteration or repair of any public building or public work, (iv) the acquisition, sale or lease of any land or building, (v) a licensing arrangement, or (vi) a grant, loan or loan guarantee. “State contract” does not include any agreement or contract with the state, any state agency or any quasi-public agency that is exclusively federally funded, an education loan, a loan to an individual for other than commercial purposes or any agreement or contract between the state or any state agency and the United States Department of the Navy or the United States Department of Defense.

“State contract solicitation” means a request by a state agency or quasi-public agency, in whatever form issued, including, but not limited to, an invitation to bid, request for proposals, request for information or request for quotes, inviting bids, quotes or other types of submittals, through a competitive procurement process or another process authorized by law waiving competitive procurement.

“Managerial or discretionary responsibilities with respect to a state contract” means having direct, extensive and substantive responsibilities with respect to the negotiation of the state contract and not peripheral, clerical or ministerial responsibilities.

“Dependent child” means a child residing in an individual's household who may legally be claimed as a dependent on the federal income tax of such individual.

“Solicit” means (A) requesting that a contribution be made, (B) participating in any fund-raising activities for a candidate committee, exploratory committee, political committee or party committee, including, but not limited to, forwarding tickets to potential contributors, receiving contributions for transmission to any such committee or bundling contributions, (C) serving as chairperson, treasurer or deputy treasurer of any such committee, or (D) establishing a political committee for the sole purpose of soliciting or receiving contributions for any committee. Solicit does not include: (i) making a contribution that is otherwise permitted by Chapter 155 of the Connecticut General Statutes; (ii) informing any person of a position taken by a candidate for public office or a public official, (iii) notifying the person of any activities of, or contact information for, any candidate for public office; or (iv) serving as a member in any party committee or as an officer of such committee that is not otherwise prohibited in this section.

“Subcontractor” means any person, business entity or nonprofit organization that contracts to perform part or all of the obligations of a state contractor's state contract. Such person, business entity or nonprofit organization shall be deemed to be a subcontractor until December thirty first of the year in which the subcontract terminates. “Subcontractor” does not include (i) a municipality or any other political subdivision of the state, including any entities or associations duly created by the municipality or political subdivision exclusively amongst themselves to further any purpose authorized by statute or charter, or (ii) an employee in the executive or legislative branch of state government or a quasi-public agency, whether in the classified or unclassified service

and full or part-time, and only in such person's capacity as a state or quasi-public agency employee. "Principal of a subcontractor" means (i) any individual who is a member of the board of directors of, or has an ownership interest of five per cent or more in, a subcontractor, which is a business entity, except for an individual who is a member of the board of directors of a nonprofit organization, (ii) an individual who is employed by a subcontractor, which is a business entity, as president, treasurer or executive vice president, (iii) an individual who is the chief executive officer of a subcontractor, which is not a business entity, or if a subcontractor has no such officer, then the officer who duly possesses comparable powers and duties, (iv) an officer or an employee of any subcontractor who has managerial or discretionary responsibilities with respect to a subcontract with a state contractor, (v) the spouse or a dependent child who is eighteen years of age or older of an individual described in this subparagraph, or (vi) a political committee established or controlled by an individual described in this subparagraph or the business entity or nonprofit organization that is the subcontractor.