

PROCUREMENT NOTICE

The State of Connecticut, Department of Public Health (DPH), is seeking proposals to contract with one (1) individual or organization to serve as the fiduciary of funds and administer a statewide respite and department approved extended services program for eligible families under the State Children and Youth with Special Health Care Needs (CYSHCN) Program. Services will be provided in accordance with program policy and based on the availability of funds. Data reporting requirements will be used for program planning and evaluation.

The Request For Proposals is available in electronic format on the State Contracting Portal at http://www.das.state.ct.us/Purchase/Portal/Portal_Home.asp or from the Department's Official Contact:

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The RFP is also available on the Department's website at www.ct.gov/dph/rfp. A printed copy of the RFP can be obtained from the Official Contact upon request. A letter of intent is due February 21, 2011. Deadline for submission of proposals is March 24, 2011 at 12:00 noon.

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I. GENERAL INFORMATION

A. INTRODUCTION

1. RFP Name or Number. PHI # 2012- 0902 Respite and Extended Services for CYSHCN

2. Summary. The Connecticut Department of Public Health (DPH) is seeking proposals to contract with one (1) individual or organization to develop, administer, and serve as the fiduciary of funds for a statewide program to process requests for respite and department approved extended services for families determined eligible under the State Children and Youth With Special Health Care Needs (CYSHCN) Program. Services will be provided in accordance with program policy and based on the availability of funds.

3. Synopsis

The goal the Respite and Extended Services for CYSHCN program is to provide timely response to requests and access to funds, adhere to program policy to support equity and to increase the number of CYSHCN that receive family-centered, coordinated care through community based health care systems. The selected contractor will be part of the Connecticut Medical Home Initiative (CMHI) for CYSHCN and will work closely with the DPH funded care coordinators that provide services in pediatric practices for CYSHCN. Respite funding serves individuals ages zero to 21 and the extended services program is available for individuals ages zero to 18.

The contractor will be part of the CMHI for CYSHCN and will work closely with DPH contractors that provide care coordination services in pediatric practices that service CYSHCN in CT. Each of these contractors identifies pediatric practices to work with regarding the provision of care coordination, ensuring linkages to specialized services (such as medical technology or equipment) and creating a network of providers (specialists and specialty centers, and other community resources) for CYSHCN and their families. Other responsibilities include promoting care that is culturally appropriate, accessible and family-centered. The system currently provides care coordination services through 37 primary care pediatric and/or family practices throughout CT and provides care coordination services for more than 8,000 families annually.

The goals of the DPH funded community-based medical home system of care for CYSHCN are:

- Increase the number of CYSHCN that receive family-centered, coordinated care through community-based health care systems
- Improve availability of programmatic and health care service data on CYSHCN from which to evaluate the system and develop quality improvement programs.

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
- 0600 Services (Professional, Support, Consulting, and MISC. Services)
- 0023 Pharmaceuticals Proprietary and Generic

B. ABBREVIATIONS / ACRONYMS / DEFINITIONS

AAP	American Academy of Pediatric
ADA	Americans with Disabilities Act
BFO	Best and Final Offer
CDI	Child Development Infoline
C.G.S.	Connecticut General Statutes
CHRO	Commission on Human Rights and Opportunity (CT)
CMHI	CT Medical Home Initiative
CYSHCN	Children and Youth with Special Health Care Needs
CT	Connecticut
DAS	Department of Administrative Services (CT)
DPH	Department of Public Health
ESF	Extended Service Funds
FOIA	Freedom of Information Act (CT)

FPL	Federal Poverty Level
HRSA	Health Resources Services Administration
IRS	Internal Revenue Service (US)
LOI	Letter of Intent
MCH	Maternal and Child Health
MHAC	Medical Home Advisory Council
OAG	Office of the Attorney General
OPM	Office of Policy and Management (CT)
OSC	Office of the State Comptroller (CT)
POS	Purchase of Service
P.A.	Public Act (CT)
RFP	Request For Proposal
SEEC	State Elections Enforcement Commission (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
- *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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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
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: \$2,850,000
- Number of Awards: One (1)
- Contract Cost: To be negotiated with the recipient of the Award.
- Contract Term: Five (5) years

The selected contractor will enter into a contract for the period beginning on or about July 1, 2011 through June 30, 2016. Continued funding will be contingent upon the performance of the selected contractor and the continued appropriation and availability of funds to the Department.

- 4. Eligibility.** Private provider organizations (defined as nonstate entities that are either nonprofit or proprietary corporations or partnerships), CT State agencies, and municipalities 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. The successful Applicant will be in good standing with the State of Connecticut. A current investigation of insurance or Medicaid fraud, or investigation and/or judgment pertaining to fraud involving the appropriation and/or misuse of other state, federal or private funds within the past five (5) years excludes a provider from participation and receiving an award under this RFP.

Important Note:

Pursuant to C.G.S. § 18-101, the Department of Correction (DOC) must award purchase of service contracts only to private nonprofit organizations, State agencies, or units of local government. Proprietary corporations or partnerships are not eligible to submit proposals in response to any RFP issued by DOC.

- 5. Minimum Qualifications of Proposers.** To qualify for a contract award, a proposer must have the following minimum qualifications: Applicants will be accepted from public and private organizations, community-based agencies and individuals. DPH is seeking organizations that can demonstrate the ability to provide cost-effective culturally and linguistically appropriate fiduciary services, who have a history of compliance with the Department, or have provided similar services for a minimum of a 5-year period. Applicants must have linkages with community resources and health care providers serving CYSHCN in CT. Applicants must demonstrate financial integrity and solvency. Proposals will be screened for completeness and compliance with the requirements specified in the RFP. Applications that do not conform to the instructions or fail to include all required elements will be deemed incomplete and removed from further review. In addition, applications from proposers with long-standing, significant outstanding unresolved issues on current and prior year contracts with the Department may be removed from consideration for additional funding.
- 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: February 10, 2011
- Letter of Intent Due: February 21, 2011
- Deadline for Questions: March 3, 2011
- Answers Released (Round 1): March 10, 2011
- RFP Conference: Not applicable
- Answers Released (Round 2): Not applicable
- Proposals Due: March 24, 2011
- (*) Proposer Selection: April 29, 2011

- (*) Start of Contract Negotiations: May 13, 2011
- (*) Start of Contract: July 1, 2011

- 7. Letter of Intent.** A Letter of Intent (LOI) is required by 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. Failure to submit the required LOI in accordance with the requirements set forth herein shall result in disqualification from further consideration.
- 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 a Letter of Intent. 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 Letter of Intent.
- 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:
- Due Date: March 24, 2011
 - Time: 12:00 noon

Faxed or e-mailed proposals will not be evaluated. When hand-delivering proposals by courier or in person, allow extra time due to building security procedures. The Department 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 may be accepted by the Department as a clerical function, but late proposals 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 proposal;
- four (4) conforming copies of the original proposal; and
- one (1) conforming electronic copy of the original proposal.

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. The electronic copy of the proposal must be compatible with Microsoft Office Word 2007. For the electronic copy, required forms and appendices may be scanned and submitted in Portable Document Format (PDF) or similar file format.

- 11. Multiple Proposals.** The submission of multiple proposals is not an option 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. Proposals must complete and use the Cover Sheet form provided by the Department in Section IV. Proposal Outline, Section I. Forms.
3. **Table of Contents.** All proposals must include a Table of Contents that conforms with the required proposal outline. (See Section IV. Proposal Outline)
4. **Executive Summary.** Proposals must include a high-level summary, not exceeding 3 pages, of the main proposal and cost proposal.
5. **Main Proposal:** Proposals must address the evaluation criteria detailed in Section I.E.4. The maximum number of pages is not to exceed 10 (ten).
 1. Describe your experience providing linkage for families who have children and youth with special health care needs to community-based resources including health care financing and other resources.
 - a. Experience working with other family organizations including but not limited to the Connecticut Family-to-Family Health Information Network, the Connecticut Family Support Network, PATH/Family Voices of Connecticut, and CT-KASA (Kids As Self Advocates).
 - b. Experience working with public and private insurance companies including examples of utilizing the appeals process.
 - c. Describe the types and quantities of resources you provide to families who have children and youth with special health care needs.
 - d. Experience developing community-based resources independently or with other organizations.
 - e. Experience providing education and training on health care financing.
 - f. Describe the organization's approach to management of fund disbursements, as required in this RFP. Provide a description of how your agency has provided a similar service or managed a similar program.

- g. Describe your agency's staffing and technological infrastructure that will allow you to meet all the goals and objectives of the proposed program including statewide access by fax or email, timely turnaround of funding requests, and quality procedures to insure that disbursements, accounting balances and all reporting are timely, accurate and efficient.
- h. Provide a description of how the organization will respond to and resolve any complaints from vendors.
- i. Describe how the organization will meet the cultural and linguistic needs of families who have CYSHCN.

6. Attachments. Attachments other than the required Appendices or Forms identified in Section IV. Proposal Outline, Section I Forms, 1. Department. Forms 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.

7. Style Requirements. Submitted proposals must conform to the following specifications:

- Page Limit: See following page limits:
 - Executive Summary 3 page limit
 - Main Proposal 10 page limit
- Binding Type: Unbound, but fastened with binder clip
- Dividers: none
- Paper Size: 8.5 X 11 inch
- Print Style: Two-sided
- Font Size: 12 point
- Font Type: Times New Roman, Arial, or Verdana
- Margins: ½ inch top, bottom, left, and right margins
- Line Spacing: 1 ½ or double spaced

8. 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.

9. 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 be opened as general mail. Such a proposal may be accepted by the Department as a clerical function, but it 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 with 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. See minimum requirement checklist below.

1. Resumes provided for all professional staff assigned to this project.
2. Completed Notification to Bidders form included in the proposal.
3. Completed Workforce Analysis Questionnaire included in proposal.
4. Signed Statement of Adherence to Assurances included in proposal.
5. Completed Consulting Agreement Affidavit Form for Proposals of \$50,000 or more.
6. Letter of Intent (LOI) submitted February 21, 2011.
7. An original, 5 hard copies, and one (1) electronic copy of the completed proposal must be received at DPH no later than 12:00, March 24, 2011.
8. Proposal is completed in Application Forms attached.
9. The proposal is signed by an authorized official of the Applicant Organization.

4. Evaluation Criteria (and Weights). Proposals meeting the Minimum Submission Requirements will 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. Only the criteria listed below will be used to evaluate proposals. The criteria are weighted according to their relative importance. The weights are disclosed below.

- **Organizational Profile (25% total)**
 - The extent to which the applicant has demonstrated successful experience providing similar services. (20%)
 - The Department's prior experience with the applicant organization including issues of contract compliance. (5%)
- **Scope of Services (25% total)**
 - The extent to which services to be provided are described clearly and cover all requirements outlined in the RFP. (20%)
 - The extent to which adequate time is allocated to manage the services to be provided. (5%)
- **Staffing Plan (10%)**
 - The extent to which the profile of staff, including subcontractors, which will be working on this project is clear and adequate to manage the services to be provided. (10%), *see note*.
- **Data and Technology (10%)**
 - The extent to which data and technology support required functions. (10%)
- **Work Plan (10%)**
 - The extent to which a work plan is presented with measurable objectives and specific, appropriate timelines. (10%)
- **Financial Profile (5%)**
 - The fiscal competitiveness of the proposal. (5%)
- **Budget and Budget Narrative (5%)**
 - The extent to which a cost effective budget is presented which follows eligibility guidelines. (5%)
- **Other (10%)**
 - The extent to which the proposer provides evidence that it will demonstrate evidence of cultural competence in the design and implementation of services and will utilize small and minority businesses, whenever feasible and appropriate, in the purchase of supplies and services funded through this contract. (10%)

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 proposers will be notified by e-mail or U.S. mail, at the Department's discretion, about the outcome of the evaluation and proposer 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 proposer 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 a 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 proposer must inform the proposer's 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 participated directly in the preparation of the proposer's 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 interest 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

The Connecticut Department of Public Health (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 for which it 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 a regulator focused on health outcomes, maintaining a balance between assuring quality and administrative burden on the personnel, facilities and programs regulated.

The mission of the Connecticut Department of Public Health is to protect and improve the health and safety of the people of Connecticut by:

- Assuring the conditions in which people can be healthy;
- Promoting physical and mental health, and;
- Preventing disease, injury, and disability.

B. PROGRAM OVERVIEW

Children served by the CYSHCN Program have or are at increased risk for, a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally ². The President's New Freedom Initiative: Fulfilling America's Promise to Americans with Disabilities charges the U.S. Department of Health and Human Services Health Resource Services Administration (HRSA) with developing and implementing a plan to achieve appropriate community-based systems for children and youth with special health care needs and their families. Refer to http://www.ct.gov/dph/lib/dph/family_health/children_and_youth/pdf/presidents_new_freedom_initiative.pdf for additional information.

The CYSHCN Program seeks to improve the system of care for this population from birth to 21 years of age and their families. The Program helps to shape public policy so families can get the best health care for their children.

DPH's mandate for services provided to CYSHCN is through the Title V MCH block grant, which emphasizes capacity building and care coordination activities to support infrastructure development and statutory authority through CGS §19a-2a and 19a-48. CYSHCN are served by other state agencies including the Department of Social Services, Department of Developmental Services, Department of Children and Families, Department of Mental Health and Addiction Services, Department of Education and programs such as Healthcare for Uninsured Kids and Youth (HUSKY), Connecticut Birth-to-Three System, Help Me Grow, Preschool Special Education and Kid Care.

Recent surveys of patients and providers have documented the areas where services are needed and how care could be improved. The National Survey of CYSHCN, conducted by The National Center for Health Statistics from October 2005 to April 2006, estimated that approximately 16 % of children in Connecticut (133,073) have special health care needs. Please see <http://mchb.hrsa.gov/cshcn05/sd/connecticut.htm> for survey results.

² Defined by the HRSA, Maternal and Child Health Bureau

Community-Based System of Care

DPH currently funds five (5) care coordination contractors that provide care coordination services in pediatric practices that service CYSHCN within the state. The expectation is that each center identify pediatric practices to work with regarding the provision of care coordination and ensuring linkages to specialized services such as medical technology, equipment, creating a network of providers, specialists and specialty centers and community resources for CYSHCN and their families. Other responsibilities include promoting care that is culturally appropriate, accessible and family-centered. The system provides care coordination services through 37 primary care pediatric and/or family practices throughout the state and provides care coordination services for more than 8,000 families annually.

The goals of the DPH funded community-based medical home system of care for CYSHCN are:

- Increase the number of CYSHCN that receive family-centered, coordinated care through community-based health care systems; and,
- Improve availability of programmatic and health care service data on CYSHCN from which to evaluate the system and develop quality improvement programs.

The key activities of the medical home system of care for CYSHCN are:

- Facilitates access to medical homes for CYSHCN and their families/caregivers
- Provides care coordination
- Provides technical assistance to medical homes
- Supports parent/caregivers networks
- Ensures sharing of clinical information and statistical tracking
- Provides parental/caregiver support, partnership and respite services
- Coordinates stakeholder oversight through the Connecticut Medical Home Advisory Council

Components of the System

Medical Homes

Medical Homes are the foundation of the system of care for CYSHCN. DPH supports the training and education of primary care practices to develop more medical homes for CYSHCN by working with the Connecticut Chapter of the American Academy of Pediatrics. Medical Homes are pediatric and family practices that provide family-centered care through developing a trusting partnership with families, respecting their diversity, and recognizing that they are the constant in a child's life. (Please refer to <http://aappolicy.aappublications.org/cgi/content/full/pediatrics110/1/184/> for more information.)

Care Coordination

Care Coordination is a process that links CYSHCN and their families/caregivers to services and resources beyond the primary care site and even beyond health care, ensuring collaboration with schools, mental health services, social services, and other community based programs.

United Way of Connecticut/2-1-1 Infoline Child Development Infoline

United Way of Connecticut/2-1-1 Infoline Child Development Infoline (CDI) is the primary intake source for CYSHCN. CDI caseworkers help callers assess their situation, and make referrals to the Connecticut Birth to Three System, Help Me Grow, Preschool Special Education and CYSHCN Program. Parents of children not already identified at birth who are in need of specialty services may also be directed to CDI where the same referral process may be initiated. CDI will refer CYSHCN and their families to care coordinators located in primary care settings in which the family resides to begin the process of care coordination with the medical home and specialists as needed.

Respite and Extended Services

Respite care provides temporary relief to the family/caregiver from the daily responsibilities of care provision for a CYSHCN. These services will be family/caregiver-directed with provider and location of the respite services of the family's/caregiver's choice. Expenditures for each family are limited and adhere to guidelines developed by Department's CYSHCN Program. Refer to Section V. Attachments C and D for more information.

Extended services are medically necessary and appropriate and can include medical equipment and other Department approved extended services/goods for families whose income is less than 300% of the Federal Poverty Level and do not qualify for HUSKY Programs. Eligibility guidelines for HUSKY can be found at: <http://www.huskyhealth.com/hh/cwp/view.asp?a=3573&q=421548&hhNav=1>. Refer to Section V. Attachments E for more information.

Family/Caregiver Support

Family support services provide assistance and education to families of CYSHCN that will enable families to acquire the skills necessary to access needed medical and related support services.

CYSHCN Family/Caregiver Support Network

The CYSHCN Family/caregiver Support Network expands the level of support, information, referral and networking available to families/caregivers.

Connecticut Medical Home Advisory Council

The DPH is supported in decision-making and project guidance by a statewide Medical Home Advisory Council (MHAC) which includes representation from state agencies, health care plans, hospitals, existing medical home contractors, community-based organizations and parent/caregiver representatives, among others. MHAC meets twelve times per year. The contractor identified as a result of this RFP will participate in the MHAC and relevant workgroup meetings. The workgroups focus on family experience, sustainability, finance, quality indicators, messaging, and respite.

Quality Assurance

Quality assurance activities by the medical home contractors include, but are not limited to:

- development of a quality assurance plan including components of CYSHCN / family/caregiver satisfaction,
- quality assurance data reporting to DPH,
- institution of quality improvement initiatives as directed by DPH with guidance from the MHAC and its Quality Indicators Workgroup; and
- data collection from DPH requested focus group or surveys

C. MAIN PROPOSAL COMPONENTS

1. Organizational Requirements

Please provide the name, title, address, telephone and FAX number of staff persons responsible for the completion and submittal of:

1. Contract and legal documents/forms
2. Program progress reports
3. Financial expenditure reports

Accurate information is needed by the Branch concerning the applicant's legal status.

Please indicate whether or not the agency is incorporated, the type of agency applying for funding, the fiscal year for the applicant agency, the agency's federal employer ID number and/or town code number, the applicant's Medicaid provider status and Medicaid number, if any, and if the applicant agency is registered as a Connecticut Minority Business Enterprise and/or Women Business Enterprise.

Applications will be accepted from public and private organizations, community-based agencies and individuals.

2. Service Requirements

The contractor is required to provide a statewide system of services. Hours of operations shall include at a minimum, normal business hours Monday through Friday, and the contractor must be able to participate in community workshops, conferences, and other activities that may take place at night or on the weekends within funded staff time. The contractor will facilitate program access and when necessary referrals to community-based resources. The contractor will work to provide families with a response to inquiries. The Contractor will maintain an electronic record of families on a waiting list of families per CMHI region. For information about regions see Section V. Attachments, F.

Describe your experience providing linkage for families who have children and youth with special health care needs to community-based resources including health care financing and other resources. Describe the types and quantities of resources you provide to families who have children and youth with special health care needs.

Also describe your:

- a. Experience working with other family organizations including but not limited to the Connecticut Family-to-Family Health Information Network, the Connecticut Family Support Network, PATH/Family Voices of Connecticut, and CT-KASA (Kids As Self Advocates).
- b. Experience working with public and private insurance companies including examples of utilizing the appeals process.
- c. Experience developing community-based resources independently or with other organizations.
- d. Experience providing education and training on health care financing.
- e. Proposed approach to management of fund disbursements, as required in this RFP. Provide a description of how your agency has provided a similar service or managed a similar program.

Provide a description of how the organization will respond to and resolve any complaints from vendors.

Eligible families for care coordination services include all CYSHCN age zero to twenty-one years of age who screen positive utilizing the CMHI for CYSHCN Screener Tool.

Eligible families for Extended Services covered by Title V Extended Service Funds include the following: all CYSHCN age zero to eighteen years of age who screen positive utilizing the CMHI for CYSHCN Screener Tool; have a diagnosed chronic condition or special health care needs; families whose income is less than or equal to 300% of the federal poverty level (FPL); and/or for families who are not eligible for the Medicaid, and Healthcare for Uninsured Kids and Youth (HUSKY) Program; and be a CT resident.

Eligible families for Respite Services include the following: all CYSHCN age zero to twenty-one years of age who screen positive utilizing the CMHI for CYSHCN Screener Tool; family member must have valid social security number; and be a CT resident.

Cultural competence is a developmental process that evolves over an extended period of time. Individuals, organizations, and systems are at various levels of awareness, knowledge and skills along the cultural competence continuum. Modified from Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989) Towards a cultural competence system of care. Vol. 1. Washington, DC: The National Technical Assistance Center for Children's Mental Health, Georgetown University Child Development Center.

The contractor shall demonstrate program policies that support cultural competence; have a congruent, defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally; have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to the diversity and cultural contexts of communities they serve; and 6) incorporate the above into all aspects of policymaking, administration, practice, and service delivery and systematically involve consumers, key stakeholders and communities. Describe how the organization will meet the cultural and linguistic needs of families who have CYSHCN.

Activities to be conducted:

Respite care: process requests for respite care provided in or out of the home for the purpose of providing relief to the family/caregiver from the daily responsibilities of care provision for a CYSHCN eligible family. These services will be family-directed with provider and location of the respite services of the family's choice. Expenditures for each family are limited to \$500.00 per contract year and adhere to guidelines developed by DPH, see Section V. Attachments, Section C and D.

Extended services: process requests for extended services deemed medically necessary and appropriate durable medical equipment and other Department approved extended services/goods for families of CYSHCN with diagnosed chronic conditions whose income is less than or equal to 300% of the FPL and who are not eligible for the Medicaid and HUSKY Programs. Such services/goods shall be identical to those covered under the Medicaid and HUSKY programs and the payment shall not exceed the Medicaid payment for the same services/goods. Expenditures for extended services are limited to available funds per contract year and adhere to guidelines developed by DPH and listing of Extended Services Covered by Title V Extended Services Funds, see Section V. Attachments, Section E.

Focus groups: conducts focus groups as needed for evaluation and for ongoing quality assurance.

Resource development: work to identify alternate community-based resources; develop and expand partnerships with community-based providers; and assist families with insurance appeals. The contractor must also meet the cultural and linguistic needs of CYSHCN and their families.

Data reports: data will include, but not be limited to, establishment of an automated system to enable collection, storage and transmission of data electronically to DPH; capability to develop reports per DPH specifications which support documentation of delivered services.

Quality assurance: quality assurance activities include, but are not limited to, development of a quality assurance plan including components of patient / family satisfaction, maintenance of a QA database for reporting to DPH, institution of quality improvement, and collection of periodic information from families on quality issues as obtained from focus groups.

3. Staffing Requirements

The proposal must describe the staff to be assigned or hired for the project, including the extent to which they have the appropriate training and experience to perform assigned duties. Job descriptions, hours per week, and hourly rates must be provided for all staff assigned to this project on the form included in Staffing Profile (see IV. Proposal Outline, I. Forms, i. Staffing Profile). Resumes for the program manager (four page limit) and all other professional staff assigned to this project must be provided (exemption: staff yet to be hired). Describe your agency's staffing and technological infrastructure that will allow you to meet all the goals and objectives of the proposed program including statewide access by fax or email, timely turnaround of funding requests, and quality procedures to insure that disbursements, accounting balances and all reporting are timely, accurate and efficient.

4. Data and Technology Requirements:

Must have the capability to report data using a web-based platform as directed by the DPH. Must have e-mail and internet capabilities. Technology requirements include but are not limited to, an automated system to enable collection, and capacity to store and transmit data electronically to DPH. In addition, the contractor must develop reports per DPH specifications, which support documentation of delivered services.

Quality assurance activities include, but are not limited to, development of a quality assurance plan including components of patient/family satisfaction, and information from families on quality issues as obtained from focus groups.

5. Subcontractor Requirements

The applicant will provide the legal name, address, FEIN, name and title of contact person, phone and fax numbers, and email address of subcontractors if applicable and available at the time of the application. The

narrative must include a description of how the applicant plans to oversee the subcontract. Budget information concerning staffing, hours and resources must be provided on DPH expenditure forms. If not available at time of application, an estimate can be provided and details will be negotiated during contract development after notice of award. The applicant shall make good faith efforts to employ minority business enterprises as sub-contractors.

6. Work plan

A comprehensive and realistic work plan with measurable objectives describing tasks to be performed, deliverables and timelines, including a project start date, must be provided on the Application Forms included in Attachment IV. Proposal Outline, I. Forms, 1. Department , h. Work Plan. The work plan must be consistent with the RFP and the project's goals and objectives and reflect the time period for the grant.

7. Deliverables

A payment schedule will be determined by DPH. The contractor shall produce and submit to the department specific documents (deliverables), which will be the indicators for measuring the performance of the contractor. These deliverables must be included as objectives in the project work plan described above.

1. Respite and extended services policy and procedures manual, including at a minimum: job descriptions; intake forms; progress report forms; guidelines for family involvement; guidelines for working with community-based medical home providers; guidelines for interface with medical home and vendor services.
2. Resource database of programs for CYSHCN family support services.
3. Database and reporting templates for electronic transmission of specified CYSHCN data elements to DPH.
4. Quarterly and annual activity reports on specified CYSHCN data elements to DPH in a format to be provided or approved by the Department.

Other deliverables include:

5. Timely hiring (or assigning) and training of staff for the project.
6. Completion of quality improvement initiatives as outlined in the work plan.

Contract Compliance

The proposal must include a completed Notification to Bidders form (return one and keep one for your records) and a Workforce Analysis Questionnaire. In addition, proposals must include a signed statement of Adherence to Assurances. These forms are included in Section IV. Proposal Outline, Section I. Forms. Proposals from private entities totaling \$50,000 or more within a calendar or fiscal year must include a completed Consulting Agreement Affidavit.

D. COST PROPOSAL COMPONENT

1. Financial Requirements

The applicant will establish policies and provide procedures to assure sound fiscal control, effective management, and efficient use of contract funds. Fiscal control and accounting procedures will ensure proper disbursement and accounting of contract funds. Accounting procedures will provide for accurate and timely recording of receipt of funds by source, expenditures made from such funds, and unexpended balances. Controls will be adequate to ensure that expenditures charged to contract activities are for allowable purposes and documentation is readily available to verify that charges are accurate.

Any funds owed to the Department due to unanticipated funds received by the Contractor for the same services from other sources or unallowable expenditures shall be refunded by the Contractor within thirty (30) days

within receiving notice from the Department. Any funds remaining unexpended upon the expiration of the contract will be returned to the Department within thirty (30) days.

The selected contractor must provide quarterly financial status reports and year-end final reports. . 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.

2. Budget Requirements

The proposal must contain an itemized budget with justification for each line item on the budget forms included in the Application. All costs (travel, printing, supplies, etc.) must be included in the contract price. Competitiveness of the budget will be considered as part of the proposal review process.

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.

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.

The proposed budget is subject to change during the contract award negotiations.

The selected contractor must provide DPH with one (1) and two (2) copies of the subcontract. All information required of the contractor must be applied to the subcontractor as well. The applicant shall make good faith efforts to employ minority business enterprises as sub-contractors.

Copies of state set aside certifications for small and/or minority business must also be provided.

Payments will be negotiated based on timeframes and deliverables described in Section III. Program Information, C. Main Proposal Components, 7. Deliverables.

Total available funding is \$2,850,000 for a five-year period, beginning July 1, 2011 through June 30, 2016. Third party reimbursement, either through public or private entities, should be actively perused.

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 with 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.*

	Page
A. Cover Sheet	1
B. Table of Contents	2
C. Declaration of Confidential Information	Cont
(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)	
1. Organizational Profile	
a. Purpose, Mission, Vision, Values	
b. Entity Type / Parent Organization / Years of Operation	
c. Location of Offices / Facilities	
d. Functional Organization	
e. Current Range of Services / Clients	
f. Qualifications	
g. Relevant Experience including history of collaboration and coordination of services	
h. References	
o. A minimum of two references, include phone numbers.	
2. Scope of Services	
a. Documentation of Community Needs / Resources	
b. Community Collaboration	
c. Culturally competent services	
d. Service Capacity / Delivery Plan / Systems / Processes / Protocols/ Respite waitlist	
e. Client Consultation / Evaluation / Care coordination	
f. Quality Assurance Protocols	
g. Administrative Support	
3. Staffing Plan	
a. Key Personnel / Managers	
b. Job Descriptions.	
c. Personnel Organization Chart	
d. Staff Training / Education / Development	
4. Data and Technology	
a. E-Mail / Internet Capabilities	
b. IT Infrastructure / Hardware & Software Quality	

- c. Data Collection / Storage / Reporting
- d. Assessment of Client Satisfaction
- e. Evaluation / Outcome Measures

5. Subcontractors

- a. Legal Name of Agency, Address, FEIN
- b. Contact Person, Title, Phone, Fax, E-mail
- c. Services Currently Provided
- d. Services To Be Provided Under Subcontract
- e. Subcontractor Oversight

6. Work Plan

- a. Start Date
- b. Timetable / Schedule
- c. Tasks, Deliverables
- d. Methodologies
- e. Measurable Objectives

G. Cost Proposal

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

1. Financial Profile

- a. Annual Budget and Revenues
- b. Financial Standing
- c. Financial Management Systems
- d. Revenue Generation / Billing / Third Party Reimbursement

2. Budget and Budget Narrative

- a. Narrative
- b. Line Item Budget Form
- c. Subcontractor Costs

H. Appendices

- a. Résumés and job descriptions of Key Personnel
- b. Audited Financial Statements

I. Forms

1. Department

- a. Request for Proposal – Cover Page
- b. Contractor Information
- c. Budget Instructions
- d. Budget Instructions continued
- e. Budget Summary
- f. Budget Justification
- g. Subcontractor Schedule- Detail
- h. Work plan
- i. Staffing Profile
- j. Workforce Analysis
- k. Assurance

- I. Affirmative Action
- m. Notification to Bidders
- n. Consulting Agreement Affidavit
- o. Non discrimination Certification

V. ATTACHMENTS

- A. CYSHCN Screener and Complexity Index Form
- B. AAP Policy Statement
- C. Respite Guidelines
- D. Respite Family Needs Checklist
- E. Extended Services Covered by Title V Extended Service Funds
- F. CT Medical Home Initiative Contact Sheet and town listing

Request for Proposal – Cover Sheet
RFP # 2012-0902
Children and Youth with Special Health Care Needs
Department of Public Health, Public Health Initiatives Branch

1. Applicant Information

Applicant Agency:

Legal Name

Address

City/Town

State

Zip Code

Telephone No.

FAX No.

E-Mail 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 applicant 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
- E-mail address
- Fax number, if any
- Principal contact person for the application (person responsible for developing application)
- Total program cost

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

IV. Proposal Outline, I. Forms 1. Department, a. Request for Proposal - Cover Sheet

CONTRACTOR INFORMATION

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 (MBE) : YES NO

Women Business Enterprise (MBE) :

YES NO

IV. Proposal Outline, I. Forms 1. Department, b. Contractor Information

Budget Forms and Instructions

A. Instructions Budget Summary 1

I. Personnel (lines #1 - #5) each person funded:

- a) Name of person & Title
- b) Hourly rate, # hours working per week, and # of weeks. (calculate)
- c) Fringe benefit rate. (calculate)

Example:

1. Name & Position: John Smith, Coordinator	
Calculation: \$25.00 hr X 35hrs X 45wks	\$39,375
Fringe Benefit: 26%	\$10,238

II. Line #11 **Contractual (Subcontracts)** provide the total of all subcontracts and complete Subcontractor Schedule.

III. Lines #6 - #13 complete categories as appropriate,

IV. Line # 14: Other Expenses are any other types of expense that do not fit into the categories listed.

For example: Equipment (purchasing a computer at a cost of \$1,500). 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 \$2,500 or more.

V.* 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.**

VI. Line Item #15 **Administrative and General Costs**, these 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, 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.ct.gov/opm/cwp/view.asp?a=2981&q=382994>.

VII. 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.

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

IX. 2 Year Contracts: 2 sets of budget forms have been provided. Please do a full budget for each year of the contract, clearly indicating the year on each form. Assume level funding for the second year.

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

Budget Justification Schedule B

- I. 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.

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

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

Example:

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

C. Subcontractor Schedule A--Detail

- I. 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.

II. Detail of Each Subcontractor:

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.

Provide the detail for each subcontract referencing the corresponding program of the contract. Detail must be provided for each subcontractor listed in the Summary.

Example A. Budget Basis

Outreach Educator \$20/hr x 20hrs/wk x 50wks	\$20,000
Travel 590 miles @ .44 cents/mile	260
Supplies	500
Total	\$20,760

Example B. Fee for Service:

Develop and Produce	
500 Videos @ \$10 each	\$5,000
Total	

Example C. Hourly Rate:

Quality Assurance Review of 200 Patient Charts	
by Nurse Clinician 200 hours @ \$25/hour	\$5,000
Total	\$5,000

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

IV. Proposal Outline, I. Forms 1. Department, d. Budget Instructions continued

Category	Amount
Personnel:	
1) Name & Position: _____ , _____	
Calculation:	
Fringe Benefit: _____ %	
2) Name & Position: _____ , _____	
Calculation:	
Fringe Benefit: _____ %	
3) Name & Position: _____ , _____	
Calculation:	
Fringe Benefit: _____ %	
4) Name & Position: _____ , _____	
Calculation:	
Fringe Benefit: _____ %	
5) Name & Position: _____ , _____ :	
Calculation:	
Fringe Benefit: _____ %	
6) Travel _____ per mile X _____ miles	
7) Training	
8) Educational Materials	
9) Office Supplies	
10) Medical Materials	
11) Contractual (Subcontracts)***	
12) Telephone	
13) Advertising	
14) Other Expenses (List Below)	
a)	
b)	
c)	
d)	
e)	
f)	
15) Administrative and General Costs	
Total DPH Grant	
Other Program Income:	

*** Complete Subcontractor Schedule A

IV. Proposal Outline, I. Forms 1. Department, e. Budget summary

**Subcontractor Schedule A-Detail
#1**

Program:

Subcontractor Name:

Address:

Telephone: () (-)

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

Indicate One: MBE WBE Neither

Line Item	Amount
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

Line Item	Amount
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

Line Item	Amount
Total Subcontract Amount:	

IV. Proposal Outline, I. Forms 1. Department, g. Subcontractor Schedule-Detail

Work Plan (make as many blank pages as needed)

Deliverables	Activities	Staff Position(s) Responsible	Timeframe for Completion

IV. Proposal Outline, I. Forms 1. Department, h. Work plan

Staffing Profile

Profile of staff providing services. Please provide the information requested below.

Professional Staff*	Name	Title	Hourly Rate	Assigned to Project: # hrs/wk
Position 1				
Position 2				
Position 3				
Position 4				
Clerical/ Support Staff:				
Position 1				
Position 2				

***Attach résumés and job descriptions for all Professional Staff in Appendix Section**

IV. Proposal Outline, I. Forms 1. Department, i. Staffing Profile

WORKFORCE ANALYSIS

Contractor Name:
Address:

Total Number of CT employees:
Full Time: Part Time:

Complete the following Workforce Analysis for employees on Connecticut worksites who are:

Job Categories	Overall Totals (sum of all cols. male & female)	White (not of Hispanic Origin)		Black (not of Hispanic Origin)		Hispanic		Asian or Pacific Islander		American Indian or Alaskan Native		People with Disabilities	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Officials & Managers													
Professionals													
Technicians													
Office & Clerical													
Craft Workers (skilled)													
Operatives (semi-skilled)													
Laborers (unskilled)													
Service Workers													
Totals Above													
Totals 1 year Ago													
FORMAL ON-THE-JOB TRAINEES (Enter figures for the same categories as are shown above)													
Apprentices													
Trainees													
EMPLOYMENT FIGURES WERE OBTAINED FROM:						Visual Check:		Employment Records		Other:			

1. Have you successfully implemented an Affirmative Action Plan? YES NO
Date of implementation: _____ If the answer is "No", explain.

1. a) Do you promise to develop and implement a successful Affirmative Action?
 YES NO Not Applicable Explanation:

2. Have you successfully developed an apprenticeship program complying with Sec. 46a-68-1 to 46a-68-18 of the Connecticut Department of Labor Regulations, inclusive: YES NO Not Applicable Explanation:

3. According to EEO-1 data, is the composition of your work force at or near parity when compared with the racial and sexual composition of the work force in the relevant labor market area? YES NO Explanation:

4. If you plan to subcontract, will you set aside a portion of the contract for legitimate minority business enterprises?
 YES NO Explanation:

Contractor's Authorized Signature

Date

IV. Proposal Outline, I. Forms 1. Department, j. Workforce Analysis

Assurances

Any prospective contractor must agree to adhere to the following conditions and **must positively state such in the proposal. Please read, sign, date and return this statement with your proposal.**

A. **Conformance with Statutes** - Any contract awarded as a result of this RFP must be in full conformance with statutory requirements of the State of Connecticut and the Federal Government.

B. **Ownership of Proposals** - All proposals in response to this RFP are to be the sole property of the State, and subject to the provisions of Sections 1-19 of the Connecticut General Statutes (Re: Freedom of Information).

C. **Reports and Information** - The contractor shall agree to supply any information required by DPH: including evaluation and billing information in the time, manner and format directed by DPH.

The contractor shall permit access by properly authorized DPH staff to the contractor's premises, staff and participant and financial records, at any reasonable time.

The right to publish, distribute or disseminate any and all information or reports, or any part thereof, shall accrue to DPH without recourse. The contractor shall maintain written records to substantiate costs incurred under the contract.

D. **Timing and Sequence** - Timing and sequence of events resulting from this RFP will ultimately be determined by the State.

E. **Stability of Proposed Prices** - Any price offerings from applicants must be valid for a period of 120 days from the due date of applicant proposals.

F. **Oral Agreements** - Any alleged oral agreement or arrangement made by an applicant with any agency or employee will be superseded by the written agreement.

G. **Amending or Canceling Requests** - The State reserves the right to amend or cancel this RFP at its discretion, prior to the due date and time, and/or at any point to the issuance of the written agreement, if it is in the best interests of the agency and the State.

H. **Rejection for Default or Misrepresentation** - The State reserves the right to reject the proposal of any applicant which is in default of any prior contract or for misrepresentation.

I. **State's Clerical Errors in Awards** - The State reserves the right to correct inaccurate awards resulting from its clerical errors.

J. **Rejection of Proposals** - Proposals are subject to rejection in whole or in part if they limit or modify any of the terms and conditions and/or specifications of the RFP.

K. **Applicant Presentation of Supporting Evidence** - An applicant, if requested, must be prepared to present evidence of experience, ability, service facilities, and financial standing necessary to satisfactorily meet the requirements set forth or implied in the RFP.

L. **Changes to Proposals** - No additions or changes to the original proposal will be allowed after submittal, unless specifically requested by DPH.

M. **Collusion** - By responding, the applicant implicitly states that the proposal is not made in connection with any competing applicant submitting a separate response to the RFP, and is in all respects fair and without collusion or fraud. It is further implied that the applicant did not participate in the RFP development process, had no knowledge of the specific contents of the RFP prior to its issuance, and that no employee of the agency participated directly or indirectly in the applicant's proposal preparation.

N. **Subcontracting** - In a multi-contractor situation, DPH requires a single point of responsibility and accountability.

The undersigned acknowledges receiving and reading the aforementioned assurances and agrees to these terms and conditions as set forth by the Department of Public Health.

Signature

Date

On behalf of:

IV. Proposal Outline, I. Forms 1. Department, k. Assurances

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.

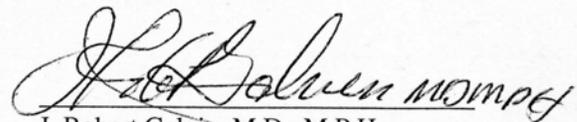
This Department will not knowingly do business with any contractor, subcontractor or supplier of materials who unlawfully discriminates against members of any class protected under state or federal law. Contractors whose overall employment statistics are not reflective of the general employment area 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, detach along dotted 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:

IV. Proposal Outline, I. Forms 1. Department, m. Notification to Bidders

**STATE OF CONNECTICUT
OFFICE OF POLICY AND MANAGEMENT
Policies and Guidelines**

Consulting Agreement Affidavit

Consulting agreement affidavit to accompany state contracts for the purchase of goods and services with a value of \$50,000 or more in a calendar or fiscal year, pursuant to Section 51 of Public Act 05-287.

This affidavit is required if a bidder or vendor has entered into any consulting agreements whereby the duties of the consultant include communications concerning business of such state agency, whether or not direct contact with a state agency, state or public official or state employee was expected or made. Pursuant to Section 51 of P.A. 05-287, "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 chapter 10 of the general statutes as of the date such affidavit is submitted in accordance with the provisions of this section.

I, Type/Print Name, Title and Name of Firm or Corporation, hereby swear that I am the chief official of the bidder or vendor of the Contract or authorized to execute such Contract. I further swear that I have not entered into any consulting agreement in connection with such contract, except the agreements listed below:

Contractor's Name, Title and Firm or Corporation:

Terms of Consulting Agreement (Date of Execution, Amount, Expiration Date):

Brief Description of Services Provided (Purpose, Scope, Activities, Outcomes):

Yes No Is the Consultant a former state employee or public official?

If yes, provide the following information about the former state employee or public official:

- Former Agency:
- Date Such Employment Terminated:

Attach additional sheets if necessary. This affidavit must be amended if Contractor enters into any new consulting agreements during the term of this Contract

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

Signature

Date

Sworn and subscribed before me on this ____ day of ____, 200__

Commissioner of the Superior Court, Notary Public
IV. Proposal Outline, I. Forms 1. Department, n. Consulting Agreement Affidavit



STATE OF CONNECTICUT
NONDISCRIMINATION CERTIFICATION – Representation By Entity
For Contracts Valued at Less Than \$50,000

Written representation that 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 less than \$50,000 for each year of the contract.** Complete all sections of the form. Submit to the awarding State agency prior to contract execution.

REPRESENTATION OF AN ENTITY:

I, _____, _____ of _____,
 Authorized Signatory Title Name of Entity

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

represent that I am authorized to execute and deliver this representation 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

 Date

 Printed Name

IV. Proposal Outline, I. Forms 1. Department, o. Non discrimination Certification

Attachment A



**Connecticut Medical Home Initiative for Children & Youth with Special Health Care Needs*
Screener and Complexity Index Tool**



*The Connecticut Medical Home Initiative for Children and Youth with Special Health Care Needs is a program supported by the State of Connecticut Department of Public Health. Information is available on their website at www.ct.gov/dph.

Pediatric Primary Care Provider Name Address Phone number Fax Email To be inserted here	Child's Name (first)		(last)		Date of Birth:	
	Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Race/Ethnicity:		Primary Diagnosis:	
	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian:				Phone:	
	Address:			Town:	Zip:	
	Referrer:			Primary Care Physician:		
	Child's Insurance:					
	Other Comments:					

Children and Youth with Special Health Care Needs (CYSHCN) Screener©CAMHI		No	(If yes, answer these questions) →	Is this because of ANY medical, behavioral or other health condition?	Is this a condition that has lasted or is expected to last for <u>at least</u> 12 months?
1	Does your child currently need or use <u>medicine prescribed by a doctor</u> (other than vitamins)?	<input type="checkbox"/>	<input type="checkbox"/> →	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Does your child need or use more <u>medical care, mental health or educational services</u> than is usual for most children of the same age?	<input type="checkbox"/>	<input type="checkbox"/> →	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Is your child <u>limited or prevented</u> in any way in his or her ability to do the things most children of the same age can do?	<input type="checkbox"/>	<input type="checkbox"/> →	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Does your child need or get <u>special therapy</u> , such as physical, occupational or speech therapy?	<input type="checkbox"/>	<input type="checkbox"/> →	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Does your child have any kind of emotional, developmental or behavioral problem for which he or she needs or gets <u>treatment or counseling</u> ?	<input type="checkbox"/>	<input type="checkbox"/> →		Yes <input type="checkbox"/> No <input type="checkbox"/>

Connecticut Medical HOMES CYSHCN Complexity Index

Adapted from a similar tool developed by Exeter Pediatric Associates and the Center for Medical Home Improvement

Category	Criteria (Score each Category 0, 1 or 2)	
Hospitalizations, ER Usage and Specialty Visits (in last year)	0 = No service, activity or concern 1 = 1 hospitalization, ER or specialist visits for complex condition 2 = 2 or more hospitalizations, ER or specialist visits	
Office Visits and/or Phone Calls (in last year, over and above well-child visits)	0 = No service, activity or concern 1 = 1-2 Office Visits or MD/RN/care coordinator phone calls related to complex condition 2 = 3 or more office visits or MD phone calls	
Medical Condition(s): One or more diagnoses	0 = No service, activity or concern 1 = 1-2 conditions, no complications related to diagnosis 2 = 1-2 conditions with complications <u>or</u> 3 or more conditions	
Extra Care & Services at PCP office, home, school or community setting (see Services)	0 = No service, activity or concern 1 = One service from list below 2 = Two or more services from list below <i>(Services: medications/medical technologies/therapeutic assessments/treatments/procedures and care coordination activities)</i>	

S ocial Concerns	0 = No service, activity or concern 1 = “At risk” family/school/social circumstances 2 = Current/urgent complex circumstances	
Total Complexity Score	Scores will range from 0-10 (0-3 low, 4-6 medium, 7-10 high)	
Date:	Completed by:	

COMPLEXITY INDEX GLOSSARY

A complexity score for each identified child will help providers/staff prepare and budget time more effectively for each child. It will also help administrators justify essential extra time spent by the practice in the care and support of the children and their families.

Medical Home: Community-based primary care provided by the practice which is: accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally competent (American Academy of Pediatrics definition).

Children and Youth with Special Health Care Needs (CYSHCN)/(Complex Condition): Children and youth with special health care needs are defined by the US Maternal and Child Health Bureau as those children who have, or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions. The condition must be present for at least one year. These children require health and related services of a type or amount beyond that generally required by children.

Specialist Visit: Includes visits to MD's, audiologists, feeding specialists and similar others.

MD Phone Calls: Includes time on phone with family, physicians, agencies/organizations, schools & others.

Complications: Medical, emotional, or social concerns related to the complex condition. For example, conditions which prove particularly difficult to manage, like depression or behavioral issues secondary to the complex condition, or learning difficulties and/or falling behind in school as a result of the condition (missed school or missed parent work days).

Medical Technologies: Some examples include G-tubes, infusions, tracheotomies, communication devices, or the need for other medical equipment and supportive technologies.

Therapeutic Treatments: Some examples include physical, occupational or speech therapies, respiratory treatments such as postural drainage or regular nebulizer use, counseling or other therapeutic interventions.

Care Coordination Activity Examples:

- Providing assessments and monitoring of child and family needs.
- Participating in parent/professional practice improvement activities.
- Offering supportive services including counseling, education and listening.
- Link family to community-based and other resources.
- Facilitating communication among PCP, family and others.
- Developing, monitoring, updating and following up with care planning and care plans organizing wrap around teams with families.
- Supporting meeting recommendations and follow-up.
- Coordinating inter-organizationally.
- Advocating with and for the family (e.g. to school, daycare, or health care settings).
- Finding, coordinating and promoting effective and efficient use of current resources.
- Monitoring outcomes for child, family and practice and other activities needed and/or requested by the child and family.

“At risk” circumstances: Children/adolescents living in poverty, in a foster home, with parents or guardians who are alcohol or drug dependent, depressed or ill, or living with domestic violence. Also at risk are pregnant teenagers and teens who demonstrate health risk behaviors (e.g. smoking, drugs, alcohol, firearms, dangerous driving habits, etc.).

Attachment B

American Academy of Pediatric Policy Statement The Medical Home

Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of All Children, Medical Home Initiatives for Children With Special Needs Project Advisory Committee.

ABSTRACT. The American Academy of Pediatrics proposed a definition of the medical home in a 1992 policy statement. Efforts to establish medical homes for all children have encountered many challenges, including the existence of multiple interpretations of the "medical home" concept and the lack of adequate reimbursement for services provided by physicians caring for children in a medical home. This new policy statement contains an expanded and more comprehensive interpretation of the concept and an operational definition of the medical home.

The American Academy of Pediatrics (AAP) believes that the medical care of infants, children, and adolescents ideally should be accessible, continuous, comprehensive, family centered, coordinated,¹ compassionate, and culturally effective.² It should be delivered or directed by well-trained physicians who provide primary care³ and help to manage and facilitate essentially all aspects of pediatric care. The physician should be known to the child and family and should be able to develop a partnership of mutual responsibility and trust with them. These characteristics define the "medical home." In contrast to care provided in a medical home, care provided through emergency departments, walk-in clinics, and other urgent-care facilities, though sometimes necessary, is more costly and often less effective. Although inadequate reimbursement for services offered in the medical home remains a very significant barrier to full implementation of this concept,^{4,5} reimbursement is not the subject of this statement. It deserves coverage in other AAP forums.

Physicians should seek to improve the effectiveness and efficiency of health care for all children and strive to attain a medical home for every child in their community.⁶ Although barriers such as geography, personnel constraints, practice patterns, and economic and social forces create challenges, the AAP believes that comprehensive health care for infants, children, and adolescents should encompass the following services:

1. Provision of family-centered care through developing a trusting partnership with families, respecting their diversity, and recognizing that they are the constant in a child's life.
2. Sharing clear and unbiased information with the family about the child's medical care and management and about the specialty and community services and organizations they can access.
3. Provision of primary care, including but not restricted to acute and chronic care and preventive services, including breastfeeding promotion and management,⁷ immunizations, growth and developmental assessments, appropriate screenings, health care supervision, and patient and parent counseling about health, nutrition, safety, parenting, and psychosocial issues.
4. Assurance that ambulatory and inpatient care for acute illnesses will be continuously available (24 hours a day, 7 days a week, 52 weeks a year).
5. Provision of care over an extended period of time to ensure continuity. Transitions, including those to other pediatric providers or into the adult health care system, should be planned and organized with the child and family.
6. Identification of the need for consultation and appropriate referral to pediatric medical sub specialists and surgical specialists. (In instances in which the child enters the medical system through a specialty clinic, identification of the need for primary pediatric consultation and referral is appropriate.) Primary, pediatric medical subspecialty, and surgical specialty care providers should collaborate to establish shared management plans in partnership with the child and family and to formulate a clear articulation of each other's role.

7. Interaction with early intervention programs, schools, early childhood education and child care programs, and other public and private community agencies to be certain that the special needs of the child and family are addressed.
8. Provision of care coordination services in which the family, the physician, and other service providers work to implement a specific care plan as an organized team.
9. Maintenance of an accessible, comprehensive, central record that contains all pertinent information about the child, preserving confidentiality.
10. Provision of developmentally appropriate and culturally competent health assessments and counseling to ensure successful transition to adult-oriented health care, work, and independence in a deliberate, coordinated way.

Medical care may be provided in various locations, such as physicians' offices, hospital outpatient clinics, school-based and school-linked clinics, community health centers, and health department clinics. Regardless of the venue in which the medical care is provided, to meet the definition of medical home, a designated physician must ensure that the aforementioned services are provided (see Table 1 for more details).

The need for an ongoing source of health care—ideally a medical home—for all children has been identified as a priority for child health policy reform at the national and local level. The US Department of Health and Human Services' *Healthy People 2010* goals and objectives state that "all children with special health care needs will receive regular ongoing comprehensive care within a "medical home"⁸ and multiple federal programs require that all children have access to an ongoing source of health care. In addition, the Future of Pediatric Education II goals and objectives state: "Pediatric medical education at all levels must be based on the health needs of children in the context of the family and community" and "all children should receive primary care services through a consistent "medical home."⁹ Over the next decade, with the collaboration of families, insurers, employers, government, medical educators, and other components of the health care system, the quality of life can be improved for all children through the care provided in a medical home.

MEDICAL HOME INITIATIVES FOR CHILDREN WITH SPECIAL NEEDS PROJECT ADVISORY COMMITTEE, 2000-2001

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TABLE 1 Desirable Characteristics of a Medical Home

Accessible
<ul style="list-style-type: none"> • Care is provided in the child's or youth's community. • All insurance, including Medicaid, is accepted. • Changes in insurance are accommodated. • Practice is accessible by public transportation, where available. • Families or youth are able to speak directly to the physician when needed. • The practice is physically accessible and meets Americans With Disabilities Act¹⁰ requirements.
Family centered
<ul style="list-style-type: none"> • The medical home physician is known to the child or youth and family. • Mutual responsibility and trust exists between the patient and family and the medical home physician. • The family is recognized as the principal caregiver and center of strength and support for child. • Clear, unbiased, and complete information and options are shared on an ongoing basis with the family. • Families and youth are supported to play a central role in care coordination. • Families, youth, and physicians share responsibility in decision making. • The family is recognized as the expert in their child's care, and youth are recognized as the experts in their own care.
Continuous
<ul style="list-style-type: none"> • The same primary pediatric health care professionals are available from infancy through adolescence and young adulthood. • Assistance with transitions, in the form of developmentally appropriate health assessments and counseling, is available to the child or youth and family. • The medical home physician participates to the fullest extent allowed in care and discharge planning when the child is hospitalized or care is provided at another facility or by another provider.
Comprehensive
<ul style="list-style-type: none"> • Care is delivered or directed by a well-trained physician who is able to manage and facilitate essentially all aspects of care. • Ambulatory and inpatient care for ongoing and acute illnesses is ensured, 24 hours a day, 7 days a week, 52 weeks a year.

<ul style="list-style-type: none"> Preventive care is provided that includes immunizations, growth and development assessments, appropriate screenings, health care supervision, and patient and parent counseling about health, safety, nutrition, parenting, and psychosocial issues.
<ul style="list-style-type: none"> Preventive, primary, and tertiary care needs are addressed.
<ul style="list-style-type: none"> The physician advocates for the child, youth, and family in obtaining comprehensive care and shares responsibility for the care that is provided.
<ul style="list-style-type: none"> The child's or youth's and family's medical, educational, developmental, psychosocial, and other service needs are identified and addressed.
<ul style="list-style-type: none"> Information is made available about private insurance and public resources, including Supplemental Security Income, Medicaid, the State Children's Health Insurance Program, waivers, early intervention programs, and Title V State Programs for Children With Special Health Care Needs.
<ul style="list-style-type: none"> Extra time for an office visit is scheduled for children with special health care needs, when indicated.
<p>Coordinated</p>
<ul style="list-style-type: none"> A plan of care is developed by the physician, child or youth, and family and is shared with other providers, agencies, and organizations involved with the care of the patient.
<ul style="list-style-type: none"> Care among multiple providers is coordinated through the medical home.
<ul style="list-style-type: none"> A central record or database containing all pertinent medical information, including hospitalizations and specialty care, is maintained at the practice. The record is accessible, but confidentiality is preserved.
<ul style="list-style-type: none"> The medical home physician shares information among the child or youth, family, and consultant and provides specific reason for referral to appropriate pediatric medical sub specialists, surgical specialists, and mental health/developmental professionals.
<ul style="list-style-type: none"> Families are linked to family support groups, parent-to-parent groups, and other family resources.
<ul style="list-style-type: none"> When a child or youth is referred for a consultation or additional care, the medical home physician assists the child, youth, and family in communicating clinical issues.
<ul style="list-style-type: none"> The medical home physician evaluates and interprets the consultant's recommendations for the child or youth and family and, in consultation with them and sub specialists, implements recommendations that are indicated and appropriate.
<ul style="list-style-type: none"> The plan of care is coordinated with educational and other community organizations to ensure that special health needs of the individual child are addressed.
<p>Compassionate</p>
<ul style="list-style-type: none"> Concern for the well-being of the child or youth and family is expressed and demonstrated in verbal and nonverbal interactions.
<ul style="list-style-type: none"> Efforts are made to understand and empathize with the feelings and perspectives of the family as well as the child or youth.

Culturally effective
<ul style="list-style-type: none">• The child's or youth's and families cultural background, including beliefs, rituals, and customs, are recognized, valued, respected, and incorporated into the care plan.
<ul style="list-style-type: none">• All efforts are made to ensure that the child or youth and family understand the results of the medical encounter and the care plan, including the provision of (Para) professional translators or interpreters, as needed.
<ul style="list-style-type: none">• Written materials are provided in the family's primary language.

Physicians should strive to provide these services and incorporate these values into the way they deliver care to all children. (Note: pediatricians, pediatric medical sub specialists, pediatric surgical specialists, and family practitioners are included in the definition of "physician.") The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Copyright © 2002 by the American Academy of Pediatrics. No part of this statement may be reproduced in any form or by any means without prior written permission from the American Academy of Pediatrics except for one copy for personal use.

Attachment C

Respite Guidelines

Respite is care, in or out of the home, for the purpose of providing relief to the family from the daily responsibilities of care provision. Such respite services, as are provided, shall be family directed with the provider and location of the respite service being the family's choice.

Responsibilities of the contractor:

- a) CYSHCN who are zero to not yet twenty-one years of age, and the families/caregivers, shall fill out an application for the Connecticut Medical Home Initiative for Children and Youth with Special Health Care Needs to be eligible for respite funding.
- b) Respite funds shall be awarded to CYSHCN and their families/caregivers who screen positive to the Children and Youth with Special Health Care Needs (CYSHCN) Screener, in addition one family member must have a valid social security number.
- c) Upon receipt of the application the Contractor will mail the family confirmation of receipt of their application, notification that they were added to the respite waiting list, and contact information for questions.
- d) Respite funds will be awarded until the respite funds available for award under the contract period are depleted.
- e) Each family shall be eligible to receive up to \$500.00 per year of respite funding.
- f) The Contractor will maintain electronically a waiting list of families per region to ensure respite payments on a first come, first serve basis.
- g) When respite funding is available the Contractor shall send a respite packet to the family/caregiver. The respite packet will include the respite check, a letter explaining the purpose of the check and creative ideas for utilizing the respite funding, a respite expense report, a respite evaluation and a self-addressed, stamped return envelope, and information on how to access the Get Creative About Respite manual which will be available from the contractor as supplies allow or from the Department's website.
- h) The contractor shall keep a record of the CYSHCN and their family/caregiver receiving funds as well as completed respite expense reports.
- i) Six to eight weeks before the anniversary of date that the family received respite funding the Contractor will mail the family a respite renewal letter that requires the family to review and update information on file in order to continue to be eligible for respite funding.

Responsibilities of the family:

- a) Families shall complete a respite expense report to indicate how such respite funds were spent.
- b) Families shall complete a respite evaluation form to provide feedback and suggestions regarding the respite program.

Attachment D

**Connecticut Medical Home Initiative for Children and Youth with Special Health Care Needs *
Respite Family Needs Checklist**



Complete this form if your child or youth has a *diagnosed* medical, behavioral, or physical need that requires more care and support than that of their peers.

Child's Name _____ **Parent Name** _____ **Social Security #** _____
Address _____ **Town/City** _____ **State/ZIP** _____

Respite is care that is provided, in or out of the home, for the purpose of providing relief to the family/caregiver from the daily responsibilities of care for the child/youth with special health care needs. Respite services are family-directed, using the respite service provider and location of the family's choice.

Contact your care coordinator for more information about respite, ask for the *Get Creative About Respite* manual, or view it on-line at www.ctrespite.org.

Caregivers available to meet needs	Sources of community support during the past 12 months <i>Check off all that apply</i>	Sources of community support during the past 12 months continued – <i>Check off all that apply</i>
<p><input type="checkbox"/> Child or youth with special health care need has more than one significant physical, behavioral, or complex medical diagnosis.</p> <p><input type="checkbox"/> More than one family member living in the home needs extra care and support.</p> <p>_____</p> <p><input type="checkbox"/> Primary caregiver is in good health.</p> <p><input type="checkbox"/> Primary caregiver is in poor physical or emotional health.</p> <p>_____</p> <p><input type="checkbox"/> Number of adults available to help care for the child or youth with special health care needs.</p> <p><input type="checkbox"/> Total number of individuals living in the household _____</p> <p>_____ Total gross household income</p>	<p><input type="checkbox"/> Family receives support or services from the Department of Children and Families (DCF).</p> <p><input type="checkbox"/> Family receives support or services from the Department of Developmental Services (DDS).</p> <p><input type="checkbox"/> The child or youth receives Voluntary Services from DCF or DDS.</p> <p><input type="checkbox"/> The child received Birth to Three Services.</p> <p><input type="checkbox"/> The child or youth received respite services at a DDS Respite Center.</p> <p><input type="checkbox"/> The family received a subsidized adoption.</p> <p><input type="checkbox"/> The child or youth is on the Katie Beckett Waiver or other waiver.</p> <p><input type="checkbox"/> The child is enrolled in TRICARE and the Extended Care Health Option (ECHO).</p>	<p><input type="checkbox"/> The child or youth has home health aides or nursing services on a weekly basis</p> <p><input type="checkbox"/> The child or youth receives extended day services from school or a community group</p> <p><input type="checkbox"/> The family received camp funds from _____</p> <p><input type="checkbox"/> The family received respite funds from _____</p> <p><input type="checkbox"/> Received regular caregiver support from a community group or foundation</p> <p>Please list below any other information you wish to share. _____</p> <p>_____</p>

For more information contact the Connecticut Lifespan Respite Coalition, 2138 Silas Deane Highway, Rocky Hill, CT 06067 Toll-free 877-737-3961

*The Connecticut Medical Home Initiative for Children and Youth with Special Health Care Needs is a program supported by the State of Connecticut Department of Public Health. Information is available on the web at www.ct.gov/dph

Attachment E

Connecticut Medical Home Initiative for Children with Special Health Care Needs Extended Services Covered by Title V Extended Services Funds (Effective July 1, 2011)

'Title V Extended Service Funds' shall be used to provide medically necessary and appropriate durable medical equipment and other Department approved extended services for families of CYSHCN with diagnosed chronic condition whose income is less than or equal to 300% of the federal poverty level; and/or for families who are not eligible for the Medicaid, and Healthcare for Underinsured Kids and Youth (HUSKY) programs. Such goods and services to be covered with the Extended Service Funds shall be identical goods and services that are covered under the Medicaid and HUSKY programs, and the payment for such goods and services shall not exceed the Medicaid payment for the same goods/services.

Families are eligible if they are Connecticut residents.

The following guidelines are to be followed when providing covered services:

1. They relate to the condition(s) that qualify the child for the program.
2. Documentation of medical necessity by a licensed provider is required.
3. Documentation of coordination of benefits, EOB, or denial of payment is required before accessing Extended Service Funds.
4. The benefit is to be paid at the Medicaid and/or HUSKY rates.

The following services have been approved for coverage with Title V Extended Services Funds.

SERVICE	DESCRIPTION / LIMITATIONS
Adaptive Seating, Specialized	One evaluation, fabrication and completion per year. Fees are inclusive of one adjustment every 2 weeks until family is satisfied.
Audiometry	Includes BAER, OAE: two per year.
Cast room	Cast room visits as necessary to maintain integrity of cast or to implement treatment plan.
Durable Medical Equipment	As medically necessary. Not to include such as air conditioners, purifiers and/or humidifiers.
EEG/telemetry	Two per year.
EKG/Holter	Two per year (as per order by cardiologist).
Dental- Including general Dentist, Pediatric Dentist, Endodontist, Periodontist, and Oral Maxillofacial Surgeon.	<ul style="list-style-type: none"> • Children who have rampant dental caries, defined as more than 5 as per the ASTDD, whose treatment plan is expected to last more than 12 months. • Children with significant dental disease with medical and or behavioral conditions that inhibit their ability to receive dental services in a standard setting. • Children with or at significant risk of periodontal disease related to an underlying qualifying condition, or related treatment.

Hearing Aids	<ul style="list-style-type: none"> • One (or one pair) analog hearing aid as prescribed per year; repairs outside of warranties • One (or one pair) digital hearing aid as prescribed every 5 years; repairs outside of warranties • Analog and digital hearing aids will be covered at Medicaid or wholesale rate • Documentation by a licensed audiologist to justify digital (as opposed to analog) hearing aids.
Medical and Surgical Supplies	<p>All supplies amounts provided per Medicaid allowances.</p> <ul style="list-style-type: none"> • Gastrostomy, jejunostomy, nasogastric tubes • Ostomy supplies • Catheters, suction and urinary • Dressing supplies • Gloves for at home procedures • Other medically necessary supplies as indicated in care plan.
Orthodontic	Only for children whom have malocclusive disorders related to a congenital or acquired condition.
Orthotic Devices (including fitting/adjustments)	No more than one a year or one pair per year per prescribed type including all delivery fees, fittings and adjustments.
Specialty Physician Fees for Outpatient Care	<ul style="list-style-type: none"> • Covered as per care plan • Includes visits for Asthma
Prosthetics/Prosthetic Devices	<ul style="list-style-type: none"> • No more than one per year including all delivery fees, fittings and adjustments/repairs. • Excludes myoelectric devices.
Pulmonary Function Testing	One PFT evaluation (test and technician) per year.
Special Nutritional Formulas or Supplements/ PKU Foods	<ul style="list-style-type: none"> • Nutritional habilitative and/or rehabilitative sustenance of a type or amount not usually required by children. • Prescribed by an authorized professional within acceptable standards of American Dietetic Association. • Coverage reviewed every six months.
Wheelchairs	<ul style="list-style-type: none"> • One new manual wheelchair no more than every 3 years. • One new motorized wheelchair no more than every 5 years. • Repairs and modifications to either manual or motorized wheelchair (other than seating) will be covered up to 2 times per year.

Attachment F



Connecticut Medical Home Initiative for Children & Youth with Special Health Care Needs

Who is eligible?

Children & youth age 0 to 21 who have, or are at increased risk for, a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.

Services available?

All families of eligible children and youth with special health care needs (CYSHCN), regardless of income, will receive a respectful working partnership with you and your child's medical home; care coordination services and family support referrals.

Uninsured or underinsured families, who fall within income guidelines, can also benefit from payment for limited services (i.e. durable medical equipment, prescriptions, and special nutritional formulas). Contact the **Connecticut Lifespan Respite Coalition, Inc. (CLRC)** for more information at **877-737-1966**.

SOUTHWEST

Stamford Hospital
Stamford
1-866-239-3907
(toll free)

SOUTH CENTRAL

Coordinating Council for
Children in Crisis
New Haven
1-877-624-2601
(toll free)

EASTERN

United Community and
Family Services, Inc.
Norwich
1-866-923-8237
(toll free)

NORTH CENTRAL

Connecticut Children's
Medical Center
Hartford
1-877-835-5768
(toll free)

NORTHWEST

St. Mary's Hospital
Waterbury
1-866-517-4388
(toll free)

United Way of Connecticut's Child Development Infoline
The central access point for Connecticut's Medical Home Initiative for CYSHCN.
Provides information about medical, educational and recreational resources
1-800-505-7000

Connecticut Family Support Network

Contact for family support, information and advocacy at **877- FSN-2DAY**

SOUTHWEST REGION	SOUTH CENTRAL REGION	EASTERN REGION	NORTH CENTRAL REGION	NORTHWEST REGION
Stamford Health Systems	Coordinating Council for Children in Crisis	United Community and Family Services	Connecticut Children's Medical Center	St. Mary's Hospital
Stamford	New Haven	Norwich	Hartford	Waterbury
Toll Free 866-239-3907	Toll Free 888-842-1937	Toll Free 866-923-82377000	Toll Free 877-835-5768	Toll Free 866-517-4388
BRIDGEPORT DARIEN EASTON FAIRFIELD GREENWICH MONROE NEW CANAAN NORWALK STAMFORD STRATFORD TRUMBULL WESTON WESTPORT WILTON	ANSONIA BETHANY BRANFORD CHESTER CLINTON CROMWELL DEEP RIVER DERBY DURHAM EAST HADDAM EAST HAMPTON EAST HAVEN ESSEX GUILFORD HADDAM HAMDEN KILLINGWORTH LYME MADISON MERIDEN MIDDLEFIELD MIDDLETOWN MILFORD NEW HAVEN NORTH BRANFORD NORTH HAVEN OLD LYME OLD SAYBROOK ORANGE PORTLAND SEYMOUR SHELTON WALLINGFORD WEST HAVEN WESTBROOK WOODBIDGE	ASHFORD BOZRAH BROOKLYN CANTERBURY CHAPLIN COLCHESTER COLUMBIA COVENTRY DANIELSON EAST LYME EASTFORD FRANKLIN GRISWOLD GROTON HAMPTON KILLINGLY LEBANON LEDYARD LISBON MANSFIELD MONTVILLE MOOSUP NEW LONDON NIANTIC NORTH STONINGTON NORWICH PLAINFIELD POMFRET PRESTON PUTNAM SALEM SCOTLAND SPRAGUE STERLING STONINGTON THOMPSON UNCASVILLE UNION VOLUNTOWN WATERFORD WILLINGTON WILLIMANTIC WINDHAM WOODSTOCK	ANDOVER AVON BERLIN BLOOMFIELD BOLTON BRISTOL BURLINGTON CANTON EAST GRANBY EAST HARTFORD EAST WINDSOR ELLINGTON ENFIELD FARMINGTON GEORGETOWN GLASTONBURY GRANBY HARTFORD HEBRON MANCHESTER MARLBOROUGH NEW BRITAIN NEWINGTON PLAINVILLE PLYMOUTH ROCKY HILL SIMSBURY SOMERS SOUTH WINDSOR SOUTHINGTON STAFFORD SUFFIELD TOLLAND VERNON WEST HARTFORD WETHERSFIELD WINDSOR WINDSOR LOCKS	BARKHAMSTED BEACON FALLS BETHEL BETHLEHEM BRIDGEWATER BROOKFIELD CANAAN CHESHIRE COLEBROOK CORNWALL DANBURY GOSHEN HARTLAND HARWINTON KENT LITCHFIELD MIDDLEBURY MORRIS NAUGATUCK NEW FAIRFIELD NEW HARTFORD NEW MILFORD NEWTOWN NORFOLK NORTH CANAAN OXFORD PROSPECT REDDING RIDGEFIELD ROXBURY SALISBURY SHARON SHERMAN SOUTHBURY THOMASTON TORRINGTON WARREN WASHINGTON WATERBURY WATERTOWN WINCHESTER WOLCOTT WOODBURY

