

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 program to process requests for respite and DPH's approved extended services to 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. Data reporting requirements will include information to be used for program planning and evaluation.

The Request For Proposals (RFP) is available in electronic format on the State Contracting Portal at: <http://das.ct.gov/cr1.aspx?page=12> 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. Deadline for submission of proposals is March 27, 2015 at 12:00 noon.

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I. GENERAL INFORMATION

A. INTRODUCTION

1. **RFP Name or Number.** PHI # 2015- 0902 CYSHCN
2. **Summary.** The Connecticut Department of Public Health (DPH or the Department) is seeking proposals to identify 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 DPH's approved 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 upon the availability of funds.

3. **Synopsis**

The goal of 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 DPH-funded care coordinators in pediatric practices for CYSHCN. Respite funding serves individuals ages zero to 21 years, and extended services program is available for individuals ages zero to 18 years.

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 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 to primary care pediatric and/or family practices throughout that state and provides care coordination services for more than 8,000 families annually.

The main 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.

4. **Commodity Codes.** The services that the DPH 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 |
| BFO | Best and Final Offer |
| 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) |
| ESF | Extended Service Funds |
| FOIA | Freedom of Information Act (CT) |
| IRS | Internal Revenue Service (US) |
| LOI | Letter of Intent |

| | |
|------|---------------------------------------------|
| 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
- *Care Coordination*: process that links CYSHCN and their families/care-givers 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. Care coordination for CYSHCN is complicated because there is no single entry point to multiple systems of care, and complex criteria determine the availability of funding and services among public and private payers.
- *Medical Homes*: are the foundations of the system of care for CYSHCN. DPH will support the training and education of primary care practices to develop more medical homes for CYSHCN and their families/care-givers 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.
- *Children and Youth with Special Health Care Needs (CYSHCN)*: Children and youth less than twenty-one years of age with special health care needs are those 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.
- *Respite Services*: Respite is 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. These services will be family/care-giver-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 the Department's CYSHCN Program and administered by the Department's approved contractor.
- *Extended Services*: Extended services are services deemed medically necessary and appropriate and can include durable medical equipment and other DPH approved extended services/goods for families of clients whose income is less than or equal to 400% of the federal poverty guidelines (FLP) and who are not eligible for the Medicaid and HUSKY Programs.
- *Family/Care-giver Support*: Family/Care-giver support services are services that provide assistance and education to families/care-givers of CYSHCN that will enable families/care-givers to acquire the skills necessary to access needed medical and related support services.

- *Maven: CYSHCN:* The Department's web-based reporting portal for CYSHCN. This web-based Internet platform is an automated system that the successful contractor will be required to utilize to enable collection, storage and transmission of data electronically to DPH.
- *Results Based Accountability (RBA) methodology:* a management tool that can facilitate collaboration among human service agencies, as a method of decentralizing services, and as an innovative regulatory process. Expected results (also known as goals) are clearly articulated, and data are regularly collected and reported to address questions of whether results have been achieved.

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://das.ct.gov/cr1.aspx?page=12>

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: \$2,643,830
- Number of Awards: One (1)
- Contract Cost: Confidential
- Contract Term: Five (5) years

4. **Eligibility.** Private provider organizations (defined as non-state 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.

- 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. Proposals will be screened for completeness and compliance with the requirements specified in the RFP. Applicants who fail to follow instructions or to include all required elements will be deemed incomplete and removed from further review. In addition, applicants 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 18, 2015
 - Letter of Intent Due: March 4, 2015
 - Deadline for Questions: March 6, 2015
 - Answers Released (Round 1): March 13, 2015
 - RFP Conference: Not applicable
 - Answers Released (Round 2): Not applicable
 - Proposals Due: March 27, 2015
 - (*) Proposer Selection: April 27, 2015
 - (*) Start of Contract Negotiations: May 11, 2015
 - (*) Start of Contract: July 1, 2015
- 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 LOI. The Department may combine similar questions and give only one answer. All questions and answers will be compiled into a written amendment to this RFP. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the amendment and duly noted as such. The agency will release the answers to questions on the date(s) established in the Procurement Schedule. The Department will publish any and all amendments to this RFP on the State Contracting Portal and, if available, on the Department's Web Page (RFP link). At its discretion, the Department may distribute any amendments to this RFP to prospective proposers who submitted a LOI.
- 9. RFP Conference.** An RFP conference will not be held.
- 10. Proposal Due Date and Time.** The Official Contact is the **only authorized recipient** of proposals submitted in response to this RFP. Proposals must be received by the Official Contact on or before the due date and time:

- Due Date: March 27, 2015
- 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 will not be evaluated. At the discretion of the Department, late proposals may be destroyed or retained for pick up by the submitters.

An acceptable submission must include the following:

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

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

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 VI Attachments, A. Application Forms.
3. **Table of Contents.** All proposals must include a Table of Contents that conforms to the required proposal outline. (See Section IV.)
4. **Executive Summary.** Proposals must include a high-level summary, not exceeding 2 (two) pages, of the main proposal and cost proposal.
5. **Attachments.** Attachments, other than the required Appendices or Forms identified in Section IV Proposal Outline Section I, are not permitted and will not be evaluated. Further, the required Appendices or Forms must not be altered or used to extend, enhance, or replace any component required by this RFP. Failure to abide by these instructions will result in disqualification.
6. **Style Requirements.** Submitted proposals must conform to the following specifications:
 - Binding Type: Unbound, but fastened with binder clip
 - Dividers: none
 - Paper Size: 8.5 X 11 inch
 - Page Limit: Not to exceed 25 pages, excluding Budget
 - Print Style: Two-sided
 - Font Size: 12 point
 - Font Type: Easily readable (e.g. Times New Roman, Veranda)
 - Margins: ½ inch top, bottom, left, and right margins
 - Line Spacing: 1½ line or double spaced

7. **Pagination.** The proposer's name must be displayed in the header of each page. All pages, including the required Appendices and Forms, must be numbered in the footer.

4. **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.

In addition, any applicants with long-standing significant unresolved issues on current or prior year contract with the DPH or other state agencies may be removed from consideration for additional funding.

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 (40% 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. (10%)
 - The applicant's history of successful contract fulfillment with State of CT Agencies including the orderly transfer of services following contract termination or conclusion. (10%)
 - **Scope of Services (20% total)**
 - The extent to which services to be provided are described clearly and cover all requirements outlined in the RFP. (15%)
 - The extent to which adequate time is allocated to manage the services to be provided. (5%)
 - **Staffing Plan (5%)**
 - 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. (5%) *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 thorough 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 (5%)**
 - The extent to which contractor 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. (5%)

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

- 5. Proposer Selection.** Upon completing its evaluation of proposals, the Screening Committee will submit the rankings of all proposals to the Department's head. The final selection of a successful proposer is at the discretion of the Department's head. Any proposer selected will be 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. PERSONAL SERVICE AGREEMENT (PSA)

By submitting a proposal in response to this RFP, the proposer implicitly agrees to comply with the following applicable provisions:

A standard template for Personal Services Agreements is maintained by the Department and will include the scope of services, contract performance, reports, terms of payment, budget, and other program-specific provisions of any resulting PSA. The template also includes mandatory terms and conditions.

Note:

Included in the standard template 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.

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

D. RIGHTS RESERVED TO THE STATE

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

1. **Timing Sequence.** The timing and sequence of events associated with this RFP shall ultimately be determined by the Department.
2. **Amending or Canceling RFP.** The Department reserves the right to amend or cancel this RFP on any date and at any time, if the Department deems it to be necessary, appropriate, or otherwise in the best interests of the State.
3. **No Acceptable Proposals.** In the event that no acceptable proposals are submitted in response to this RFP, the Department may reopen the procurement process, if it is determined to be in the best interests of the State.
4. **Award and Rejection of Proposals.** The Department reserves the right to award in part, to reject any and all proposals in whole or in part, for misrepresentation or if the proposal limits or modifies any of the terms, conditions, or specifications of this RFP. The Department may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. The Department reserves the right to reject the proposal of any proposer who submits a proposal after the submission date and time.
5. **Sole Property of the State.** All proposals submitted in response to this RFP are to be the sole property of the State. Any product, whether acceptable or unacceptable, developed under a contract awarded as a result of this RFP shall be the sole property of the State, unless stated otherwise in this RFP or subsequent contract. The rights 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 DPH is a leader on the national scene through direct input to federal agencies and the United States Congress.

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 and youth less than twenty-one years of age with special health care needs are those 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.

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. CYSHCN are served by other state agencies including the Departments of Social Services, Developmental Services, Children and Families, Mental Health and Addiction Services, Education and programs such as Healthcare for Uninsured Kids and Youth (HUSKY), Connecticut Birth-to-Three System, Help Me Grow, Preschool Special Education and Care 4 Kids.

The 2009/2010 National Survey of Children with Special Health Care Needs (CYSHCN) estimated there are approximately 139,453 children in Connecticut, ages 0-17 that have a special health care need. This represents approximately 16% of all children in Connecticut who are in the 0-17 age range.

Components of the Connecticut Medical Home Initiative for CYSHCN System of Care

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. Care coordination for CYSHCN is complicated because there is no single entry point to multiple systems of care, and complex criteria determine the availability of funding and services among public and private payers.

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.

Respite Services

Respite is 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. 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. Programmatic Materials attachments B and C for more information.

Extended Services

Extended services are services deemed medically necessary and appropriate and can include medical equipment and other Department approved extended services/goods for families whose income is less than 400% of the Federal Poverty Level and do not qualify for HUSKY Programs. Refer to Section V. Programmatic Materials attachment D for more information.

Family/Caregiver Support

Family support services are services that 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 consists of groups of families/caregivers of CYSHCN whose responsibilities include to expand the level of support, information, referral and networking available to families/caregivers.

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 appropriate CYSHCN and their families to care coordinators located in primary care settings responsible in which the family resides to begin the process of care coordination with the medical home and specialists as needed.

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(s) identified as a result of this RFP will participate in the MHAC and relevant workgroup meetings. The workgroups focus on family experience, sustainability, and messaging.

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 and data collection from DPH requested focus group or surveys. Quality Assurance activities will be coordinated with a Results Based Accountability report card format to be reported by the successful respondent.

Community-Based System of Care

DPH currently funds five (5) care coordination contractors that provide care coordination services in support of pediatric practices that service CYSHCN within the state. The expectation is that each network identifies 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 in collaboration with primary care pediatric and/or family

practices throughout that state and provides care coordination services for more than 8,000 families annually.

The main 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 components of the medical home system of care for CYSHCN are:

- Increased availability of medical homes for CYSHCN and their families/caregivers
- Improved care coordination
- Technical assistance to medical homes
- Forums for parent/caregiver interaction through parent/caregivers networks
- Improved clinical information sharing and statistical tracking
- Improved parental/caregiver support, partnership and respite services
- Increased stakeholder oversight through the Connecticut Medical Home Advisory Council

Patient Protection and Affordable Care Act (ACA)

The Patient Protection and Affordable Care Act (ACA) was signed into law in March 2010 and is intended to improve our current health care system by increasing access to health coverage for Americans and introducing new protections for people who have health insurance. The law is designed to decrease the number of uninsured Americans by making quality, affordable health care available to all Americans, reduce costs, improve health care quality, enhance disease prevention, and strengthen the healthcare workforce. The law will offer health plans for people with pre-existing conditions who have had trouble finding care. Many of the major components of the law that are meant to expand access to health insurance will not be fully implemented until 2014. After full implementation, there will still be a portion of the population in Connecticut which will remain uninsured.

The Connecticut Medical Home Initiative contractors play an essential role in the implementation of the ACA. The ACA reforms the insurance market and provides expanded coverage to millions of Americans, many of whom are uninsured today. The ACA has triggered a number of new ideas to improve affordability, health status and patient experience, sometimes referred to as the "triple aim". These initiatives will be supported with quality incentive programs, payment reform, and the promotion of medical homes. They are in addition to earlier efforts of the federal government to facilitate market reform, such as incentives to develop interoperable electronic health records.

As health care coverage expands beginning in 2014, Medical Homes, specifically Care Coordinators, will be in a good position to transition their uninsured patient population to Medicaid and state insurance exchanges when the need for primary care services becomes even greater. This is an opportunity to create effective models of care coordination on a patient-centered basis. However, it will require the adoption of new tools to clinically and financially manage a defined patient population, because provider networks will be held accountable for improving value, as measured by cost, quality, and patient experience.

C. MAIN PROPOSAL COMPONENTS

1. Applicant Organizational Requirements and Profile

The proposer must provide an overview of the history and structure of the organization. Information provided for the organization profile may include its purpose, mission or vision; entity type; parent organization; years of operation; location of clinics/satellites, governance system. The proposer must explain how the proposal will fit into the organization's overall mission and meet the intent of this RFP to provide coordinated, culturally sensitive, developmentally appropriate, statewide Care Coordination services in support of community-based pediatric practice settings for Children and Youth with Special Health Care Needs (CYSHCN) determined eligible under the State Children and Youth with Special Health Care Needs Program guidelines. Include a description of the range of services provided, and experience or qualifications relevant to this application, including discussion of success and challenges

in serving these populations. Services are to include: outreach and education for families; primary care and community providers; and assistance for families to community resources including the C (MHI) for CYSHCN.

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.

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, and community-based agencies.

Office location needed to support a statewide system of services.

2. Service Requirements- Scope of Services

The contractor is required to provide a statewide system of services. Hours of operations shall include normal business hours Monday through Friday and 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 provide evaluation and assessment for families, who have CYSHCN whom wish to access care coordination, Extended Services and Respite Services. The contractor will provide program access and when necessary referrals to community-based resources. The contractor will work to identify alternate community-based resources; develop and expand partnerships with community-based providers. Assist families with insurance appeals. The contractor will work to provide families with a reasonable response to inquiries. See Section V. Programmatic Materials.

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. See section V. Programmatic Materials, attachment A.

Eligible families for Extended Services covered by Title V Extended Service Funds include all CYSHCN age zero to eighteen years of age who screen positive utilizing the CMHI for CYSHCN Screener Tool; have a diagnosed, identified chronic condition or special health care needs; families whose income is less than or equal to 400% of the federal poverty level; and/or for families who are not eligible for the Medicaid, and Healthcare for Uninsured Kids and Youth (HUSKY) Program; Connecticut resident. The Contractor will process requests for extended services deemed medically necessary and appropriate durable medical equipment and other Department approved extended 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. Programmatic Materials, attachment D.

Eligible families for Respite Services include all CYSHCN age zero to twenty-one years of age who screen positive utilizing the CMHI for CYSHCN Screener Tool; complete the Respite Needs Checklist; family member must have valid social security number; Connecticut resident. The Contractor will process requests for family-directed respite care; provider and location of the respite services are the family's choice. Expenditures for each family are limited to \$500.00 per contract year and adhere to

guidelines developed by DPH. The Contractor will maintain electronically a waiting list of families per CMHI Region; see Section V. Programmatic Materials, attachments B and C.

Describe your experience providing the following;

1. Evaluation and assessment for CYSHCN.
2. Assistance and culturally appropriate education to families/caregivers of CYSHCN that enable families/caregivers to acquire the skills necessary to access needed medical and related support services.
3. Knowledge about and experience working with the CMHI System.
4. Work with statewide family organizations including but not limited to the Connecticut Family Support Network, and the Family-to-Family Health Information Center, PATH/Family Voices of Connecticut.
5. Work with public and private insurance companies including examples of utilizing the appeals process.
6. Describe the types and quantities of resources you provide to families who have CYSHCN.
7. Describe community-based resources your organization created independently or with other organizations.
8. Education and training on health care financing including Affordable Care Act (ACA).

3. Staffing Requirements- Staffing Plan

The proposal must describe the staff assigned to this project including job descriptions, number of hours per week, and hourly rates. The proposal must include the extent to which staff has the appropriate training and experience to perform assigned duties. Resumes must be provided for all professional staff assigned to this project.

4. Data and Technology Requirements

The proposal must have hardware and software to serve CYSHCN and their families and have the capability to use a web-based platform as directed by the Department of Public Health. The proposal must have e-mail and Internet capabilities. Data will include, but not be limited to, establishment of an automated system to enable collection, storage and transmission of data electronically to DPH; capacity to 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, information from families on quality issues as obtained from focus groups

5. 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 Work Plan Form, see V. Attachments A.8. The work plan must be consistent with the RFP and the project's goals and objectives. The project start date will be considered as part of the review criteria for this RFP.

In the course of providing the required services of this contract, several documents must be produced and delivered immediately upon completion to the DPH Project Manager for review and approval. These documents, along with the required services, will be the indicators for measuring the performance of the contractor. Development of these deliverables must be included as objectives in the project work plan.

1. Development of respite and extended services policy and procedures including 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. Development of resource database of programs for CYSHCN family support services.
3. Hire or assign staff for services to be provided.
4. Development of database and reporting templates for capture and electronic transmission of specified CYSHCN data elements to DPH.

5. Submission of periodic activity and annual reports on specified CYSHCN data elements to DPH in a format to be provided by the Department.
6. Completion of quality improvement initiatives.

D. COST PROPOSAL COMPONENT

1. Financial Requirements

Must have financial control procedures in place and documented. The proposal must provide periodic financial status reports and year-end final reports as per Department provided reporting format. The Contractor will be responsible for funding for audits.

2. Budget 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.

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

Total available funding is \$2,643,830 for a five-year period, beginning July 1, 2015 through June 30, 2020. 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 |
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| A. Cover Sheet | 1 |
| B. Table of Contents | 2 |
| C. Declaration of Confidential Information | Cont |
| <i>(See I. General Information, C. Instructions, 12. Declaration of Confidential Information)</i> | |
| D. Conflict of Interest - Disclosure Statement | |
| <i>(See I. General Information, C. Instructions, 13. Conflict of Interest-Disclosure Statement)</i> | |
| E. Executive Summary | |
| <i>(See I. General Information, D. Proposal Format, 4. Executive Summary)</i> | |
| F. Main Proposal | |
| <i>(See III. Program Information, C. Main Proposal Components)</i> | |
| 1. Organizational Profile | |
| 2. Scope of Services | |
| 3. Staffing Plan | |
| 4. Data and Technology | |
| 5. Work Plan | |
| G. Cost Proposal | |
| <i>(See III. Program Information, D. Cost Proposal Components)</i> | |
| 1. Financial Profile | |
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| H. Appendices | |
| I. Forms | |
| 1. Department | |
| a. Cover Sheet | |
| b. Applicant Information | |
| c. Budget Summary | |
| d. Budget Justification | |
| e. Position Schedule 2a | |
| f. Subcontractor Schedule- Detail | |
| g. Work plan | |
| h. Consulting Agreement Affidavit | |
| i. Affirmative Action | |
| j. Notification to Bidders | |
| k. Workforce Analysis | |

V. Programmatic Materials

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



**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"/> | 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 (Services: medications/medical technologies/therapeutic assessments/treatments/procedures and care coordination activities) | |
| Social 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: _____ | 23 of 58 |

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 medial 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.).

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 CYSHCN to be eligible for respite funding.
- b) Respite funds shall be awarded to CYSHCN and their families/caregivers who screen positive to the 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.

Respite Needs Checklist

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

For more information contact the CT Medical Home Initiative at FAVOR, 185 Silas Deane Highway, Rocky Hill, CT 06067 Toll-free 855-436-6544

*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

**Connecticut Medical Home Initiative for Children with Special Health Care Needs
Extended Services Covered by Title V Extended Services Funds
(Effective July 1, 2015)**

'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 400% 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 warrantees • One (or one pair) digital hearing aid as prescribed every 5 years; repairs outside of warrantees • 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 aides. |
| 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. |



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 Medical Home Initiative at FAVOR, Inc. at 1-855-436-6544 (toll free)**.

SOUTHWEST

Stamford Hospital
Stamford

1-866-239-3907
(toll free)

SOUTH CENTRAL

Family Centered Services of
CT, Inc. 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 | Family Centered Services of CT, Inc. | 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 866-923-8237 | Toll Free 877-835-5768 | Toll Free 866-517-4388 |
| BRIDGEPORT | ANSONIA | ASHFORD | ANDOVER | BARKHAMSTED |
| DARIEN | BETHANY | BOZRAH | AVON | BEACON FALLS |
| EASTON | BRANFORD | BROOKLYN | BERLIN | BETHEL |
| FAIRFIELD | CHESTER | CANTERBURY | BLOOMFIELD | BETHLEHEM |
| GREENWICH | CLINTON | CHAPLIN | BOLTON | BRIDGEWATER |
| MONROE | CROMWELL | COLCHESTER | BRISTOL | BROOKFIELD |
| NEW CANAAN | DEEP RIVER | COLUMBIA | BURLINGTON | CANAAN |
| NORWALK | DERBY | COVENTRY | CANTON | CHESHIRE |
| STAMFORD | DURHAM | DANIELSON | EAST GRANBY | COLEBROOK |
| STRATFORD | EAST HADDAM | EAST LYME | EAST HARTFORD | CORNWALL |
| TRUMBULL | EAST HAMPTON | EASTFORD | EAST WINDSOR | DANBURY |
| WESTON | EAST HAVEN | FRANKLIN | ELLINGTON | GOSHEN |
| WESTPORT | ESSEX | GRISWOLD | ENFIELD | HARTLAND |
| WILTON | GUILFORD | GROTON | FARMINGTON | HARWINTON |
| | HADDAM | HAMPTON | GEORGETOWN | KENT |
| | HAMDEN | KILLINGLY | GLASTONBURY | LITCHFIELD |
| | KILLINGWORTH | LEBANON | GRANBY | MIDDLEBURY |
| | LYME | LEDYARD | HARTFORD | MORRIS |
| | MADISON | LISBON | HEBRON | NAUGATUCK |
| | MERIDEN | MANSFIELD | MANCHESTER | NEW FAIRFIELD |
| | MIDDLEFIELD | MONTVILLE | MARLBOROUGH | NEW HARTFORD |
| | MIDDLETOWN | MOOSUP | NEW BRITAIN | NEW MILFORD |
| | MILFORD | NEW LONDON | NEWINGTON | NEWTOWN |
| | NEW HAVEN | NIANTIC | PLAINVILLE | NORFOLK |
| | NORTH BRANFORD | NORTH STONINGTON | PLYMOUTH | NORTH CANAAN |
| | NORTH HAVEN | NORWICH | ROCKY HILL | OXFORD |
| | OLD LYME | PLAINFIELD | SIMSBURY | PROSPECT |
| | OLD SAYBROOK | POMFRET | SOMERS | REDDING |
| | ORANGE | PRESTON | SOUTH WINDSOR | RIDGEFIELD |
| | PORTLAND | PUTNAM | SOUTHINGTON | ROXBURY |
| | SEYMOUR | SALEM | STAFFORD | SALISBURY |
| | SHELTON | SCOTLAND | SUFFIELD | SHARON |
| | WALLINGFORD | SPRAGUE | TOLLAND | SHERMAN |
| | WEST HAVEN | STERLING | VERNON | SOUTHBURY |
| | WESTBROOK | STONINGTON | WEST HARTFORD | THOMASTON |
| | WOODBIDGE | THOMPSON | WETHERSFIELD | TORRINGTON |
| | | UNCASVILLE | WINDSOR | WARREN |
| | | UNION | WINDSOR LOCKS | WASHINGTON |
| | | VOLUNTOWN | | WATERBURY |
| | | WATERFORD | | WATERTOWN |
| | | WILLINGTON | | WINCHESTER |
| | | WILLIMANTIC | | WOLCOTT |
| | | WINDHAM | | WOODBURY |
| | | WOODSTOCK | | |

VI. ATTACHMENTS

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

| | |
|-----------------------------------------------------------------------|----|
| 1. Cover Sheet | 32 |
| 2. Applicant Information Form (continuation) | 33 |
| 3. Budget Summary Instructions | 34 |
| 4. Budget Justification Schedule B Form | 35 |
| 5. Budget Summary 1 Form | 37 |
| 6. Position Schedule #2A Form | 38 |
| 7. Subcontractor Schedule A- Detail Form | 39 |
| 8. Work Plan Form | 40 |
| 9. OPM Consulting Agreement Affidavit | 41 |
| 10. Affirmative Action Contract Compliance Policy Statement | 42 |
| 11. Notification to Bidders. | 43 |
| 12. Workforce Analysis | 44 |
| 13. Informational Attachments List | 45 |

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

| | |
|-------------------------------------------------------------------------------|----|
| 1. Nondiscrimination Certification Instructions | 46 |
| 2. Nondiscrimination Certification - Affidavit By Entity | 47 |
| 3. False Claims Act Compliance Notification | 48 |
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| 6. SEEC Form 11- Campaign Contribution and Solicitation Limitations | 55 |
| 7. Preliminary Review Team Technical Criteria Worksheet | 58 |

A. APPLICATION FORMS

COVER SHEET

REQUEST FOR PROPOSAL
RFP DPH Log# 2015-0902

Respite and Extended Services
CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
Family Health Section

Children and Youth with Special Health Care Needs (CYSHCN) Program

Applicant Information

Applicant Agency: _____

Legal Name

Address

City/Town

State

Zip Code

Telephone No.

FAX No.

Email Address

Contact Person: _____ Title: _____

Telephone No: _____

TOTAL PROGRAM COST: \$ _____

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

Signature of Authorizing Official:

Date

Typed Name and Title

The 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
- Fax number, and email address, 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.

Applicant Information Form (continuation)

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

Contract and Legal Documents/Forms:

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

Program Progress Reports:

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

Financial Expenditure Reporting Forms:

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

Incorporated: YES NO

Agency Fiscal Year:

Type of Agency: Public Private Other, Explain: _____

Profit Non-Profit

Federal Employer I.D. Number:

Town Code No:

Medicaid Provider Status: YES NO

Medicaid Number:

Minority Business Enterprise (MBE): YES NO

Women Business Enterprise (WBE): YES NO

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

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

2. Personnel (lines #1 - #2)

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

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

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

6. Audit Costs: The cost of audits made in accordance with OMB Circular A133 (Federal Single Audit) are allowable charges to Federal awards. The cost of State Single Audits (CGS 4-23 to 4-236) are allowable charges to State awards. Audit costs are allowable to the extent that they represent a pro-rata share of the cost of such audit. Audit costs charged to Department of Public Health contracts **must be budgeted, reported and justified as an audit cost line item within the Administrative and General Cost category.****7. Administrative and General Costs, Line Item #12**

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

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

8. Other Program Income list any other program income, if appropriate, such as in-kind contributions, fees collected, or other funding sources and include brief explanation on Budget Justification.**9. Multiple Funding Period Contracts:** Please complete a full budget for each Funding Period of the contract, clearly indicating the Period on each form. Absent other instructions, assume level funding for the second year.

B. Budget Justification Schedule B

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

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

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

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

C. Subcontractor Schedule A--Detail

1. 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.
2. Detail of Each Subcontractor:
 - a. 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.
 - b. Choose whether the subcontractor is a minority or woman owned business:
 - c. MBE WBE Neither
 - d. Provide the detail for each subcontract just as for the primary contract budget referencing the corresponding program of the contract. Detail must be provided for each subcontractor listed in the Summary.

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

Contractor Name, Contract Number

FUNDING PERIOD: 99/99/9999 to 99/99/9999

**Contract Period: Contract Start Date to Contract End Date
Budget Summary 1**

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

**Complete Sub-contractor Schedule A

Contractor Name, Contract Number**FUNDING PERIOD: 99/99/9999 to 99/99/9999**

Contract Period: Contract Start Date to Contract End Date
Position Schedule #2a
Program/Fund

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

*Attach resumes and job descriptions for all Professional Staff

**Subcontractor Schedule A-Detail
Contractor Name, Contract Number**

BUDGET PERIOD: 99/99/9999 to 99/99/9999

Contract Period: Contract Start Date to Contract End

#1

Subcontractor Name:

Address:

Telephone: () (-)

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

Indicate One: MBE WBE Neither

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

#2

Subcontractor Name:

Address:

Telephone: () (-)

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

Indicate One: MBE WBE Neither

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

#3

Subcontractor Name:

Address:

Telephone: () (-)

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

Indicate One: MBE WBE Neither

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

Work Plan (make as many blank pages as needed)

DPH RFP #2015-0902

| Services to be Provided | Activities | Staff Position(s) Responsible | Timeframe for Completion |
|-------------------------|------------|----------------------------------|-----------------------------|
| | | | |



STATE OF CONNECTICUT
CONSULTING AGREEMENT AFFIDAVIT

Affidavit to accompany a State contract for the purchase of goods and services with a value of \$50,000 or more in a calendar or fiscal year, pursuant to Connecticut General Statutes §§ 4a-81(a) and 4a-81(b)

INSTRUCTIONS:

If the bidder or vendor has entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b) (1): Complete all sections of the form. If the bidder or contractor has entered into more than one such consulting agreement, use a separate form for each agreement. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public. If the bidder or contractor has not entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1): Complete only the shaded section of the form. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public.

Submit completed form to the awarding State agency with bid or proposal. For a sole source award, submit completed form to the awarding State agency at the time of contract execution.

This affidavit must be amended if there is any change in the information contained in the most recently filed affidavit not later than (i) thirty days after the effective date of any such change or (ii) upon the submittal of any new bid or proposal, whichever is earlier.

AFFIDAVIT: [Number of Affidavits Sworn and Subscribed On This Day: _____]

I, the undersigned, hereby swear that I am a principal or key personnel of the bidder or contractor awarded a contract, as described in Connecticut General Statutes § 4a-81(b), or that I am the individual awarded such a contract who is authorized to execute such contract. I further swear that I have not entered into any consulting agreement in connection with such contract, except for the agreement listed below:

Form fields for Consultant's Name and Title, Name of Firm (if applicable), Start Date, End Date, Cost, and Description of Services Provided.

Is the consultant a former State employee or former public official? [] YES [] NO

If YES: Name of Former State Agency, Termination Date of Employment

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

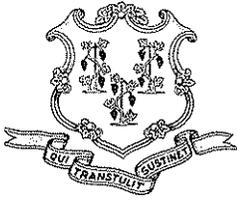
Signature block with fields for Printed Name of Bidder or Vendor, Signature of Chief Official or Individual, Date, and Printed Name of Awarding State Agency.

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

Commissioner of the Superior Court or Notary Public

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



OFFICE OF COMMISSIONER

AFFIRMATIVE ACTION CONTRACT COMPLIANCE POLICY STATEMENT

The Department of Public Health (DPH) is an Affirmative Action/Equal Employment Opportunity employer, in compliance with all state and federal laws and shall comply with the Contract Compliance Regulations and CGS 4a-60 Nondiscrimination and affirmative action provisions in contracts of the state and political subdivisions other than municipalities. Consistent with the Contract Compliance Regulations of Connecticut State Agencies, Sections 46a-68j-21 through 46a-68j-43, DPH encourages bidders, contractors, subcontractors, and suppliers to:

- Develop and follow a plan of affirmative action to achieve or exceed parity of employment with the applicable labor market
- Develop and follow an apprenticeship program complying with Sections 46a-68-1 to 46a-68-17 of the Administrative Regulations of Connecticut State Agencies, inclusive
- Submit employment statistics contained in the "Employment Information Form", indicating that the composition of its workforce is at or near parity when compared to the race/sex composition of the workforce in the relevant labor market area
- Develop and follow a plan to set aside a portion of the contract for legitimate minority business enterprises per Section 46a-68j-30(10)(E) of the Contract Compliance Regulations

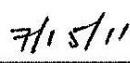
DPH considers bidders success in these factors in reviewing the bidder's qualifications under the Contract Compliance requirements. Accordingly, any individual or organization that desires to do business with DPH shall:

- Not discriminate or permit discrimination against any protected class person or protected group in the performance of contracts
- Not engage in discriminatory practices or permit discriminatory practices in their workplace
- Cooperate with the Connecticut Commission on Human Rights and Opportunities in all activities
- In all contract solicitations or advertisements, state that they are an "affirmative action-equal opportunity employer"
- Sign a Notification to Bidders Form, and complete a workforce analysis questionnaire necessary for the contract award process

DPH notifies bidders, contractors, subcontractors, and suppliers of this policy and 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 show good faith efforts to ensure that their personnel policies and practices do not have a discriminatory impact.



Jewel Mullen, MD, MPH, MPA
Commissioner, DPH



Date

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 Category | 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: | | |

- Have you successfully implemented an Affirmative Action Plan? YES NO
Date of implementation: _____ If the answer is "No", explain.
- a) Do you promise to develop and implement a successful Affirmative Action?
 YES NO Not Applicable Explanation:
- 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:
- 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:
- 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

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

| | |
|-------------------------------------------------------------------------------|----|
| 1. Nondiscrimination Certification Instructions | 46 |
| 2. Nondiscrimination Certification | 47 |
| 3. False Claims Act Notification | 48 |
| 4. False Claims Act Policy | 49 |
| 5. False Claims Act Procedure | 52 |
| 6. SEEC Form 11- Campaign Contribution and Solicitation Limitations | 55 |
| 7. Preliminary Review Team Technical Criteria Worksheet | 58 |

The remainder of this page is intentionally blank

Nondiscrimination Certification Instructions

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

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

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

IMPORTANT

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

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

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

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

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

*** We can supply additional forms if necessary.



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

Form C
7/8/09

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

INSTRUCTIONS:

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

AFFIDAVIT:

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

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

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

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

_____ and that _____
Name of Entity Name of Entity

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

Authorized Signature

Printed Name

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

Commissioner of the Superior Court/
Notary Public

Commission Expiration Date

FALSE CLAIMS ACT
COMPLIANCE NOTIFICATION

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

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

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

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

| APPROVAL SIGNATURES | | DATE |
|-------------------------------------------------------------|-------------------------------|------------|
| J. Robert Galvin, M.D., M.P.H. (original signature on file) | Commissioner of Public Health | 05/21/2010 |

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

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

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------------|
|  <p>Keeping Connecticut Healthy DPH Connecticut Department of Public Health</p> | <h2>False Claims Act (Policy)</h2> | <p>PL-CGMS C-001 Revision: 1.0 Effective Date: 05/21/2010</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------------|

1.0 Purpose

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

2.0 Scope

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

3.0 Definitions and Acronyms

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

3.1 Acronyms

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

3.1 Definitions

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

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

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

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

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

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

4.0 Compliance

4.1 False Claim Act

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

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

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

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

4.2 State False Claim Related Acts

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

4.3 Compliance Reporting

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

| | | |
|-----------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------|
|  | False Claims Act (Procedure) | PR-CGMS C-001 Revision: 1.0 Effective Date: 05/21/2010 |
|-----------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------|

| APPROVAL SIGNATURES | | DATE |
|-------------------------------------------------------------|-------------------------------|------------|
| J. Robert Galvin, M.D., M.P.H. (original signature on file) | Commissioner of Public Health | 05/21/2010 |
| | | |

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

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

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

1.0 Purpose

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

2.0 Scope

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

3.0 Definitions and Acronyms

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

3.1 Acronyms

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

3.2 Definitions

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

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

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

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

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

Purchase of Service Contract - Previously Human Service Contract, a contract document used to procure direct client services to populations served by the Department over a defined period and for an agreed upon maximum price.

Subcontractor – See "Contractor or Agent" above.

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

4.0 Process

4.1 Dissemination to the Department's New Employees

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

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

4.2 Dissemination to the Department's Existing Employees

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

4.3 Dissemination to Contractors and Qualified Providers

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

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

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

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

5.0 Records

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

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

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

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

CAMPAIGN CONTRIBUTION AND SOLICITATION LIMITATIONS

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

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

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

DUTY TO INFORM

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

PENALTIES FOR VIOLATIONS

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

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

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

CONTRACT CONSEQUENCES

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

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

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

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

“Principal of a subcontractor” means (i) any individual who is a member of the board of directors of, or has an ownership interest of five per cent or more in, a subcontractor, which is a business entity, except for an individual who is a member of the board of

directors of a nonprofit organization, (ii) an individual who is employed by a subcontractor, which is a business entity, as president, treasurer or executive vice president, (iii) an individual who is the chief executive officer of a subcontractor, which is not a business entity, or if a subcontractor has no such officer, then the officer who duly possesses comparable powers and duties, (iv) an officer or an employee of any subcontractor who has managerial or discretionary responsibilities with respect to a subcontract with a state contractor, (v) the spouse or a dependent child who is eighteen years of age or older of an individual described in this subparagraph, or (vi) a political committee established or controlled by an individual described in this subparagraph or the business entity or nonprofit organization that is the subcontractor.

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| PHI #2015-0902 | Preliminary Review Team Technical Criteria Worksheet |  | |
| Respite and Extended Services for Children and Youth with Special Health Care Needs | | | |
| Applicant: | | | |
| Criteria: | Maximum Points | Bidder's Points | |
| 1. Organizational Profile (40% total) | | | |
| 1. a. The extent to which the applicant has demonstrated successful experience providing similar services. (20%) | 20 | | |
| 1. b. The Department's prior experience with the applicant organization including issues of contract compliance. (10%) | 10 | | |
| 1. c. The applicants history of successful contract fulfillment with state of CT Agencies including the orderly transfer of services following contract termination or conclusion. (10%) | 10 | | |
| 2. Scope of Services (20% total) | | | |
| 2. a. The extent to which services to be provided are described clearly and cover all requirements outlined in the RFP. (15%) | 15 | | |
| 2. b. The extent to which adequate time is allocated to manage the services to be provided. (5%) | 5 | | |
| 3. Staffing Plan (5%) | | | |
| 3. a. 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. (5%), <i>see note.</i> | 5 | | |
| 4 Data and Technology (10%) | | | |
| 4. a. The extent to which data and technology support required functions. (10%) | 10 | | |
| 5. Work Plan (10%) | | | |
| 5. a. The extent to which a work plan is presented with measurable objectives and specific, appropriate timelines. (10%) | 10 | | |
| 6. Financial Profile (5%) | | | |
| 6. a. The fiscal competitiveness of the proposal. (5%) | 5 | | |
| 7. Budget and Budget Narrative (5%) | | | |
| 7. a. The extent to which a cost effective budget is presented which follows eligibility guidelines. (5%) | 5 | | |
| 8. Other (5 %) | | | |
| 8. a. 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. (5 %) | 5 | | |

TOTAL _____

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).