The State of Connecticut Department of Social Services
is issuing Addendum 2 to the
Elderly Health Promotion Services Request for Proposals

The State of Connecticut Department of Social Services is issuing **Addendum 2** to the Elderly Health Promotion Services Request for Proposals.

Addendum 2 contains:

1. **Amendment 3 - The following information amends the contents of C. MAIN PROPOSAL COMPONENTS, 6.0 Work Plan Requirements:**

6.0 Work Plan Requirements -

Work Plan - To submit a responsive proposal **THE RESPONDENT SHALL** submit an EHPS Program Work Plan Timetable, embedded as a hyperlink, that clearly outlines the task timetable for the implementation process from beginning to end. The timetable must display key dates and events relating to the establishment of the EHPS Program and implementing the protocols. The timetable must display the position and title of the responsible party for the events and include the percentage of time allocated for all staff throughout the EHPS Program. The Program Timetable must also include a proposed schedule to meet the EHPS required outcomes as identified in 4.0 Data and Technology Requirements **a. Outcomes, 1-~~7.~~9.**

The State of Connecticut Department of Social Services
is issuing Addendum 2 to the
Elderly Health Promotion Services Request for Proposals

Date Issued: September 19, 2012.

Approved: _____
Marcia McDonough

State of Connecticut Department of Social Services
(Original signature on document in procurement file)

This Addendum must be signed and returned with your submission.

_____	_____
Authorized Signer	Name of Company

The State of Connecticut Department of Social Services
is issuing Addendum 1
to the Elderly Health Promotion Services Request for Proposals
(EHPS RFP)

The State of Connecticut Department of Social Services is issuing **Addendum 1** to the Elderly Health Promotion Services Request for Proposals.

Addendum 1 contains:

1. **Amendment 1 - C. MAIN PROPOSAL COMPONENTS, 2.0 Service Requirements;**
2. **Amendment 2 - C. MAIN PROPOSAL COMPONENTS, 4.0 Data and Technology Requirements, a. Outcomes; and**
3. **Questions and Responses.**

1. Amendment 1

The following information amends the contents of the original RFP issued on August 20, 2012 for clarity of the guidelines of EHPS:

C. MAIN PROPOSAL COMPONENTS
2.0 Service Requirements

Historically, a combined total of three thousand (3,000) **unduplicated individuals** ~~units~~ **have received** ~~of~~ health assessments ~~and~~**or** screenings ~~have been provided~~ annually, statewide. A unit of service is equal to one health assessment or **one health** screening, which is defined as an investigation or series of analyses conducted by a medical or health professional to determine the need for a health service, for one individual.

The Department is providing the following guidelines for the EHPS Program ~~health assessment and health screening services~~ to serve ~~for~~ individuals who are aged 60 years of age and older with focus to provide services to the Target Population:

Statewide - Respondents shall target a minimum number of **3000 unduplicated individuals, providing** ~~a combined total of 3,000 unduplicated~~ health assessments **or**~~and~~ health screenings, **or both,** annually.

Planning and Service Area(s) - Respondents shall target a minimum number of **600 unduplicated individuals providing** ~~a combined total of 600 unduplicated~~ health assessments **or** ~~and~~ health screenings**, or both** annually, per Planning and Service Area.

~~Only o~~One health assessment ~~and~~ or one comprehensive health screening, or both per year per individual will be allowed.

2. Amendment 2

The following information amends the contents of:

C. MAIN PROPOSAL COMPONENTS
4.0 Data and Technology Requirements

Maximum page limitation is five (5) double-sided pages for the Respondent and any proposed subcontractor(s), combined.

Where the Respondent's response to a specific requirement reflects the Respondent's response to another requirement, the Respondent **may cite** the other response instead of reproducing it.

If the Respondent is **proposing the use of subcontractor(s)** to provide any of the services required by this RFP, provide information about each subcontractor where applicable throughout this section of the RFP.

The Department expects the Respondent to propose an aggressive outreach plan, a thorough health assessment process, referral protocol for assessments with suspect findings, and a work plan for follow-up and referral services that **will result in the following minimum required outcomes in the proposed Planning and Service Area(s**).

a. Outcomes

The EHPS Program shall alert adults aged 60 and older to early detection of diseases. The measurable, **minimum** required outcomes of the EHPS program are listed below:

1) 100% of individuals served will be aged 60 and older.

2) At least 50% of individuals served will be low-income (at or below 100% of the Federal poverty level).

3) At least 50% of individuals served will be from minority groups.

4) ~~At least 50%~~**100%** of individuals served will receive health assessment~~/~~ **or** health screening services**, or both.**

5) 100% of individuals with abnormal results will receive a referral for follow up services.

6) At least 25% of individuals with abnormal screenings will be referred to CDSMP services as appropriate.

7) At least 20 individuals will be course completers for CDSMP per Planning Service Area per state fiscal year.

8) 100% of the Nutrition education and nutrition counseling services, if appropriate, will be provided to individuals or their caregivers.

9) 100% of the Health Education Services will be provided in each Planning and Service Delivery Area.

The Resultant Contractor at a minimum shall within thirty (30) days following the end of each of the first three calendar quarters, and within sixty (60) days following the end of each resultant contract year, submit to the Department statistical reports in a format mutually agreed upon by the Department and the Resultant Contractor. Such reports shall include data in support of each required service outcome, as listed above.

The State of Connecticut Department of Social Services
is issuing Addendum 1
to the Elderly Health Promotion Services Request for Proposals
(EHPS RFP)

To submit a responsive proposal **THE RESPONDENT SHALL:**

a) Provide a description of how the Respondent will meet all DSS reporting requirements including the ability to provide the minimum, quarterly and annual reports **to respond to the service outcomes requirements, 1)-~~7~~ 9) as listed above;**

b) Describe a technological infrastructure that will enable the Respondent to meet all the goals and objectives of the proposed program, and to submit all required reports in a timely, accurate, and efficient manner; and

c) Describe the information systems infrastructure including the hardware, operating system, and software that the Respondent has to support the services required by this RFP.

2. Questions and Responses.

Questions submitted by interested parties and the official responses follow. These responses shall clarify the requirements of the RFP. In the event of any inconsistency between information provided in the RFP and information in these responses, the information in these responses shall control.

1. **Question**: Is the Elderly Health Promotion Services RFP new funding, a reissue or expansion of a prior RFP or grant solicitation?

   Response: The Elderly Health Promotion Services RFP is a reissue and an expansion of the previous RFP issued in 1995.

2. **Question**: Please clarify the following –
   On page 32 the following guidelines are provided for health assessment and health screening services:
   "Statewide - Respondents shall target a minimum number of a combined total of 3,000 unduplicated health assessments and health screenings annually.

   Response: Please refer to Amendment 1. of this Addendum 1.

   Question continued: Planning and Service Area(s) – Respondents shall target a minimum number of a combined total of 600 unduplicated health assessments and health screenings annually, per Planning and Service Area".

   Response: Please refer to Amendment 1. of this Addendum 1.

   Please be advised, there are five (5) Planning and Service Areas. Each Planning and Service Area has a minimum number of 600 unduplicated individuals from the target population to be provided health assessments or health screenings or both.

The State of Connecticut Department of Social Services
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(EHPS RFP)

Planning and Service Areas	Annual Service Requirement
One (1) Planning and Service Area	600 unduplicated individuals – health assessments or health screenings or both
Two (2) Planning and Service Areas	1,200 unduplicated individuals – health assessments or health screenings or both
Three (3) Planning and Service Areas	1,800 unduplicated individuals – health assessments or health screenings or both
Four (4) Planning and Service Areas	2,400 unduplicated individuals - health assessments or health screenings or both
Five (5) Planning and Service Areas (is Statewide)	3,000 unduplicated individuals health assessments or health screenings or both

Question continued: On page 38 the measurable, required outcomes of the EHPS program item #4: "at least 50% of individuals served will receive health assessment/health screening services". Please clarify target numbers (3,000/600) in relation to measurable, required outcomes (50%).

Response: Please refer to Amendment 2. of this Addendum 1.

3. **Question**: Can you make available the per unit cost parameters and/or cost estimates for health assessment and health screening services?

   Response: No.

4. **Question:** Is it expected that the award monies will cover the costs of the health assessment and health screening services or that the costs of these services are reimbursed through alternate means?

   Response: Yes, it expected that the award monies will cover the costs of the health assessment and health screening services, but alternate means and resources are also acceptable.

5. **Question**: In section b. Budget Requirements in page 41of the RFP you state that the Total Funding Available is: $361,683.00 per year for up to 2 ½ years. Is that total funding per year for the whole state? Or is it instead per region, meaning $361,683.00 per year for each one of the five regions?

   Response: The total anticipated funding available is $361,683 for the entire state (all five Planning and Service Areas) for each full year:

For the first ½ year – January 1, 2013 – June 30, 2013 = $180,841.
FY 2014 - July 1, 2013 – June 30, 2014 = $361,683.
FY 2015 – July 1, 2014 – June 30, 2015 = $361,683.

6. **Question**: Our agency currently runs a Geriatric Assessment program that does not include all the elements listed as required services in the RFP. It is primarily a holistic physician-driven assessment to evaluate the client's complete physical and mental status, including medication interactions. Is this type of program eligible for funding under this RFP? If so, can it be the only element proposed, or must all 7 elements described in Section B, Service Delivery, be provided?

   Response: The Geriatric Assessment program is eligible for funding under the RFP, and should be proposed in C. MAIN PROPOSAL COMPONENTS, 2.0 Service Requirements, b. Service Delivery, 4) Follow-up Services. However, this cannot be the only service delivery of the EHPS Program. Per the RFP, 2.0 Service Requirements, b. Service Delivery, b.1.: To submit a responsive proposal THE RESPONDENT SHALL describe in detail its methodologies and procedures to deliver the EHPS, 1) - 7), above, presenting an understanding of, the need for, and the execution of EHPS that are essential to a successful program.

7. **Question**: If our Proposed Planning and Service Area does not support a 50% minority client base, can we propose a different mix with corresponding census justification?

   Response: No. An outcome that is required and will be measured of the Resultant Contractor is: At least 50% of individuals served will be from minority groups.

   As defined in the RFP, Minority: See Race and Ethnicity

   Race
   Reflects the requirements of Office of Management and Budget (OMB) for obtaining information from persons regarding their self-identification of race.

   - American Indian or Alaskan Native: a person having origins in any of the original peoples of North America, including Central America, and who maintains tribal affiliation or community attachment
   - Asian: a person having origins in any of the original peoples of the Far East Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
   - Black or African American: a person having origins in any of the black racial groups of Africa
   - Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
   - White: a person having origins in any of the peoples of Europe, the Middle East, or North Africa

   Ethnicity
   Reflects the requirements of Office of Management and Budget (OMB) for obtaining information from persons regarding their self-identification of ethnicity.

- Hispanic or Latino: a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race; and
- Not Hispanic or Latino.

8. **Question**: If our Proposed Planning and Service Area does not support a 50% 100% Federal Poverty level client base, can we propose a different mix with corresponding census justification?

Response: No.

9. **Question**: Must the project encompass an entire Proposed Planning and Service Area (i.e., must the agency maintain office availability in each county in the Proposed Planning and Service Area), or is it acceptable to accept referrals at 1 or 2 centrally located offices from the entire Proposed Planning and Service Area, and ensure outreach to the entire Proposed Planning and Service Area?

Response: The agency does not need to maintain office availability in each county in the proposed Planning Service Area. It is acceptable to maintain centrally located offices, and ensure outreach to the entire proposed Planning and Service Area.

10. **Question**: Will DSS publish a list of agencies who submitted Letters of Intent?

Response: No.

11. **Question**: The Stanford Chronic Disease Self-Management Program may not be appropriate for clients with dementia. Are family members considered appropriate participants? If not, can an alternative curriculum better suited to those with dementia be proposed?

Response: Yes, family members are considered appropriate participants.

12. **Question**: To count as a client for health screening, does a comprehensive screening need to be completed, or can something like a blood pressure screening count?

Response: As defined in the RFP: For the purpose of the EHPS Program, and this RFP, a Comprehensive Health Screening means that a person can receive all the health screening services being offered by the EHPS Program that includes: obesity, diabetes, cardiovascular, vision, hearing, oral health, nutrition and cancer screenings. Participants may choose to have one or more of the offered screenings at the initial visit and return at a later date to complete the others.

A blood pressure screening can only be counted as one of the screenings that can be performed.

13. **Question**: Can additional elements be proposed for health assessments, such as behavioral/mental health?

Response: Yes.

14. **Question**: How will DSS count program participants? In other words, if we maintain a database that identifies that 600 unduplicated clients have accessed one or more of the 7 elements described in section b of the RFP, Service Delivery, does that meet the requirements of the EHPS program?

    Response: Please refer to Amendment 1. of this Addendum 1.

15. **Question**: Does the eligibility screening/demographic tool described in section 2a1a, Target Population, have to be completed for every program participant? For example, do we need to complete the entire form for participants in a community education program?

    Response: Yes.

16. **Question**: Pg. 5: Comprehensive Health Screening – oral health clarification regarding delivery of this service: Will referral/connection/follow-up service meet this requirement?

    Response: No.

17. **Question**: Pg. 11: Total funding available is $361,683 per year for 2 1/2 years to be divided among the 5 regions. Does that mean $72,337 per region for each of the first and second years and $36,162 for the third, half year? Or something else?

    Response: Please refer to response to question 5.

18. **Question**: Pg. 31: Subcontractors – RFP must provide info about each subcontractor. Can info be general in nature/indicate discussions are taking place?

    Response: No. If the Respondent is proposing subcontractor(s) to provide any of the EHPS, the Respondent must present the same information about the proposed subcontractor(s) as is required of the Respondent. Please also refer to 5.0 Subcontractors of the RFP, as the requirements are not general in nature, but very specific, as each section in the RFP is, if proposing subcontractor(s)

19. **Question**: Pg. 32: Clarification of the following description of unit of service. "A unit of service is equal to one health assessment or screening, which is defined as an investigation or series of analyses conducted by a medical or health professional to determine the need for a health service for one individual." If there is a minimum of 600 unduplicated assessments and health screenings required per year per region, does this refer to 600 individuals who get either an assessment or a set of screenings or 300 individuals who get both an assessment *and* a set of screenings?

    Response: Please refer to Amendment 1 of this Addendum 1.

20. **Question**: Pg. 32: Clarification of the following. "Only one health assessment and one comprehensive health screening per year per individual will be allowed."

Response: Please refer to Amendment 1. of this Addendum 1.

Question continued: Page 5 Comprehensive Health Screening - does this mean individual has *all* screenings offered? **Response**: Yes. **Question continued**: Is there some minimum number of elements of the comprehensive health screening that counts as a screening completed for an individual? **Response**: All screenings should be offered to the individual. The minimum number of screenings that would result in a completed screening is dependent on the individual's needs and the individual's requests.

21. **Question**: Pg. 33: For consumer registration, are the last 4 digits of their social security number acceptable?

Response: Yes.

22. **Question**: Pg. 34: Health Assessments – Service designed to develop an individualized profile of participants' current health and the services required to maintain or improve their functioning. **"Determinations of the eligibility of an individual to receive EHPS benefits and the approach to educating individual about the need for early detection of disease"**

Question (bolded text): Does this mean that the successful applicants set the criteria and system for this to occur?

Response: Yes, with the Department of Social Services' approval.

23. **Question**: Pg. 35: Health Education Services: If a course is offered at 4 locations with 1 hour sessions on each of 3 topics at each site, do these 12 sessions meet the requirement, or must there be 12 sessions at 12 different sites with a minimum of 3 different topics offered across the 12 sites? Or something else?

Response: Per the RFP, no less than 3 different topics should be provided at no less than 4 locations within the Planning and Service Area. Therefore a minimum of 12 sessions are required for each Planning and Service Area. Statewide, there should be no less than 20 locations with no less than 3 different topics at each location.

24. **Question**: Pg. 38: The outcomes identify that at least 50% of individuals served will be, for instance, from minority groups. This suggests that 150 or 300 individuals out of the minimum required 300 or 600 individuals (see question X above) served must be from minority groups. If 1,000 individuals end up being served in a single service area, must 500 of them then be from minority groups? Or is the minimum requirement 50% of the minimum required 300-or 600 individuals. We have the same question for each of the outcome requirements. Please clarify

Response: At least 50% **of all individuals seen** should be from minority groups. See definition of minority.

25. **Question**: Pg. 39: Outcomes – Item #4. Does this mean that 50% of individuals served will receive both a health assessment *and* health screenings or one or the other?

Response: Please refer to Amendment 2 of this Addendum 1.

26. **Question**: Are we correct in our interpretation that services need not be directly offered in *each* of the towns in a Planning and Service Area but can respond to where the greatest needs (greatest number of eligible individuals) are and can be offered in neighboring communities so long as ease of access is consistent with the spirit of the requirement?

Response: Yes.

27. **Question**: If we apply to provide services in two Planning and Service Areas, do we have to provide the *same* program in both regions, or can we meet the RFP requirements differently in each Planning and Service Area based on its population needs, existing infrastructure and current services available?

Response: Proposed EHPS Programs may be different if proposing two or more Planning and Service Areas. To submit a responsive proposal, all requirements of the EHPS RFP must be met in each program proposed.

28. **Question**: Regarding the proposal submission, pp. 27 ff: if the page limit for a section is "five (5) double-sided pages", are we correct in interpreting this to mean ten sides of text?

Response: Yes.

The State of Connecticut Department of Social Services
is issuing Addendum 1
to the Elderly Health Promotion Services Request for Proposals
(EHPS RFP)

Date Issued: September 13, 2012.

Approved: _____
Marcia McDonough

State of Connecticut Department of Social Services
(Original signature on document in procurement file)

This Addendum must be signed and returned with your submission.

_____	_____
Authorized Signer	Name of Company

PROCUREMENT NOTICE

Elderly Health Promotion Services Request For Proposals

(EHPS RFP)

The State of Connecticut, Department of Social Services (the Department), Aging Services Division, designated as the State Unit on Aging (SUA) is seeking proposals from qualified organizations to administer and provide Elderly Health Promotion Services, (EHPS) to individuals aged 60 and older, targeting:

- Participants with greatest economic or social needs;
- Minority participants;
- Low-income minority participants;
- Participants who are considered near poor (income at or below 150% of federal poverty level);
- Older individuals with limited English proficiency;
- Participants with severe disabilities;
- Participants at risk of institutionalization;
- Participants with Alzheimer's and related disorders;
- Older individuals residing in rural areas;
- Participants ages 60-64 who are uninsured or underinsured; and
- Participants who have limited access to health assessments and health screenings.

Purpose: This Request for Proposals (RFP) presents an exceptional opportunity for an organization to demonstrate competence in operating an EHPS Program designed to assist older adults and/or their families (clients) in addressing immediate medical needs, and finding long-term solutions to improve their overall life-functions in order to remain in the home and community of their choice for as long as possible. It also provides older adults with the opportunity to receive preventive health care and wellness education services that can reduce the need for costly acute care treatments, increase independence and improve the quality of life.

The Resultant Contractor shall provide EHPS that will:

- Educate individuals about the importance of early detection of disease, preventive health measures, management of chronic disease;
- Provide health screening and health assessment services
- Provide referrals to appropriate specialty care;
- Provide follow up services to track an individual's compliance with the plan; and
- Provide Chronic Disease Management Workshops (CDSMP).

Qualifications: Respondents to this RFP must have principal place of business in Connecticut and have no less than three (3) years' experience in providing health assessment/health promotion services. Subcontractor(s) proposed by the Respondent to provide EHPS must also have no less than three (3) years' experience in providing health assessment/health promotion services.

Eligibility: Qualified Respondents, from public or private 501(c)(3) non-profit health care or social service providers including federally qualified health centers, clinics, hospitals (including hospital networks), private providers, government entities and community health centers are

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eligible to submit proposals in response to this RFP. Respondents need to demonstrate in their EHPS proposals that they have the capacity to successfully provide the comprehensive package of services that constitutes the **EHPS Program.**
Individuals who are not a duly formed business entity are ineligible to participate in this procurement.

Respondents must provide proof of nonprofit status, such as a copy of the Internal Revenue Service (IRS) determination letter, stating 501(c)(3) nonprofit confirmation.

The Request for Proposals is available in electronic format on the State Contracting Portal at **http://das.ct.gov/Director.aspx?Page=12** or on the DSS website at **http://www.ct.gov/dss/cwp/view.asp?a=2345&q=304920&dssNav=.**

The RFP is also available from the official and ONLY contact:

Name: Marcia McDonough, Contract Administration
Address: 25 Sigourney Street, 9th Floor, Hartford, CT 06106
Phone: 860-424-5214
Fax: 860-424-5800
E-Mail: Marcia.McDonough@ct.gov

Persons who are deaf or hearing impaired may use a TDD by calling 1-800-842-4524.

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TABLE OF CONTENTS

Page

Procurement Notice 1

Section I — GENERAL INFORMATION 3

A. Introduction 4
B. Abbreviations / Acronyms / Definitions 4
C. Instructions 11
D. Proposal Format 15
E. Evaluation of Proposals 17

Section II — MANDATORY PROVISIONS 19

A. Standard Contract, Parts I and II 19
B. Assurances 19
C. Terms and Conditions. 20
D. Rights Reserved to the State 21
E. Statutory and Regulatory Compliance 22

Section III — PROGRAM INFORMATION 25

A. Department Overview 25
B. Program Overview 26
C. Main Proposal Components 27
D. Cost Proposal Components 41

Section IV — PROPOSAL OUTLINE. 43

I. GENERAL INFORMATION

A. INTRODUCTION

1. **RFP Name. Elderly Health Promotion Services Request for Proposals, (EHPS RFP)**

2. **Summary.** This Request for Proposals (RFP) presents an exceptional opportunity for an organization to demonstrate competence in operating an EHPS Program designed to assist older adults and/or their families (clients) in addressing immediate medical needs, and finding long-term solutions to improve their overall life-functions in order to remain in the home and community of their choice for as long as possible. It also provides older adults with the opportunity to receive preventive health care and wellness education services that can reduce the need for costly acute care treatments, increase independence and improve the quality of life.

3. **Synopsis. EHPS** will be provided in the following five (5) Planning and Service Areas embedded as hyperlinks, with a special focus on, but not limited to the urban cities and towns in each Planning and Service Area. **A Respondent may propose providing services statewide** (all Planning and Service Areas) **or a Respondent may propose providing services within one or more** Planning and Service Area**.**

   Eastern

   North Central

   Southwestern

   South Central

   Western

4. **Commodity Codes.** The services that the Department wishes to procure through this RFP are as follows:

   0098: Medical Services or Medical Testing Services
   1000: Healthcare Services
   2000: Community and Social Services
   3000: Education and Training

B. ABBREVIATIONS / ACRONYMS / DEFINITIONS

Alzheimer's Disease/Alzheimer Disease/Alzheimer's (AD)
A progressive neurodegenerative disease characterized by the loss of function and death of nerve cells in several areas of the brain, leading to loss of cognitive functions such as attention, memory, and language.

Caregiver
An adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.

Contractor
A private provider organization, Connecticut State agency, or municipality that enters into a contract with the Department as a result of this RFP.

Comprehensive Health Screening
For the purpose of the EHPS Program, and this RFP, a Comprehensive Health Screening means that a person can receive all the health screening services being offered by the EHPS Program that includes: obesity, diabetes, cardiovascular, vision, hearing, oral health, nutrition and cancer screenings. Participants may choose to have one or more of the offered screenings at the initial visit and return at a later date to complete the others.

Dental Services
Clinics and/or community oral health programs which offer services that provide dental screening, information and referral and/or treatment.

Department or DSS
The State of Connecticut Department of Social Services

Dietitian
A Nutritionist with specialized education and experience for prescribing therapeutic diets as evidenced by registration status with the American Dietetic Association or certification as a State Certified Dietitian/Nutritionist.

Disability
A condition that is attributable to mental or physical impairment, or a combination of mental and physical impairments, and results in substantial functional limitations in 1 or more of the following areas of major life activity:
(A) self-care,
(B) receptive and expressive language,
(C) learning,
(D) mobility,
(E) self-direction,
(F) capacity for independent living,
(G) economic self-sufficiency,
(H) cognitive functioning, and
(I) emotional adjustment.

Chronic Disease Self-Management Program
An evidence-based program designed to help people with chronic diseases to gain self-confidence in their ability to control their symptoms, take on health challenges and maintain control of their lives.

Elderly Nutrition Program
A federal and state funded nutrition program authorized under Title III-C of the Older Americans Act that provides meals and other nutrition services to eligible participants.

Ethnicity
Reflects the requirements of Office of Management and Budget (OMB) for obtaining information from persons regarding their self-identification of ethnicity.

- Hispanic or Latino: a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race; and
- Not Hispanic or Latino.

Eligibility
Qualified Respondents, from public or private 501(c)(3) non-profit health care or social service providers including federally qualified health centers, clinics, hospitals (including hospital networks), private providers, government entities and community health centers are eligible to submit proposals in response to this RFP. Respondents need to demonstrate in their EHPS proposals that they have the capacity to successfully provide the comprehensive package of services that constitutes the EHPS Program.

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

Respondents must provide proof of nonprofit status, such as a copy of the Internal Revenue Service (IRS) determination letter, stating 501(c)(3) nonprofit confirmation.

Follow Up
Activities performed by the contractor to obtain current information on services received by participants for ongoing care or as a result of the referral. Follow up shall be conducted in person, by phone or electronically with individual or caregiver as appropriate.

Form 5- Consumer Registration Form
A consumer registration and intake assessment form used to collect demographic and other data for participants in state and federally funded programs.

Greatest Economic Need
Need resulting from an income level at or below the 100% poverty threshold established by the Department of Health and Human Services (DHHS).

Greatest Social Need
Need caused by non-economic factors, that may include but are not limited to physical and mental disabilities, language barriers, and/or cultural, geographical or social isolation caused by racial or ethnic status that restricts the ability of an individual to perform normal daily tasks or threatens the capacity of the individual to live independently.

Health Assessment
Service designed to develop an individualized profile of participants' current health and the services required to maintain or improve their functioning. Services may be provided by a medical doctor or a diagnostically trained nurse practitioner or physician's assistant.

Health Education

Health education provides individuals or groups of participants with an awareness of preventative, remedial and/or rehabilitative self-health care, which is based upon the health needs of the particular individual/group.

Health Screening
Promotes and maintains community health by providing testing services for the assessment of a participant's health status and the determination of need for further health care.

Information and Assistance
Service that:

a. provides individuals with health information on services available within the community;
b. links individuals to service and opportunities available within the community; and
c. Establishes follow up procedures.

Letter of Intent (LOI
Required formal notification from a prospective Respondent of intent to apply to provide services as outlined in the Request for Proposal.

Limited English Proficiency
Language barrier resulting in cultural, social, or geographical isolation, including isolation caused by racial or ethnic status that restricts the ability of an individual to perform normal daily tasks or threatens the capacity of the individual to live independently.

Low Income
A person with an income at or below 100% of the federally established poverty line.

Low-Income Minority
A minority older person with an annual income at or below 100% of the federally established poverty line.

Management Information System (MIS)
An electronic data system used to track client participation and service delivery in federal and state-funded programs and to generate reports to monitor program activity. When performance-based contracting is used, contractors will be reimbursed based on performance measures generated by the MIS.

Mental Health Services
Depression or alcohol self-management programs facilitated by case managers, social workers, or social service providers that may include screening and assessment, education for clients and family caregivers, referral and linkages to appropriate health professionals, and behavioral activations. Services may also include problem-solving treatment, social and physical activation, and follow-up phone calls.

Minority: See Race and Ethnicity

Near Poor

A person with an income at or below 150% of the federally established poverty line.

Nutrition Assessment
The development of a profile of a participant's current nutritional status and the identification of nutritional deficiencies. This assessment must be performed before nutrition counseling can be provided based on the Nutrition Health Screening assessment form section VIII of the Form 5-Consumer Registration Form. A person scoring 3 – 5 is at moderate nutrition risk and a person with a score of 6 or more is at high nutrition risk. (Refer to the definition of Nutrition Counseling for additional information).

Nutrition Counseling
Individualized guidance that is given to participants who are at nutritional risk because of their health or nutritional history, dietary intake, chronic illnesses or medication use or to caregivers of such persons. Nutrition counseling is provided one on one and addresses the options and methods for improving nutrition status. Counseling is provided one on one by a registered dietician or health professional in accordance with state law and policy. Such individuals include nutritionists, physicians and nurses that are licensed/certified by the State of Connecticut. Nutrition counseling must include a nutrition assessment. (A nutrition assessment is the development of an individualized profile of a participant's current nutritional status and the measures required to overcome any identified deficiencies).

Nutrition Education
A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants or caregivers in a group setting. Nutrition education is overseen by a registered dietician or individual of comparable expertise including but not limited to a nutritionist, dietetic technician, physician, diabetic educator or nurse. Individuals with other types of training must be approved by the SUA to provide nutrition education.

Nutritionist
A professional who is a graduate of a bachelor's degree program in foods and nutrition, institutional food management, community nutrition, dietetics or related field; and, who has two years of relevant full time work experience preferably in geriatric nutrition, food service management or community nutrition. Registered Dietitian status from the American Dietetic Association or a master's degree from an accredited institution in nutrition, dietetics, institutional food management, public health, business administration or related field may substitute for one year of the required work experience. In Connecticut, a Certified Nutritionist (CN) is a nutritionist who is issued a certificate by the Connecticut Department of Public Health and has demonstrated specific evidence of competency.

Nutritional Risk
Health risks of a nutritional nature resulting from a poor diet, medical condition or lifestyle. A person scoring 3 - 5 on the Nutrition Health Screening Assessment on the Form 5 is at moderate nutrition risk and a person with a score of 6 or more is at high nutrition risk.

Older Individual

A person age 60 or older.

Older Americans Act (OAA)
The Older Americans Act of 1965, as amended is a federal Act, which establishes authority for the development of programs to serve older persons (60 years or older), especially those with the greatest social and economic need, giving particular attention to low income individuals, including low-income minority older individuals, older individuals and person with disabilities with limited English proficiency and older individuals and person with disabilities residing in rural areas. This legislation was passed by congress with the primary goal of maintaining the independence as well as the dignity of the elderly.

Planning and Service Area
A geographic area that is designated by the Department under Section 305(a)(1)(E) of the OAA for purposes of planning, development, delivery and administration of services under an area plan.

Poverty
The income level defined each year by the DHHS Secretary. The annual DHHS Poverty Guidelines provide dollar thresholds representing poverty levels for households of various sizes.

Prospective respondent
A private non-profit provider organization, Connecticut State agency, or municipality that may submit a proposal to the Department in response to this RFP, but has not yet done so.

Race
Reflects the requirements of Office of Management and Budget (OMB) for obtaining information from persons regarding their self-identification of race.

- **American Indian or Alaskan Native**: a person having origins in any of the original peoples of North America, including Central America, and who maintains tribal affiliation or community attachment
- **Asian**: a person having origins in any of the original peoples of the Far East Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- **Black or African American**: a person having origins in any of the black racial groups of Africa
- **Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- **White**: a person having origins in any of the peoples of Europe, the Middle East, or North Africa

Registered Dietitian (RD)
Dietitians who have met educational, internship, testing and registration requirements of the American Dietetic Association. **Also see dietitian**.

Respondent

A private, non-profit provider organization, Connecticut State agency, or municipality that has submitted a proposal to the Department in response to this RFP.

Risk of institutionalization
Persons with limitations on their ability to function independently at home.

Rural
An area defined as rural by the State Unit on Aging. The SUA designates rural as any subdivision identifies by the U.S. Census as having 50 percent or more of its residents living in rural areas.

Severe Disability
A chronic disability attributable to mental or physical impairment or a combination of mental and physical impairments, that is likely to continue indefinitely and results in substantial functional limitation in 3 or more of the major life activities specified in Subparagraphs (A) through (G) in the definition of "Disability".

State Unit on Aging SUA
The Aging Services Division of the CT Department of Social Services which is designated as the State Unit on Aging for purposes of administering services for individuals pursuant to the Older Americans Act**.**

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 contract with the Department as a result of this RFP.

Target Groups: Services provided to:

- Participants with greatest economic or social needs;
- Minority participants;
- Low-income minority participants;
- Participants who are considered near poor (income at or below 150% of federal poverty level);
- Older individuals with limited English proficiency;
- Participants with severe disabilities;
- Participants at risk of institutionalization;
- Participants with Alzheimer's and related disorders;
- Older individuals residing in rural areas;
- Participants ages 60-64 who are uninsured or underinsured; and
- Participants who have limited access to health assessments and health screenings.

Urban
Areas defined by the State Unit on Aging comprised of a central place and its adjacent densely settled territories with a combined minimum population of 50,000 and a census designated place with 20,000 or more inhabitants.

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. Respondents, prospective respondents, 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. Respondents or prospective respondents who violate this instruction may risk disqualification from further consideration.

   Name: Marcia McDonough, Contract Administration
   Address: 25 Sigourney Street, 9th Floor, Hartford, CT 06106
   Phone: 860-424-5214 Fax: 860-424-5800
   E-Mail: **Marcia.McDonough@ct.gov**

   Please ensure that e-mail screening software (if used) recognizes and accepts e-mails from the Official Contact.

2. **RFP Information.** The RFP, addenda 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/dss/cwp/view.asp?a=2345&q=304920&dssNav=

   - State Contracting Portal
   - http://www.ct.gov/dss/cwp/view.asp?a=2345&q=304920&dssNav=

   It is strongly recommended that any respondent or prospective respondent 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 addenda 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. **Contracts.** The offer of the right to negotiate a contract pursuant to this RFP is dependent upon the availability of funding to the Department. The Department anticipates the following:

Total Funding Available:	$361,683.00 per year for up to 2 ½ years
Number of Contracts:	One or more
Contract Cost:	To be determined by State
Contract Term:	January 1, 2013 through June 30, 2015

4. **Minimum Qualifications of Respondents.** To be considered for the right to negotiate a contract, a Respondent must have the following minimum qualifications:

   Respondents must have principal place of business in Connecticut and have no less than three (3) years' experience in providing health assessment/health promotion services. Subcontractor(s) proposed by the Respondent to provide EHPS must also have no less than three (3) years' experience in providing health assessment/health promotion services.

5. **Eligibility.** Qualified Respondents from public and private non-profit health care or social services providers including federally qualified health centers, clinics, hospitals (including hospital networks), private providers, government entities, and community health centers are eligible to submit proposals in response to this RFP. Respondents need to demonstrate in their EHPS proposals that they have the capacity to successfully provide the comprehensive package of services that constitutes the **EHPS Program.**

   The Department reserves the right to reject the submission of any respondent in default of any current or prior contract.

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 addendum to this RFP and will be posted on the State Contracting Portal and the Department's RFP Web Page.

Milestones	Ending Dates
RFP Released	August 20, 2012
Questions Due 2:00 PM EST	September 4, 2012
Responses to Questions (tentative)	September 11, 2012
Mandatory Letter of Intent (LOI) 2:00 PM EST	September 18, 2012
Submissions Due by 2:00 PM EST	**October 9, 2012**
Successful Respondent(s) Announced	*TBD
Contract Negotiations Begin (tentative)	*TBD
Contract Begins	January 1, 2013

7. **Letter of Intent.** A Letter of Intent (LOI) **is required** by this RFP. **The LOI shall identify the Respondent's proposed Planning and Service Area(s) in response to the 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, mailing 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 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. If this RFP requires a Letter of Intent, the Department reserves the right to answer questions only from those who have submitted such a letter. The Department may combine similar questions and give only one answer. All questions and answers will be compiled into a written addendum 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 addendum and duly noted as

such. The agency will release the answers to questions on the date established in the Procurement Schedule. The Department will publish any and all amendments and addenda to this RFP on the State Contracting Portal and on the Department's RFP Web Page. At its discretion, the Department may distribute any amendments and addenda to this RFP to prospective respondents who submitted a Letter of Intent.
Proposals must include a signed Addendum Acknowledgement, which will be placed at the end of any and all addenda to this RFP.

9. **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: October 9, 2012
   - Time: 2:00 p.m. Eastern Time

   Faxed or e-mailed proposals will not be evaluated. The Department will not accept a postmark date as the basis for meeting the submission due date and time. Respondents should not interpret or otherwise construe receipt of a proposal after the due date and time as acceptance of the proposal, since the actual receipt of the proposal is a clerical function. The Department suggests the respondent use certified or registered mail, or a delivery service such as United Parcel Service (UPS) to deliver the proposal. When hand-delivering proposals, submitters should allow extra time to comply with building security and delivery procedures.

   Hand-delivered proposals must be delivered to the loading dock located on the north side of the building, at 555 Capitol Avenue. Upon arriving at the loading dock, the respondent or courier must ring the buzzer by the door. The Official Contact or designee will receive the proposal and provide the respondent or courier with a receipt upon request.

   Proposals shall not be considered received by the Department until they are in the hands of the Official Contact or another representative of the Contract Administration and Procurement Unit designated by the Official Contact. 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, four (4) copies and two (2) conforming, identical electronic copy CD, or DVD** (which must be compatible with Microsoft Office Word) **of proposal labeled EHPS RFP Binder 1 of 2 containing**:

   - Organizational Profile
   - Service Requirements
   - Staffing Plan
   - Data and Technology
   - Work Plan
   - Subcontractors (if applicable)
   - Appendices

   EHPS RFP Binder 1 of 2 original and copies shall be submitted in separate sealed envelope(s) or box (s).

   - **and one (1) original, four (4) copies and two (2) conforming, identical electronic copies, CD, or DVD** (which must be compatible with Microsoft Office Word **) of**

proposal labeled <u>EHPS RFP COST Binder 2 of 2</u>, which MUST be separate and distinct from the EHPS RFP Binder 1 of 2, containing:

- Financial Profile
- Line-Item Budget
- Budget Narrative

EHPS RFP COST Binder 2 of 2 original and copies shall be submitted in separate sealed envelope(s) or box (s).

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 Evaluation Team. **<u>The electronic copies of the proposal must be compatible with *Microsoft Office Word* except for the Budget, which may be compatible with *Microsoft Office Excel*.</u>** For the electronic copy, only the required appendices and forms 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. **However, one proposal may include more than one Planning and Service Area.**

12. **Declaration of Confidential Information.** Respondents 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 respondent deems that certain information required by this RFP is confidential, the respondent must label such information as CONFIDENTIAL. In Section IV- Proposal Outline, C. Declaration of Confidential Information of the proposal submission, the respondent must reference where the information labeled CONFIDENTIAL is located in the proposal. *EXAMPLE: Section G.1.a.* For each subsection so referenced, the respondent 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 respondent 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.** Respondents must include a disclosure statement concerning any current business relationships (within the past 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 respondent 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 respondent 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 respondent 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 respondent must affirm such in the disclosure statement*: "[name of respondent] has no current business relationship (within the past 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, at the discretion of the Department, non-responsive and not evaluated.

2. **Cover Sheet.** The Cover Sheet is Page 1 of the proposal. Respondents must complete and use the **Cover Sheet** form, which is embedded in this section as a hyperlink.

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 two (2) double-sided pages, of the main proposal. The summary must provide the Respondent's principal place of business in Connecticut and describe the Respondent's qualifications of no less than three (3) years' experience in providing health assessment/health promotion services. If the Respondent is proposing subcontractor(s) to provide EHPS, the Executive Summary must also include the subcontractor(s)' qualifications of no less than three (3) years' experience in providing health assessment/health promotion services. The Respondent shall also identify the Planning and Services Area(s) proposed in response to this RFP.

   Respondents must provide proof of nonprofit status, such as a copy of the Internal Revenue Service (IRS) determination letter, stating 501(c)(3) nonprofit confirmation. The proof of nonprofit status shall be included in the proposal, directly following the Executive Summary. The proof of nonprofit status is not included in the page limitation of the Executive Summary.

5. **Attachments.** Attachments other than the required Appendices identified in Section IV are not permitted and will not be evaluated. Further, the required Appendices 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:	Loose leaf binders with the Legal Name of the respondent, and the RFP Name appearing on the outside front cover of each binder: **Elderly Health Screening/Promotion Services Request for Proposals (EHPS RFP)**
Dividers:	A tab sheet keyed to the table of contents must separate each subsection of the proposal; the title of each subsection must appear on the tab sheet
Paper Size:	8½" x 11", "portrait" orientation
Page Limit:	Specified in each section of the RFP
Print Style:	double-sided
Font Size:	Minimum of 11-point
Font Type:	Arial or Tahoma
Margins:	The binding edge margin of all pages shall be a minimum of one and one half inches (1½"); all other margins shall be 1"
Line Spacing:	Single-spaced

7. **Pagination.** The respondent's name must be displayed in the header of each page. All pages, from the Cover Sheet through the required Appendices must be numbered consecutively in the footer.

8. **Packaging and Labeling Requirements.** All proposals must be submitted in sealed envelopes or packages and be addressed to the Official Contact. The Legal Name and Address of the respondent must appear in the upper left corner of the envelope or package. The RFP Name must be clearly displayed on the envelope or package: **Elderly Health Promotion Services Request for Proposals (EHPS RFP)**

   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 respondents, and offering the right to negotiate a contract, the Department will conform to its written procedures for POS procurements (pursuant to C.G.S. § 4-217) and the State's Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85).

2. **Evaluation Team.** The Department will designate an Evaluation Team to evaluate proposals submitted in response to this RFP. The contents of all submitted proposals, including any confidential information, will be shared with the Evaluation Team. 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 respondent (or representative of any respondent) to contact or influence any member of the Evaluation Team may result in disqualification of the respondent.

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.

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 Evaluation Team 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 confidential.

   EHPS Binder 1 of 2
   - Organizational Requirements
   - Service Requirements
   - Staffing Requirements *see note*
   - Data and Technology Requirements
   - Subcontractors
   - Work Plan
   - Appendices

   EHPS Binder 2 of 2
   - Financial Profile
   - Itemized Budget and

- Budget Narrative

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

Note:
The Financial Profile, Itemized Budget, and Budget Narrative of the proposal contained in **EHPS Binder 2 of 2** will be evaluated only for proposals that have achieved the minimum requirement **of 75% of available points for the preceding criteria, contained in EHPS RFP Binder 1 of 2.**

5. **Respondent Selection.** Upon completing its evaluation of proposals, the Evaluation Team will submit the rankings of all proposals to the Department head. The final selection of a successful respondent is at the discretion of the Department head. Any respondent selected will be so notified and offered 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 respondents will be notified by e-mail or U.S. mail, at the Department's discretion, about the outcome of the evaluation and respondent selection process.

6. **Debriefing.** After receiving notification from the Department, any respondent may contact the Official Contact and request a Debriefing of the procurement process and its proposal. If respondents still have questions after receiving this information, they may contact the Official Contact and request a meeting with the Department to discuss the procurement process. The Department shall schedule and conduct Debriefing meetings that have been properly requested, within fifteen (15) days of the Department's receipt of a request. The Debriefing meeting must not include or allow any comparisons of any proposals with other proposals, nor should the identity of the evaluators be released. The Debriefing process shall not be used to change, alter, or modify the outcome of a competitive procurement. More detailed information about requesting a Debriefing may be obtained from the Official Contact.

7. **Appeal Process.** Any time after the submission due date, but **not later than thirty (30) days** after the Department notifies respondents about the outcome of a competitive procurement, respondents may submit an Appeal to the Department. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the thirty (30) days. Respondents may appeal any aspect of the Department's competitive procurement; however, such Appeal must be in writing and must set forth facts or evidence in sufficient and convincing detail for the Department to determine whether during any aspect of the competitive procurement there was a failure to comply with the State's statutes, regulations, or standards concerning competitive procurement or the provisions of the RFP. Any such Appeal must be submitted to the Agency Head with a copy to the Official Contact. The respondent must include the basis for the Appeal and the remedy requested. 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. **Contest of Solicitation or Contract Offer.** Pursuant to Section 4e-36 of the Connecticut General Statutes, "Any bidder or proposer on a state contract may contest the solicitation or award of a contract to a subcommittee of the State Contracting

Standards Board…" More detailed information is available on the State Contracting Standards Board web site at http://www.ct.gov/scsb/site/default.asp.

9. **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. STANDARD CONTRACT, PARTS I AND II

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

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

Part II of the standard contract is maintained by OPM and includes the mandatory terms and conditions of the contract. Part II is available on OPM's website at: OPM: POS Standard Contract Part II.

Note:
Included in Part II of the standard contract is the State Elections Enforcement Commission's notice (pursuant to C.G.S. § 9-612(g)(2)) advising executive branch State contractors and prospective State contractors of the ban on campaign contributions and solicitations. If a respondent is offered 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 respondent must inform the respondent's principals of the contents of the SEEC notice.

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

B. ASSURANCES

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

1. **Collusion.** The respondent represents and warrants that the respondent 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 respondent further represents and warrants that no agent, representative, or employee of the State participated directly in the preparation of the respondent's proposal. The respondent 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 respondent 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 respondent, contractor, or its agents or employees.

3. **Competitors.** The respondent 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 respondent to induce any other organization or competitor to submit, or not submit, a proposal for the purpose of restricting competition. The respondent 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 respondent knowingly disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor.

4. **Validity of Proposal.** The respondent 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 respondent.

5. **Press Releases.** The respondent 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 respondent 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 respondent 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. Respondents 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 respondents to submit written clarification of their proposals, in a manner or format prescribed by the Department, and at the respondent'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 respondent 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 respondents invited to make such a demonstration, interview, or oral presentation and may limit the number of attendees per respondent.

7. **Presentation of Supporting Evidence.** If requested by the Department, a respondent must be prepared to present evidence of experience, ability, data reporting capabilities, financial standing, or other information necessary to satisfactorily meet the requirements set forth or implied in this RFP. The Department may make onsite visits to an operational facility or facilities of a respondent to evaluate further the respondent'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 respondent.

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 respondent unless and until a contract is fully executed by the necessary parties. The contract document will represent the entire agreement between the respondent 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 respondent or for payment of services under the terms of the contract until the successful respondent 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 respondent 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. **Contract Offer and Rejection of Proposals.** The Department reserves the right to offer in part, and/or 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 respondent 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 executed as a result of this RFP shall be the sole property of the State, unless stated otherwise in this RFP or subsequent contract. The right to publish, distribute, or disseminate any and all information or reports, or part thereof, shall accrue to the State without recourse.

6. **Contract Negotiation.** The Department reserves the right to negotiate or contract for all or any portion of the services contained in this RFP. The Department further reserves the right to contract with one or more respondent(s) for such services. After reviewing

the scored criteria, the Department may seek Best and Final Offers (BFO) on cost from respondents. The Department may set parameters on any BFOs received.

7. **Clerical Errors in Contract Offer.** The Department reserves the right to correct inaccurate contract offers resulting from its clerical errors. This may include, in extreme circumstances, revoking the offer of a contract already made to a respondent and subsequently offering the contract to another respondent. 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 respondent is deemed to be void *ab initio* and of no effect as if no contract ever existed between the State and the respondent.

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 respondent'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 respondent 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). Respondents are generally advised not to include in their proposals any confidential information. If the respondent 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 respondent has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While a respondent 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 ensure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.
IMPORTANT NOTE: The respondent must upload the Workplace Analysis Affirmative Action Report through an automated system hosted by the Department of Administrative Services (DAS)/Procurement Division, and the Department of Rehabilitation Services can review said document online. The DAS guide to uploading affidavits and nondiscrimination forms online is embedded in this section as a hyperlink.

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 require 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 OPM: Ethics Forms
IMPORTANT NOTE: The respondent must upload the Consulting Agreement Affidavit (OPM Ethics Form 5) through an automated system hosted by the Department of Administrative Services (DAS)/Procurement Division, and the Department of Rehabilitation Services can review said document online. The DAS guide to uploading affidavits and nondiscrimination forms online is embedded in this section as a hyperlink.

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 respondent is offered an opportunity to negotiate a contract with an anticipated value of $50,000 or more in a calendar or fiscal year, the respondent 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 OPM: Ethics Forms
IMPORTANT NOTE: The selected respondent(s) must upload the Gift and Campaign Contributions Certification (OPM Ethics Form 1) through an automated system hosted by the Department of Administrative Services (DAS)/Procurement Division prior to contract execution, and the Department of Rehabilitation Services can review said document online. The DAS guide to uploading affidavits and nondiscrimination forms online is embedded in this section as a hyperlink.

5. **Nondiscrimination Certification, C.G.S. §§ 4a-60(a)(1) and 4a-60a(a)(1).** If a respondent is offered an opportunity to negotiate a contract, the respondent must provide the Department with *written representation* or *documentation* that certifies the respondent 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 OPM: Nondiscrimination Certification
IMPORTANT NOTE: The selected respondent(s) must upload the Nondiscrimination Certification through an automated system hosted by the Department of Administrative Services (DAS)/Procurement Division prior to contract execution, and the Department of Rehabilitation Services can review said document online. The DAS guide to uploading affidavits and nondiscrimination forms online is embedded in this section as a hyperlink.

6. **Certification Regarding Lobbying,(embedded as a hyperlink). To submit a responsive proposal, THE RESPONDENT SHALL** provide a signed statement to the effect that no funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress or an employee of a member of Congress in connection

with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

III. PROGRAM INFORMATION

A. DEPARTMENT OVERVIEW

The Department of Social Services provides a broad range of services to the elderly, persons with disabilities, families, and individuals who need assistance in maintaining or achieving their full potential for self-direction, self-reliance, and independent living. It administers more than 90 legislatively authorized programs and one third of the State budget. By statute, it is the State agency responsible for administering a number of programs under federal legislation, including the Rehabilitation Act, the Food and Nutrition Act of 2008, the Older Americans Act, and the Social Security Act. The Department is also designated as a public housing agency for the purpose of administering the Section 8 program under the federal Housing Act.

The Department is headed by the Commissioner of Social Services and there are two Deputy Commissioners -- a Deputy Commissioner for Programs and a Deputy Commissioner for Health Services, Finance, and Administration. There is a regional administrator responsible for each of the three service regions. By statute, there is a statewide advisory council to the Commissioner, and each region must have a regional advisory council.

The Department administers most of its programs through 12 offices located in the three service regions, with central office support located in Hartford. In addition, many services funded by the Department are available through community-based agencies, including the 156 senior centers throughout Connecticut. The Department has out-stationed employees at hospitals to expedite Medicaid applications, and funds Healthy Start sites, which can accept applications for Medicaid for pregnant women and young children. Many of the services provided by the Department are available via mail or telephone call.

There are two entities attached to the Department for administrative purposes only. They are the Child Day Care Council and the Bureau of Rehabilitative Services. The Bureau of Rehabilitative Services is comprised of the former DSS Bureau of Rehabilitation Services; Board of Education and Services for the Blind; Commission on the Deaf and Hearing Impaired; and portions of the Workers' Compensation Commission and Department of Motor Vehicles.

Department Mission

The Connecticut Department of Social Services provides a continuum of core services to:

- Meet basic needs of food, shelter, economic support, and health care
- Promote and support the choice to live with dignity in one's own home and community
- Promote and support the achievement of economic viability in the workforce.

We gain strength from our diverse environment to promote equal access to all DSS programs and services.

Department Vision

The Connecticut Department of Social Services is people working together to support individuals and families to reach their full potential and live better lives. We do this with humanity and integrity.

OVERVIEW OF THE AGING SERVICES DIVISION

The Aging Services Division, designated as the State Unit on Aging (SUA), ensures that Connecticut's elders have access to the available services necessary to live with dignity, security, and independence. The Division is responsible for planning, developing, and administering a comprehensive and integrated service delivery system for older persons in Connecticut.

The Division conducts needs assessments, surveys methods of service administration, evaluates and monitors such services, maintains information and referral services, and develops, coordinates, and/or collaborates with other appropriate agencies to provide such services.

The Division administers Older Americans Act programs for supportive services, in-home services, and congregate and home-delivered meals. The following link is provided to review the Older Americans Act: http://www.aoa.gov/AoARoot/AoA_Programs/OAA/oaa_full.asp The Division also administers programs that provide senior community employment, health insurance counseling, and respite care for caregivers.

B. PROGRAM OVERVIEW

Program Title: Elderly Health Promotion Services (EHPS).

Program Description: Chronic diseases such as diabetes, stroke, and cancer are among the most common, costly and preventable health problems in the United States and are the leading cause of death and disability. As individuals age, many are stricken with chronic diseases, which may be avoided if they had access to preventive health screening and health promotion services. The EHPS RFP seeks to provide health care providers with the opportunity to provide a menu of services for older adults to modify health risk behaviors and to prevent or detect disease at an early stage.

These services include:

- health risk assessment services;
- routine health screening services including cardiovascular, vision, hearing, diabetes, nutrition, obesity, and oral health;
- information and assistance services; including referrals;
- follow up services;
- nutritional counseling and educational services for individuals and their primary caregivers;
- health education services; and
- Chronic Disease Self-Management Program (CDSMP).

Program Target Population: Services are to be provided to individuals aged 60 or older, targeting:

- Participants with greatest economic or social needs;
- Minority participants;
- Low-income minority participants;
- Participants who are considered near poor (income at or below 150% of federal poverty level);
- Older individuals with limited English proficiency;
- Participants with severe disabilities;
- Participants at risk of institutionalization;
- Participants with Alzheimer's and related disorders;
- Older individuals residing in rural areas;
- Participants ages 60-64 who are uninsured or underinsured; and

- Participants who have limited access to health assessments and health screenings.

Program Philosophy: Through the availability of preventive health services, individuals aged 60 and older will remain in their own homes or community of their choice as they age.

Program Goals and Objectives: The EHPS is a statewide provision of Elderly Health Screening/Promotion Services for individuals aged 60 and older who are unable to access health screening/health promotion services to alert them to the early detection of diseases and to access to follow up services. Individuals who receive the health promotion/health screening services and have abnormal results will be referred for follow up services, as appropriate. Health education services will be provided in no less than four (4) locations in each Planning and Service Area and will be provided on no less than three (3) different topics. Health education should be offered to all individuals.

Chronic Disease Self-Management Program:
The EHPS program will use the evidence-based Stanford University Chronic Disease Self-Management Program (CDSMP) to help older adults manage the effects of chronic disease. (http://patienteducation.stanford.edu/programs/cdsmp.html) The CDSMP empowers older adults to maintain and improve health status and maintain independence in the community. This involves six week workshop sessions in community settings that teach practical skills on managing chronic health conditions such hypertension, arthritis, diabetes and cardiovascular disease. Through highly participative sessions, mutual support and success build the participants' confidence in their ability to manage their health and maintain active and fulfilling lives.

Department/Contractors Relationships: The Department will support contractors to ensure the delivery of quality and timely health screening and follow-up services and compliance with the state and federal mandates and program guidelines. Contractors and subcontractors will be required to follow nationally recommended clinical guidelines. Department oversight includes consultation and technical assistance, periodic reports, site visits, teleconferences and contractor meetings throughout the contract period. Contractors and subcontractors will be required to attend meetings, submit periodic reports, and participate in teleconferences.

C. MAIN PROPOSAL COMPONENTS

Where the Respondent's response to a specific requirement reflects the Respondent's response to another requirement, the Respondent **may cite** the other response instead of reproducing it.

If the Respondent is **proposing subcontractor(s)** to provide any of the EHPS, the Respondent must present the same information about the proposed subcontractor(s) as is required of the Respondent.

1.0 Organizational Requirements- Maximum page limitation is five (5) double-sided pages for the Respondent and five (5) double - sided pages per subcontractor, if applicable.

Qualified Respondents from public or private non-profit health care and social services providers including federally qualified health centers, clinics, hospitals (including hospital networks), private providers, government entities, and community health centers are eligible to submit proposals in response to this RFP.

To be considered for the right to negotiate a contract, the Respondent must have: a) principal place of business in Connecticut; and b) no less than three (3) years' experience in providing health assessment/health promotion services. Subcontractor(s) proposed by the Respondent to

provide EHPS must also have no less than three (3) years' experience in providing health assessment/health promotion services.

The Department reserves the right to reject the submission of any Respondent in default of any current or prior contract.

a. Administrative and Operational Capabilities

To submit a responsive proposal, **THE RESPONDENT SHALL** include the following information about the administrative and operational capabilities of the Respondent and any proposed subcontractor(s).

1) Purpose. Provide an overview of the organization including the purpose, mission, vision, years in operation and current range of services the organization provides.

2) Functional Organization. Provide an organization chart showing the hierarchical structure of functions and positions for all areas of the organization including personnel to be working directly on the EHPS program, in Section IV.G. Appendices. Indicate on the chart where the staffing functions related to this program will be located. See Section III.C.3.0 Staffing Requirements, for more information.

3) Qualifications. Describe how the organization meets the required minimum qualifications of this RFP: a) principal place of business in Connecticut; and b) no less than three (3) years' experience in providing health assessment/health promotion services.

   Provide a list of projects that the organization has completed within the past three (3) years in the subject area with emphasis on activities relevant and related to the services required by this RFP.

b. Governance - Disclosure

To submit a responsive proposal **THE RESPONDENT SHALL** provide the following information for itself and any proposed subcontractor(s):

1) The name, work address, and percentage of time allocated for this resultant contract for each responsible director;
2) The role of the board of directors in governance and policy-making;
3) A current organizational chart defining levels of ownership, governance and management;
4) A complete description of any and all related party relationships and transactions. The Respondent must fully disclose any anticipated payments to a related party. (Such payments are non-allowable unless the Respondent provides sufficient data to satisfy the Department that the costs are necessary and reasonable)
5) An overview of how policies and procedures are reviewed and updated by the Respondent, whenever changes in Federal and State labor and employment tax rules and/or operations change or as requested by the Department.
6) Evidence of sound fiscal management processes, fiscal stability, and the ability to manage public contracts, public grants, and third party reimbursement systems.

c. Ownership - Disclosure

To submit a responsive proposal **THE RESPONDENT SHALL** provide the following information for itself and any proposed subcontractor(s):

1) A complete description of percent of ownership by the principals of the company or any other individual or organization that retains a 5% or more interest including name and work address;

2) The relationship of the persons so identified to any other owner or governor if they are the individual's spouse, child, brother, sister, or parent;

3) The name of any person with an ownership or controlling interest of 5% or more, in the Respondent, who also has an ownership or controlling interest of 5% or more in any other related entity including subcontracting entity, parent entity or wholly owned entity. The Respondent shall include the names of the other entities if applicable;

4) The name and address of any person with an ownership or controlling interest in the disclosing entity or who is an agent or employee of the disclosing entity who has been convicted of a criminal offense related to that person's involvement in any program under Title XVIII, XIX, XX or XXI of the Social Security Act, since the inception of such programs;

5) Whether any person identified in subsections (1) through (4) above has been terminated, suspended, barred or otherwise excluded from participation, or has voluntarily withdrawn as the result of a settlement agreement, from any program under Titles XVIII, XIX, XX or XXI of the Social Security Act, or has within the last five years been reinstated to participation in any program under Titles XVIII, XIX, XX or XXI of the Social Security Act, and prior to said reinstatement had been terminated, suspended, barred or otherwise excluded from participation, or has voluntarily withdrawn as the result of a settlement agreement, in such programs;

6) A description of the relationship with other entities including:

   a) Whether the Respondent is an independent entity or a subsidiary or division of another company. (If the Respondent is not an independent entity, the Respondent shall describe the organization linkages and the degree of integration/collaboration between the organizations including any roles of the organizations' principals); and

   b) A description of the relationship of any parent company when the Respondent is an affiliate of another organization.

d. Experience - Contracts

To submit a responsive proposal **THE RESPONDENT SHALL** describe its experience and success related to the scope of work for this program including the following information concerning its experience with services contemplated by this RFP, whether ongoing or completed for itself and any proposed subcontractor(s):

1) Identify all state agency(s), other jurisdictions, and commercial resultant contractors in all other states for which the Respondent has engaged in similar or related contract work for the past three years;

2) Describe any current or past contract(s) where the Respondent performed similar work in the past three years for those agencies, jurisdictions or commercial resultant contractors and for each contract include the name of customer's program officer, title, address, telephone number, fax number and e-mail address; the date of contract signing, the date of program initiation, the initial schedule completion date and the actual completion date;

3) **Provide a signed release** allowing the Department to access any evaluative information, including but not limited to site reviews conducted by any state agency, jurisdiction or commercial resultant contractor for which the Respondent has performed work in the past three years. Per Proposal Outline, (Section IV) the signed release should be located in D. of proposal submission.

4) Identify any state agency(s), jurisdiction and commercial resultant contractors (include contact information) with whom the Respondent has been required to work with a Federally certified Medicaid claims processor by either authorizing claims with Providers submitting claims directly to the claims processor or by submitting authorized claims to the claims processor on behalf of the Providers;

5) List all sanctions, fines, penalties, or letters of noncompliance or any negotiated settlements made with any State Attorneys General relating to contracts of similar scope issued against the Respondent by any of the contracting entities listed above (the list shall include a description of the circumstance eliciting the sanction or letter of noncompliance or negotiated settlements and the corrective action or resolution to the sanction, fine, penalty, or letter of noncompliance or negotiated settlement; if the settlement bars disclosure of details, please state that and give as much information as permitted. If no sanctions, fines, penalties, letters of noncompliance or any negotiated settlements were issued, a statement that attests that no sanction, penalty, or compliance action has been imposed on the Respondent within the three years immediately preceding the date of this RFP must be submitted).

e. References

To submit a responsive proposal **THE RESPONDENT SHALL** provide three specific programmatic references. References must be persons able to comment on the organization's capability to perform the services specified in this RFP. The contact person must be an individual familiar with the organization and its day-to-day performance. References must include the organization's name, the name of a specific contact person, mailing address, telephone number, and e-mail address. If the organization has provided services directly or indirectly through a subcontract to the State of Connecticut within the past five years, the organization must include a State of Connecticut reference. ***Organizations are strongly encouraged to contact their planned references to ensure the accuracy of their contact information and their willingness and ability to provide references.*** The organization may include a DSS reference in the proposal; however, the individual named may have to refuse if s/he will be involved in the evaluation of proposals received in response to this RFP. The organization may also include former DSS staff as references. **If the Respondent is proposing the use of subcontractor(s) to provide any of the services required by this RFP, three specific programmatic references for each subcontractor are also required**.

References must be able to comment on the following issues:

1) Capability to deliver required services;
2) Reputation/ethics/integrity;
3) Organizational approach;
4) Interpersonal skills; and
5) Ability to problem-solve.

f. Small, Minority or Women's Business Enterprise

Section 32-9e of the Connecticut General Statutes, superseded by Section 4a-60g sets forth the requirements of each executive branch agency relative to the Connecticut Small Business Set-Aside program. Pursuant to that statute, twenty-five (25%) of the average total of all contracts let for each of the three previous fiscal years must be set aside.

The Department requires that the Resultant Contractor make a "good-faith effort" to set aside a portion of this contract for a small, minority or women's business enterprise as a subcontractor.

Such subcontractors may supply goods or services. Prospective Respondents may obtain a list of firms certified to participate in the Set-Aside program by contacting the Department of Administrative Services at the DAS website.

To submit a responsive proposal **THE RESPONDENT SHALL** describe its intention to set aside a portion of this contract for a small, minority or women's business enterprise as a subcontractor.

g. Department Responsibilities

To submit a responsive proposal **THE RESPONDENT SHALL** identify specific support the Respondent requires from the Department to perform the tasks in any resultant contract. The Department of Social Services retains the ultimate decision-making authority required to ensure program tasks are completed.

Specific Department responsibilities will include:

1) Program Management: A Program Director will be appointed by DSS. This individual will be responsible for monitoring program progress and will have final authority to approve/disapprove program deliverables.

2) Staff Coordination: The Program Director will coordinate all necessary contacts between the Resultant Contractor and Department staff.

3) Approval of Deliverables: The Program Director will review, evaluate, and approve all deliverables prior to the Resultant Contractor being released from further responsibility.

h. Evidence of Qualified Entity

To submit a responsive proposal **THE RESPONDENT SHALL** provide written assurance to the Department from its legal counsel that it is qualified to conduct business in the State of Connecticut and is not prohibited by its articles of incorporation, bylaws, or the laws under which it is incorporated from performing the services required under any resultant contract.

Note: The Evidence of Qualified Entity must be submitted as a separate sheet. Per Proposal Outline, (Section IV) the written assurance from the Respondent's legal counsel should be located in D. of proposal submission.

The Evidence of Qualified Entity is not included in the page limitation of this section.

2.0 Service Requirements - Maximum page limitation is eight (8) double-sided pages for the Respondent and any proposed subcontractor(s), combined.

Where the Respondent's response to a specific requirement reflects the Respondent's response to another requirement, the Respondent **may cite** the other response instead of reproducing it.

If the Respondent is **proposing the use of subcontractor(s)** to provide any of the services required by this RFP, provide information about each subcontractor where applicable throughout this section of the RFP.

This RFP seeks to execute one or more contracts providing EHPS directly and/or through subcontracting, to individuals aged 60 and older to alert the individual to the early detection of diseases and to access follow-up care. The Department expects such services to be performed on an ongoing basis during the contract period and any extensions or renewals thereof.

The Resultant Contractor shall be responsible for increasing the visibility of EHPS and its benefits to individuals aged 60 and older and their families and/or caregivers.

The Department has the authority to make the final determination on the individual's eligibility for EHPS benefits. In the event of any dispute regarding the eligibility of the individual, the Department's determination is final and binding on all parties.

EHPS will be provided in the following five (5) Planning and Service Areas embedded as hyperlinks, with a special focus on, but not limited to the urban cities and towns in each Planning and Service Area**.**

A Respondent may propose providing services statewide (all Planning and Service Areas) or a Respondent may propose providing services within one or more Planning and Service Area.

Eastern

North Central

Southwestern

South Central

Western

Historically, a combined total of three thousand (3,000) units of health assessments and screenings have been provided annually, statewide. A unit of service is equal to one health assessment or screening, which is defined as an investigation or series of analyses conducted by a medical or health professional to determine the need for a health service, for one individual.

The Department is providing the following guidelines for health assessment and health screening services for individuals who are aged 60 years of age and older with focus to provide services to the Target Population:

Statewide - Respondents shall target a minimum number of a combined total of 3,000 unduplicated health assessments and health screenings, annually.

Planning and Service Area(s) - Respondents shall target a minimum number of a combined total of 600 unduplicated health assessments and health screenings annually, per Planning and Service Area.

Only one health assessment and one comprehensive health screening per year per individual will be allowed.

a. Documentation of Community Needs/Resources

Program Target Population: Services are to be provided to individuals aged 60 or older, targeting:

- Participants with greatest economic or social needs;
- Minority participants;
- Low-income minority participants;

- Participants who are considered near poor (income at or below 150% of federal poverty level);
- Older individuals with limited English proficiency;
- Participants with severe disabilities;
- Participants at risk of institutionalization;
- Participants with Alzheimer's and related disorders;
- Older individuals residing in rural areas;
- Participants ages 60-64 who are uninsured or underinsured; and
- Participants who have limited access to health assessments and health screenings.

1) The Contractor shall determine if the older individual is part of the target population and eligible for Elderly Health Promotion Services, (EHPS), and ensure that the individual is not participating in any other insurance that duplicates the services provided in the EHPS, other than having limited access to get to their personal medical facilities.

   a) To submit a responsive proposal **THE RESPONDENT SHALL** demonstrate how it will utilize the sample form, embedded as a hyperlink, to collect information about the target populations described above, and propose a methodology for a process to collect information that is not available on the sample form, to determine:

      - Participants with limited English proficiency;
      - Participants age 60-64 who are uninsured or underinsured; and
      - Participants who have limited access to health assessments and health screenings.

   b) To submit a responsive proposal **THE RESPONDENT SHALL** provide a concise description of the need for EHS/SP throughout the proposed Planning and Service Area(s). Include data such as EHPS participation rates, and the incidence of medical insecurity. Include the source and date of the data. Additional data such as demand for medical providers, poverty rates, unemployment rates, and other similar information may also be provided to support the need.

2) Outreach. The Contractor shall provide public education, targeted outreach, and in-reach (eligible population within provider practices) to recruit participants into the EHPS Program who meet the eligibility requirements. Recruitment activities need to include community level outreach and education through the use of community events and social networking sites. Outreach activities should be extended to the target population as defined for the EHPS program.

   To submit a responsive proposal **THE RESPONDENT SHALL** describe the proposed methodology for identifying the target population in the proposed Planning and Service Area(s). Detail the plan to reach out to the target population, with special focus in the urban cities and towns in the proposed Planning and Service Area(s). Include a time line for the outreach plan. Respondents should provide a brief history including previous successes, especially those successes that relate to serving individuals identified as the target population for the EHPS program.

3) Program Collaboration/Coordination. To submit a responsive proposal **THE RESPONDENT SHALL** describe how it will collaborate/coordinate with other agencies/organizations to:

   a) Provide EHPS information to individuals, families, social service providers, community-based organizations, senior centers, and medical facilities;

b) Conduct EHPS informational presentations or other outreach activities to community-based organizations that assist individuals that would meet EHPS Program eligibility requirements and their caregivers; and

c) Conduct presentations with potentially eligible EHPS clients.

4) Location of Offices/Facilities. To submit a responsive proposal **THE RESPONDENT SHALL** specify the name and location of all EHPS service sites in its proposed Planning and Service Area(s). Indicate compliance with the Americans with Disabilities Act regarding handicapped access for client service location sites.

5) Service Planning and Service Area(s). To submit a responsive proposal **THE RESPONDENT SHALL** describe a plan to provide EHPS to the target population in the **cities and towns** in its proposed Planning and Service Area(s). Provide an anticipated number of individuals and their primary caregivers that will be assisted on a monthly basis.

6) Evening and Weekend Services. It is strongly encouraged that the EHPS be provided at no less than one evening or one weekend per month to permit access for potential participants who cannot schedule appointments for screening services during regular business hours. To submit a responsive proposal **THE RESPONDENT is strongly encouraged to** identify how and when it will meet this requirement, and

   a) Describe a plan to make services accessible to the target population having problems getting to client service location sites.

b. Service Delivery

In response to b. Service Delivery, the names and information in regard to the **specific employees** of the Respondent or any subcontractor(s) that will be delivering services **must be included in the Staffing Requirements section of the proposal**. If the Respondent is proposing the **use of subcontractor(s)** to provide any of the services required by this RFP, provide information about each subcontractor where applicable throughout this section of the RFP.

As individuals age, many are stricken with chronic diseases, which may be avoided if they had access to preventive health screening, health promotion, and follow up services. The Service Delivery is the EHPS Program, as described:

1) Health Assessments. Service designed to develop an individualized profile of participants' current health and the services required to maintain or improve their functioning. Determination of the eligibility of an individual to receive EHPS benefits and the approach to educating individuals about the need for early detection of disease.

   Health screenings help to promote and maintain community health by providing testing services for the assessment of a participant's health status and the determination of need for further health care.

   Contractors will be required to use the Department's designated sample form, embedded as a hyperlink, along with additional required documentation to demonstrate how the target population will be served and the services delivered with each health assessment;

2) Routine health screening services. Services to facilitate access to a system of care that provides individuals with timely, preventive and primary medical and dental services, by delivering the following elderly health screenings, a –h., including but not limited to:

   a) Obesity;
   b) Diabetes;
   c) Cardiovascular;
   d) Vision, including glaucoma;
   e) Hearing;
   f) Cancer;
   g) Oral health; and
   h) Nutrition

3) Information and Assistance. Services to provide individuals with health information about services available in the community and referral to link to available services. Information and Assistance service is provided following the health screening service.

   a) As defined: Services that a) provides individuals with information on services available within the community; b) links individuals to service and opportunities available within the community; and c) establishes follow up procedures

4) Follow up Services. Activities performed by the contractor to obtain current information on services received by participants for ongoing care or as a result of the referral. Follow up shall be conducted in person, by phone or electronically with individual or caregiver as appropriate. Follow up service is provided after the health screening services.

5) Nutritional counseling and educational services for individuals and their primary caregivers.

   a) Individualized guidance that is given to participants who are at nutritional risk because of their health or nutritional history, dietary intake, chronic illnesses or medication use or to caregivers of such persons. Nutrition counseling is provided one on one and addresses the options and methods for improving nutrition status. Counseling is provided one on one by a registered dietician or health professional in accordance with state law and policy. Such individuals include nutritionists, physicians and nurses who are licensed/certified by the State of Connecticut. Nutrition counseling must include a nutrition assessment. (A nutrition assessment is the development of an individualized profile of a participant's current nutritional status and the measures required to overcome any identified deficiencies.)

   b) A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants or caregivers in a group setting. Nutrition education is overseen by a registered dietician or individual of comparable expertise including but not limited to a nutritionist, dietetic technician, physician, diabetic educator or nurse. Individuals with other types of training must be approved by the SUA to provide congregate nutrition education.

6) Health education services. The EHPS requires: (health education services will be provided in no less than four (4) locations within each Planning and Service Area and will be provided on no less than three (3) different topics)

   a) Health education provides individuals or groups of participants with an awareness of preventative, remedial and/or rehabilitative self-health care, which is based upon the health needs of the particular individual/group.

7) Chronic Disease Self-Management Program. The EHPS program will use the evidence-based Chronic Disease Self-Management Program (CDSMP) for the prevention and mitigation of the effects of chronic disease (Stanford Model: http://patienteducation.stanford.edu/programs/cdsmp.html) The CDSMP empowers older adults to maintain and improve health status and maintain independence in the community. This involves six week workshop sessions in community settings that teach practical skills on managing chronic health conditions such as hypertension, arthritis, diabetes and cardiovascular disease. Through highly participative sessions, mutual support and success build participants' confidence in their ability to manage their health and maintain active and fulfilling lives.

   The EHPS program will provide a minimum of two, (2) CDSMP workshops per state fiscal year in each Planning and Service Area, either directly or through a community partner. To submit a responsive proposal **THE RESPONDENT SHALL** provide the number of individuals that they expect to refer for CDSMP services.

b.1. To submit a responsive proposal **THE RESPONDENT SHALL** describe in detail its **methodologies and procedures to deliver the EHPS, 1) - 7),** above, presenting an understanding of, the need for, and the execution of EHPS that are essential to a successful program.

3.0 Staffing Requirements - Maximum page limitation is six (6) double-sided pages for the Respondent and any proposed subcontractor(s), combined.

Where the Respondent's response to a specific requirement reflects the Respondent's response to another requirement, the Respondent **may cite** the other response instead of reproducing it.

If the Respondent is **proposing the use of subcontractor(s)** to provide any of the services required by this RFP, provide information about each subcontractor where applicable throughout this section of the RFP.

Proper staffing, adequate staff time, and staff education are essential to ensure that the contractor meets the goals and objectives of the EHPS and maintains a quality program. It is important that each Respondent identify qualified and competent staff that will be integral to meeting EHPS program outcomes.

The Resultant Contractor at a minimum shall:

a. Provide EHPS Program Manager(s), who will be responsible for general operational oversight of the EHPS program, but shall ultimately report to the Executive Director/Chief Executive Officer (CEO) of the resultant contractor.

b. Employ the services of healthcare professionals that are appropriately trained and licensed to perform the required EHPS as described in this RFP. The following link is the Department of Public Health Regulation and Licensure of Health Professionals http://www.ct.gov/dph/cwp/view.asp?a=3115&q=468182&dphNav=|. The following list provides a guide for the employment of healthcare professionals for the EHPS Program.

   1) Health Assessments can be delivered by the resultant contractor's personnel who are trained and approved by the contractor to provide Health Assessments by the provider.

   2) Routine Health Screening Services can be delivered by Healthcare professionals, at the very least licensed nurses or physicians, who are appropriately trained and licensed to perform the required health screening services.

3) Information and Assistance services and referrals to appropriate specialty care and track an individual's compliance with the plan provided can be delivered by Healthcare professionals who are appropriately trained and licensed to information and assistance services

4) Follow-up Services can be delivered by Healthcare professionals who are appropriately trained and licensed to provide Follow-up Services.

5) Nutritional counseling and educational services for individuals and their primary caregivers can be delivered by:

   a) Professionals who are appropriately trained and licensed to perform nutritional counseling and educational services. Counseling is provided one on one by a registered dietician or health professional in accordance with state law and policy. Such individuals include nutritionists, physicians and nurses who are licensed/certified by the State of Connecticut. Nutrition counseling must include a nutrition assessment; and

   b) Nutrition education is overseen by a registered dietician or individual of comparable expertise including but not limited to a nutritionist, dietetic technician, physician, diabetic educator or nurse. Individuals with other types of training must be approved by the SUA to provide congregate nutrition education.

6) Health education services that will be provided in no less than four (4) locations within each Planning and Service Area and will be provided on no less than three (3) different topics) can be delivered by Healthcare professionals who are appropriately trained and licensed to perform health education services

7) Chronic Disease Self-Management Program

   CDSMP is co-led and lay leaders must be certified in order to facilitate the program. Either the EHPS Program staff must be trained and certified or volunteers recruited from a volunteer database. Technical assistance will be provided by the State Unit on Aging who holds the license to facilitate the program.

To submit a responsive proposal **THE RESPONDENT SHALL:**

i. Provide an organization chart of all positions, as described above that will be delivering the services of the EHPS Program. The proposal must also include a narrative of the staff proposed to deliver the services of each program requirement as described above in: 3.0 Staffing Requirements: a. and b. 1)-7). The narrative must describe the responsibilities of each healthcare professional who will be delivering the services.

ii. Describe the staffing model including all administrative and support personnel.

iii. Describe the Respondent's plan for supervision of program staff and how the Respondent will ensure adequate supervision.

iv. Describe the current policy and process to recruit, hire and retain staff that represents the cultural and linguistic needs of the populations that the Respondent serves.

v. Describe the current policy and process to recruit, hire and retain staff that represents the disabled and/or elder populations.

vi. Describe policies and procedures for the continuing training, education and development of staff who will deliver all provisions of the EHPS program.

vii. Describe the ability of all program staff identified in Sections III.C.3.a. and III.C.3.b. above to respond to various language and cultural situations in a culturally sensitive and linguistically way, addressing Multilingual and Multicultural Competency.

viii. Provide the name(s), resume, and job description of the proposed EHPS Program Manager(s), as well as resumes and job descriptions for staff who will be serving in the EHPS staff position(s), performing the Health Assessments, routine health screening services, nutritional counseling and educational services, health education services , case management services, and geriatric service system. Appropriate credentials for all healthcare professionals must also be included. Resumes and job descriptions for administrative and support personnel must also be submitted.

If resumes are not available due to positions being vacant, job descriptions must be submitted.

Resumes for personnel proposed to fill the EHPS positions are limited to two (2) single-sided pages, or one (1) double-sided page per resume. Resumes for personnel proposed to fill the positions and job descriptions for proposed positions are not included in the page limitation of this section, and should be provided in a separate section G. Appendices.

4.0 Data and Technology Requirements - Maximum page limitation is five (5) double-sided pages for the Respondent and any proposed subcontractor(s), combined.

Where the Respondent's response to a specific requirement reflects the Respondent's response to another requirement, the Respondent **may cite** the other response instead of reproducing it.

If the Respondent is **proposing the use of subcontractor(s)** to provide any of the services required by this RFP, provide information about each subcontractor where applicable throughout this section of the RFP.

The Department expects the Respondent to propose an aggressive outreach plan, a thorough health assessment process, referral protocol for assessments with suspect findings, and a work plan for follow-up and referral services that **will result in the following outcomes in the proposed Planning and Service Area(s**).

a. Outcomes

The EHPS Program shall alert adults aged 60 and older to early detection of diseases. The measurable, required outcomes of the EHPS program are listed below:

1) 100% of individuals served will be aged 60 and older.

2) At least 50% of individuals served will be low-income (at or below 100% of the Federal poverty level).

3) At least 50% of individuals served will be from minority groups.

4) At least 50% of individuals served will receive health assessment/health screening services.

5) 100% of individuals with abnormal results will receive a referral for follow up services.

6) At least 25% of individuals with abnormal screenings will be referred to CDSMP services as appropriate.

7) At least 20 individuals will be course completers for CDSMP per Planning Service Area per state fiscal year.

The Resultant Contractor at a minimum shall within thirty (30) days following the end of each of the first three calendar quarters, and within sixty (60) days following the end of each resultant contract year, submit to the Department statistical reports in a format mutually agreed upon by the Department and the Resultant Contractor. Such reports shall include data in support of each required service outcome, as listed above.

To submit a responsive proposal **THE RESPONDENT SHALL:**

a) Provide a description of how the Respondent will meet all DSS reporting requirements including the ability to provide the minimum, quarterly and annual reports **to respond to the service outcomes requirements, 1)-7) as listed above**;

b) Describe a technological infrastructure that will enable the Respondent to meet all the goals and objectives of the proposed program, and to submit all required reports in a timely, accurate, and efficient manner; and

c) Describe the information systems infrastructure including the hardware, operating system, and software that the Respondent has to support the services required by this RFP.

b. Quality Assurance and Quality Improvement

The Resultant Contractor shall ensure the quality of services delivered through the EHPS Program by monitoring program performance and identifying opportunities for improvement. The Resultant Contractor shall continuously plan effective strategies for improving services.

1) To submit a responsive proposal **THE RESPONDENT SHALL** describe in detail the Respondent's methodology and resources to achieve the Quality Assurance and Quality Improvement requirements and expectations of the Resultant Contractor. Describe any Quality Assurance process used to monitor, evaluate/improve quality of service delivery, and describe any internal quality improvement processes the Respondent will utilize to evaluate the cultural competence of services that it provides.

The Department shall require the Contractor to deliver an EHPS Program that ensures that the older individual is provided the services in completion, from the health assessment to the tracking of the older individual's compliance with the treatment plan. The following list provides the goals of the EHPS Program.

- Educate individuals about the importance of early detection of disease, preventive health measures, management of chronic disease;
- Provide health screening and health assessment services
- Provide referrals to appropriate specialty care;
- Provide follow up services to track an individual's compliance with the plan; and
- Provide Chronic Disease Management Workshops (CDSMP).

2) To submit a responsive proposal **THE RESPONDENT SHALL** describe its plan to ensure that **all services** are provided to the Target Population, hence completing the program in its entirety, and achieving the goals of the EHPS Program.

c. Policies and Procedures

1) Disclosure Policy. Case file information on clients, including names, Social Security Numbers, and other sensitive information is considered confidential and may not be released. The contractor must protect confidential and private information gained from clients. Appropriate physical and computer security policies must be in place to protect sensitive information. To submit a responsive proposal **THE RESPONDENT SHALL** describe the Respondent's and each proposed subcontractor's ability to comply with this disclosure policy.

2) Confidentiality Policies and Procedures. To submit a responsive proposal **THE RESPONDENT SHALL** provide a copy of the Respondent's and each proposed subcontractor's confidentiality policies and procedures for protecting client records in Section IV.G. Appendices.

5.0 Subcontractors - Maximum page limitation is (1) double-sided page for each subcontractor proposed.

Where the Respondent's response to a specific requirement reflects the Respondent's response to another requirement, the Respondent **may cite** the other response instead of reproducing it.

To submit a responsive proposal **THE RESPONDENT SHALL** provide the following information of subcontractor(s) proposed in the EHPS proposal:

a. Legal Name, Address, Federal Employer Identification Number (FEIN)
b. Contact Person Name, Title, Telephone Number, Fax Number, E-mail Address
c. Services To Be Provided Under Subcontract
d. Subcontractor Oversight
e. Sample Subcontract
f. Letter(s) of Commitment

The Sample Subcontract and Letter(s) of Commitment are excluded from the page limitation in this section, and should be located in the Appendices section of the proposal.

6.0 Work Plan Requirements -

Work Plan - To submit a responsive proposal **THE RESPONDENT SHALL** submit an EHPS Program Work Plan Timetable, embedded as a hyperlink, that clearly outlines the task timetable for the implementation process from beginning to end. The timetable must display key dates and events relating to the establishment of the EHPS Program and implementing the protocols. The timetable must display the position and title of the responsible party for the events and include the percentage of time allocated for all staff throughout the EHPS Program. The Program Timetable must also include a proposed schedule to meet the EHPS required outcomes as identified in 4.0 Data and Technology Requirements a. Outcomes, 1-7.

D. COST PROPOSAL COMPONENTS

Page Limitation is five (5) double-sided pages **excluding** Itemized Budget Templates, and audited financial statements. An additional one (1) double-sided page, per subcontractor is allowed, in addition to the five (5) double-sided pages, if applicable.

1.0 Financial Profile/Business Cost Section

No cost information or other financial information may be included in any other portion of the submission. Any submission that fails to adhere to this requirement may be disqualified as non-responsive. Each submission must include cost information and other financial information in the following order:

a. Cost Submission Requirements

To submit a responsive proposal **THE RESPONDENT SHALL:**

1) Provide an original **EHPS RFP COST Binder** (clearly marked) and four (4) copies submitted in a separate, sealed envelope or box and properly marked **EHPS RFP COST Binder 2 of 2**;

2) Provide Audited Financial Statements: One (1) copy each of the Respondent's two (2) most recent annual financial statements prepared by an independent Certified Public Accountant, and reviewed or audited in accordance with Generally Accepted Accounting Principles (GAAP)(USA). The copies shall include all applicable financial statements, auditor's reports, management letters, and any corresponding reissued components. Audited Financial Statements do not count toward the total page limit of the proposal. One copy only shall be included with the original cost proposal Binder 2 of 2.

3) Financial Capacity: To submit a responsive proposal **THE RESPONDENT SHALL** describe the Respondent's financial capacity to properly isolate contract-related income and expenditures. Discuss the internal controls used to ensure that a thorough record of expenditures can be provided for purposes of an audit.

4) Leveraged Funds: To submit a responsive proposal **THE RESPONDENT SHALL** explain any funds that may be used to leverage other funding.

b. Budget Requirements

1) Cost Standards: All proposed costs are subject to the standards developed by the State's Office of Policy and Management (OPM) for the purchase of service (POS) and federal cost policy guidance. In the event of any inconsistency, the federal cost policy guidance shall supersede the OPM cost standards. Be advised that the cost proposal is subject to revision prior to contract execution in order to ensure compliance with the OPM cost standards and federal cost policy guidance. For more information about the OPM cost standards, go to www.ct.gov/opm, and for more information about the federal cost policy guidance, review OMB Circulars A-133 and A-122.

2) Total available funding: Total Funding Available: $361,683.00 per year for up to 2 ½ years.

3) To submit a responsive proposal **THE RESPONDENT SHALL**: provide a **Business Cost Narrative** adhering to the guidelines below**:**

   a) Provide a written explanation of the expected resultant contract costs including a rationale for each Line Item, Direct or Indirect Cost, included in the Itemized Budget Template. The Respondent shall include any other Resources that are used in support of the EHPS Program.

   b) The Business Cost Narrative must fully explain cost elements listed in the Line Item Budget and fully explain the proposed staffing levels for each of the major tasks including any Indirect costs charged to the resultant contract. The explanations must

correspond to the Itemized Budget Template. Staffing levels must include FTEs by staff type as listed in the template.

4) **Line Item Budget** - **To submit a responsive proposal THE RESPONDENT SHALL:** provide a Line Item Budget that presents total costs for the operations for the proposed EHPS Program using the **Itemized Budget Template**, embedded as a hyperlink.

   The Respondent's administration costs are limited to 10% of the total funding requested per year. The administration costs of the subcontractor(s) shall be determined by the Respondent.

The Department reserves the right to fund portions of a proposed budget and/or require adjustments. The Department also reserves the right to administer a 2%-5% withhold of funds that can be earned by the Resultant Contractor, achieving the performance targets outlined in 4.0 Data and Technology Requirements, a. Outcomes.

The Department reserves the right to consider all factors including cost in the final selection of a successful Respondent. The opportunity to negotiate a contract with the Department will not be awarded based on cost alone.

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

BINDER 1 OF 2

A. Cover Sheet **1**

B. Table of Contents **2**

C. Declaration of Confidential Information . . . . . **Etc.**

D. Conflict of Interest . . . . . .
Disclosure Statement . . . . . .
Evidence of Qualified Entity. . . . . . .
Signed Release . . . . . .

E. Executive Summary - Proof of nonprofit status . . . . . .

F. Main Proposal . . . . . .

1.0 Organizational Requirements . . . . . .

2.0 Service Requirements . . . . . .

3.0 Staffing Requirements . . . . . .

4.0 Data and Technology Requirements . . . . . .

5.0 Subcontractors . . . . . .

6.0 Work Plan . . . . . .

G. Appendices . . . . . .

Functional Organization Chart . . . . . .
Résumés of Key Personnel - Job Descriptions . . . . . .
Confidentiality Policies and Procedures . . . . . .
Sample Subcontract . . . . . .
Letter(s) of Commitment . . . . . .
Certification Regarding Lobbying . . . . . .
Addendum Acknowledgement(s) . . . . . .

BINDER 2 of 2

COST PROPOSAL COMPONENTS
1.0 Financial Profile/Business Cost Section