PROCUREMENT NOTICE

State of Connecticut

Department of Correction

Legal Notice

Notification of a procurement opportunity for the provision of **Inmate Medical Services** required by the Connecticut Department of Correction (CTDOC) is available for review, download and printing on the State's Procurement/Contracting Portal at: https://biznet.ct.gov/SCP_Search/

Bid notices may also be accessed on the Department of Correction web page at: http://www.ct.gov/doc/cwp/view.asp?a=1492&q=270106

The Department of Correction is an Equal Opportunity/Affirmative Action Employer. Questions may be directed to the CTDOC Contracts Administration Office at (860) 692-6823

Deaf and hearing-impaired individuals may use a TDD by calling 1-800-842-4524.

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- Form 1 – State of Connecticut Gift and Campaign Contribution
- Form 2 – State of Connecticut Consulting Agreement
- Form 3 – Acknowledgement of Contract Compliance Notification to Bidders
- Form 4 – Bidder Contract Monitoring Report
- Equal Opportunity Employment Report
- Form 6 – Request for Proposal
- Map of RFP Regions

I. GENERAL INFORMATION

A. INTRODUCTION

1. **RFP Name or Number:** Inmate Medical Services RFP2018

2. **Summary:** The Connecticut Department of Correction (CTDOC or Department) seeks experienced Respondents to partner with the infirmary-based primary care and chronic behavioral health and disease management services that are embedded in the CTDOC system by providing timely, high quality, cost-effective and coordinated specialty, emergency department and hospital outpatient health services for inmates. The Department's primary, mental health, and dental healthcare services for inmates is provided by staff and also administered by other Respondents.

   The Department's primary objective is to provide quality healthcare while reducing cost, where possible. This Request for Proposals contemplates the creation of a Professional Services Contract as defined by Connecticut law. As set forth herein, the Department may determine that a multi-source award is most beneficial to the State of Connecticut. Contract(s) will be awarded to the most responsive and responsible Respondent(s) found to be in the best interest of the State of Connecticut and not necessarily to the lowest price respondent.

   CTDOC provides healthcare services in accordance with the American Correctional Association (ACA) and the National Commission on Correctional Healthcare (NCCHC) standards, as well as prevailing professional practices and community standards of care. The department also follows the guidelines established by the U.S. Preventative Services Taskforce (https://www.uspreventiveservicestaskforce.org/).

   Respondents are expected to propose the provision of quality healthcare services while reducing expenditures over the course of the contract. Maintaining continuity of care is a priority of the Department and the State of Connecticut. CTDOC expects that the successful Respondents(s) will provide services to close the feedback loops with CTDOC staff on patient outcomes and/or transmitting information to EHR system. CTDOC also expects that the successful Respondents(s) will assist in the transition of inmate patient to community providers upon their release, if appropriate. CTDOC will provide security and transportation services to and from medical appointment when services cannot be provided at the correctional facility. The successful Respondent is expected to participate in care management activities developed by CTDOC including utilization management, care coordination, intensive care management, quality management, reporting, predictive modeling, health risk assessment, provider profiling and other administrative services. The majority of individuals incarcerated in Connecticut eventually return to our communities. Many inmates were, prior to their incarceration, or will be, following their incarceration, clients of the state's other human services agencies - including but not limited to the Departments of Social Services (DSS), Mental Health and Addiction Services (DMHAS), Developmental Services (DDS), and Veterans Affairs (VA).

   The Department may select one or more Respondents to provide statewide services or select RFP regions to carry out the requirements of the contract resulting from this RFP. If more than one Respondents are chosen, the scope of work may be divided geographically so that each Respondent will be the sole Respondent in a geographically defined area. Respondents may submit proposal for the provision of statewide services or the provision of service for a subset of the regions or region as outlined below. The Department encourages and will give additional points for collaborative submissions and Respondents that can provide statewide coverage and multiple services.

RFP Regions

RFP Region 1	Municipality	County
Hartford CC	Hartford	Hartford
MacDougall-Walker CI	Suffield	Hartford
Northern CI	Somers	Tolland
Osborn CI	Somers	Tolland
Robinson CI	Enfield	Hartford
Willard-Cybulski CI	Enfield	Hartford

RFP Region 2	Municipality	County
Cheshire CI	Cheshire	New Haven
Manson YI	Cheshire	New Haven
New Haven CC	New Haven	New Haven

RFP Region 3	Municipality	County
Bridgeport CC	Bridgeport	Fairfield
Garner CI	Newtown	Fairfield

RFP Region 4	Municipality	County
Brooklyn CI	Brooklyn	Windham
Corrigan-Radgowski CC	Montville	New London
York CI	Niantic	New London

Please see the appendix for a map that provides a visual depiction of RFP regions.

3. **Services and Commodity Codes.** CTDOC is seeking single or multiple Respondents to provide the following services through this RFP:

Commodity Code	Service
0098 Healthcare services	Imaging
0098 Healthcare services	Telemedicine
0098 Healthcare services	Inpatient and Emergency Services
0098 Healthcare services	Laboratory
0098 Healthcare services	Ocular Health and Optometry
0098 Healthcare services	Outpatient Specialty/Community Services
0098 Healthcare services	• Infectious Disease
0098 Healthcare services	• Orthopedic
0098 Healthcare services	• Podiatry
0098 Healthcare services	• Endocrinology
0098 Healthcare services	• Outpatient Cancer Care/Oncology
0098 Healthcare services	• Cardiology
0098 Healthcare services	• Other Outpatient Services

■ B. ABBREVIATIONS/ACRONYMS/DEFINITIONS

BFO	Best and Final Offer
CC	Correctional Center/Jail
C.G.S.	Connecticut General Statutes
CHRO	Commission on Human Rights and Opportunities
CI	Correctional Institution/Prison
Respondent	A private provider organization, state agency, municipality or individual that enters into a contract with the Department as a result of this RFP
Correctional Facility	Correctional Center or Correctional Institution/Prison or Jail
CT	Connecticut
CTDOC	Connecticut Department of Correction or Department
DAS	Connecticut Department of Administrative Services
Department	Connecticut Department of Correction
EHR	Electronic Health Record
ECG	Electrocardiography (ECG or EKG) is the process of recording the electrical activity of the heart over a period of time using electrodes placed over the skin. It is very commonly performed to detect any cardiac problems.
FOIA	Freedom of Information Act (CT)
IRS	Internal Revenue Service (U.S.)
LOI	Letter of Intent
OAG	Connecticut Office of the Attorney General
OPM	Connecticut Office of Policy and Management
OSC	Connecticut Office of the State Comptroller
P.A.	Public Act
POS	Purchase of Service. A POS contract is an agreement between a state agency and an organization for the purchase of direct human services to agency clients.
RFP	Request for Proposal
SEEC	Connecticut State Elections Enforcement Commission
STAT	A common medical abbreviation for urgent or rush.
Subcontractors	An individual (other than an employee of the Respondent) or business entity hired by a Respondent to provide a specific service as part of a contract with the Department as a result of this RFP
U.S.	United States

1. **Acute Services:** Medical or behavioral health services needed for an illness, episode, or injury that requires immediate care, and hospitalization.
2. **Agent**: An entity with the authority to act on behalf of the Department
3. **Cardiology**: the branch of medicine that deals with diseases and abnormalities of the heart.
4. **Clinician**: Unless otherwise designated by the Department, a person who is licensed to practice independently in the State of Connecticut.
5. **Clinical Management**: The process of evaluating and determining the appropriateness of the utilization of health services as well as providing assistance to clinicians or members to ensure appropriate use of resources.
6. **Respondent:** A private provider organization, non-profit organization or CT State agency that enters into a POS (Purchase of Service) contract with the Department as a result of this RFP.
7. **Contract Services:** Those services that the Respondent is required to provide under this RFP and subsequent contract.
8. **Correctional Center**: A correctional facility that confines inmates awaiting trial for their alleged crimes. These facilities are designated as 'intake facilities', meaning that they accept individuals directly from court, local lockups and/or the community and house them until such time as they are

sentenced by the court. Correctional Centers also confine individuals after sentencing if the sentence is two (2) years or less. CTDOC operates four (4) male, one (1) youth male (combined prison and correctional center) and one (1) female (combined prison and correctional center) correctional centers.

9. **Department:** For the purposes of this RFP, 'Department' shall mean the Connecticut Department of Correction.
10. **e-consulting**: Also referred to as "e-consult" or "e-health" allows healthcare professionals to evaluate, diagnose and treat patients in remote locations using a secure online portal. e-consulting allows patients in remote locations to access medical expertise quickly, efficiently and without travel.
11. **Imaging:** includes radiology and other techniques such as X-ray radiography, ultrasound, computed tomography, nuclear medicine including positron emission tomography, and magnetic resonance imaging used to diagnose and/or treat diseases.
12. **Infectious Disease**: A disease resulting from the presence and activity of a pathogenic microbial agent which can be spread, directly or indirectly, from one person to another
13. **Inmate:** a person confined to correctional facility such as a prison or jail.
14. **Inpatient:** A patient who stays in a hospital while under treatment.
15. **Inpatient Services:** Services that a hospital provides under the direction of a physician with privileges requiring at least one overnight stay.
16. **Jail**: A correctional facility that confines un-sentenced and sentenced inmates anticipated to serve less than two (2) years of confinement. CTDOC operates four (4) male correctional centers, one (1) youth male (combined prison and correctional center) and one (1) female (combined prison and correctional center) prisons.
15. **Laboratory Services:** encompasses all aspects of obtaining, and testing blood, urine, or other substance from the body to determine a diagnosis, plan treatment, check to see if treatment is working, or monitor the disease over time.
16. **Medicaid:** One of the Connecticut Medical Assistance Programs, operated by the Connecticut Department of Social Services under Title XIX of the federal Social Security Act, and related State and Federal rules and regulations.
17. **Ocular Health/Optometry:** practice or profession of examining the eyes for visual defects and prescribing corrective lenses.
18. **Ophthalmology**: is a branch of medicine and surgery that deals with the anatomy, physiology and diseases of the eyeball and orbit.
19. **Orthopedics:** the branch of medicine dealing with the correction of deformities of bones or muscles.
20. **Outpatient Cancer Care/Oncology:** includes curative care and treatment of recurrent or secondary disease. It also includes early palliative care for patients with advanced cancer.
21. **Pharmacy:** the science or practice of the preparation and dispensing of medicinal drugs.
22. **Podiatry:** services that relate to the treatment of the feet and their ailments.
23. **Primary Care Provider (PCP):** a licensed professional who helps in identifying or preventing or treating illness or disability.
24. **Primary Care Services:** Services provided by health professionals specifically trained in comprehensive first contact and continuing care for persons with any health concern. Primary care includes health promotion, disease prevention, health maintenance counseling, patient education, diagnosis and treatment of acute and chronic illnesses, in a variety of healthcare settings.
25. **Prison:** A correctional facility that confines sentenced inmates anticipated to serve more than two (2) years of confinement. CTDOC operates eight (8) male, one (1) youth male (combined prison and correctional center) and one (1) female (combined prison and correctional center) prisons.
26. **Professional:** A practitioner licensed or certified by the Connecticut Department of Public Health to provide healthcare services.

27. **Prospective Respondent**: A private provider organization, non-profit organization or CT State agency that may submit a proposal to the Department in response to this RFP, but has not yet done so.
28. **Provider:** A person or entity under an agreement with the Department to provide services for inmates.
29. **Radiology:** The medical specialty concerned with radiation for the diagnosis and treatment of disease, encompassing full range of imaging services.
30. **Respondent/Respondents:** A private provider organization, non-profit organization, or CT State agency that has submitted a proposal to the Department in response to this RFP.
31. **Subcontractors:** An individual (other than an employee of the Respondent) or business entity hired by a Respondent to provide a specific health or human service as part of a POS contract with the Department as a result of this RFP.
32. **Startup Costs:** One-time costs incurred for the startup of a program. These costs may not be annualized.
33. **Telemedicine:** Also referred to as "telehealth" or "e-health" allows healthcare professionals to evaluate, diagnose and treat patients in remote locations using telecommunications technology. Telemedicine allows patients in remote locations to access medical expertise quickly, efficiently and without travel.

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) about this RFP is strictly prohibited. Respondents or prospective Respondents who violate this instruction may risk disqualification from further consideration.

   Name: Michael B. Greene
   Address: 24 Wolcott Hill Road
   Wethersfield, CT 06109

   Phone: (860) 692-6823
   Fax: (860) 692-7576
   E-Mail: michael.b.greene@ct.gov

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

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

   Department's Web Site:
   http://www.ct.gov/doc/cwp/view.asp?a=1492&q=270106

   State Contracting Portal:
   https://biznet.ct.gov/SCP_Search/

   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-mail announcing procurements and addendums that are posted on the portal. This

service is provided as a courtesy to assist in monitoring activities associated with State procurements, including this RFP.

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

3. **Contract Awards.** The award of any contract pursuant to this RFP is dependent upon the availability of funding to the Department. The Department anticipates the following:
   - Total Funding Available: To be determined
   - Number of Awards: To be determined
   - Contract Cost: To be determined
   - Contract Term: Up to three (3) years with the option of up to a three (3) year extension at discretion of the Department.

4. **Eligibility.** The Department welcomes responses from anyone in the healthcare industry, in the provision of healthcare services at the community level, in government or in academia with practical knowledge of the provision of inmate medical services or who provides healthcare to large institutionalized patient populations, operates large health systems, or manages large patient practices. The Department reserves the right to reject the submission of any Respondent in default of any current or prior contract.

5. **Minimum Qualifications of Respondents.** Preference will be given to Respondents with a proven history of providing the requested or substantially similar services in the requested geographical areas.

6. **Procurement Schedule.** Dates marked (*) are target dates only, and may be subject to change. The Department may amend the schedule, as needed. Any change will be made by means of an amendment to this RFP and will be posted on the State Contracting Portal and the Department's Web Site.

Activity	Dates	Time	
RFP Released	October 26, 2018		
MANDATORY Letter of Intent Due	November 9, 2018	3:00 PM	Eastern Standard Time
RFP Questions	November 16, 2018	3:00 PM	Eastern Standard Time
Answers Released	November 30, 2018*		
Proposals Due	December 21, 2018	3:00 PM	Eastern Standard Time
Contract(s) Execution	February 22, 2019*		

** Dates subject to change*

7. **Letter of Intent.** A mandatory Letter of Intent (LOI) is **required** from each respondent intending to respond to this RFP. The LOI is non-binding and does not obligate the sender to submit a proposal. The LOI must be submitted to the Official Contact identified in Section C.1 of this RFP. LOI's may be submitted by US mail, or e-mail by the deadline established in the Procurement Schedule. The LOI must clearly identify the sender, including agency name, contact person, postal address, telephone 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 the Department chooses to answer questions received after the deadline, the question and the answer will be made available to all Respondents or prospective Respondents. The Department reserves the right to answer questions only from those who have submitted a LOI. The Department may combine similar questions and give only one answer. All questions and answers will be compiled into a written amendment to this RFP. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the amendment and duly noted as such. The Department will release the answers to questions on the dates established in the Procurement Schedule. The Department will publish any and all amendments to this RFP on the State Contracting Portal and the Department's Web Site. 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. **RFP Conference**. A RFP Respondents' Conference will **not** be held for this process.

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

    - **Due Date: December 21, 2018**
    - **Time: 3:00 PM Eastern Standard Time**

    Faxed or e-mailed proposals will not be evaluated. The Department will not accept a postmark date as the basis for meeting the proposal due date and time. 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 by courier or in person, allow extra time due to building security procedures. Proposals received after the due date and time may be accepted by the Department as a clerical function, but they will not be evaluated.

    Proposals shall not be considered received until they are in the hands of the Official Contact or another representative of the Contracts Administration Office designated by the Official Contact. At the discretion of the Department, late proposals may be destroyed or retained for pick-up by the Respondents.

    An acceptable submission must include the following:

    - one (1) original proposal;
    - five (5) conforming copies of the original proposal; and
    - one (1) conforming electronic copy of the original proposal by e-mail (preferred) or on USB drive.

    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. **The electronic copy of the proposal must be compatible with Microsoft Office Word 2013, except the Budget, Appendices, and Forms. The electronic copy**

of the Budget may be compatible with Microsoft Office Excel 2013. If any of the required Appendices and Forms identified in Section IV are not compatible with Microsoft Office Word, they must be scanned and submitted in Portable Document Format (PDF) or similar file format.

11. **Multiple Proposals.** The submission of multiple proposals from the same Respondent is allowed with this procurement. Each proposal must be self-contained and packaged separately.

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 C 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 last three (3) years) that pose a conflict of interest, as defined by C.G.S. § 1-85. A conflict of interest exists when a relationship exists between the 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. *Example: "[name of Respondent] has no current business relationship (within the last three (3) years) that poses a conflict of interest, as defined by C.G.S. § 1-85."*

■ D. PROPOSAL FORMAT

1. **Required Outline.** All proposals must follow the required outline presented in Section IV of this RFP. Proposals that fail to follow the required outline will be deemed, at the discretion of the Department, non-responsive and will not be evaluated.

2. **Cover Sheet.** The Cover Sheet is Page 1 of the proposal. Respondents must complete and use the Cover Sheet form provided by the Department as Form #6, in Section IV.

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) pages, of the main proposal and cost proposal. The Executive Summary shall include the Respondent's demonstrated experience with this service.

5. **Attachments.** Attachments other than the required Appendices or Forms identified in Section IV are not permitted and will not be evaluated. Further, the required Appendices or Forms must not be altered or used to extend, enhance, or replace any component required by this RFP. Failure to abide by these instructions will result in disqualification.

6. **Style Requirements.** Submitted proposals must conform to the following specifications:
   - Binding Type: Loose Leaf, Bound with a Butterfly Clip
   - Dividers: No Dividers
   - Paper Size: Standard Letter
   - Print Style: 1-sided
   - Font Size: 12
   - Font Type: Times New Roman
   - Margins: One inch (1")
   - Line Spacing: Single Space
   - Page limit: No page limit

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

8. **Packaging and Labeling Requirements.** All proposals must be submitted in sealed envelopes or packages and be addressed to the Official Contact. The Legal Name and Address of the Respondent must appear in the upper left corner of the envelope or package. The RFP Name or Number must be clearly displayed on the envelope or package: **Inmate Medical Services RFP2018**

   Any proposal received 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 will not be evaluated. At the discretion of the Department, such a proposal may be destroyed or retained for pick-up by the Respondent.

■ 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 and awarding contracts, the Department will conform to its written procedures for POS procurements (pursuant to C.G.S. § 4-217) and the State's Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85).

2. **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 Screening Committee will use to evaluate the technical merits of the proposals. Only the criteria listed below will be used to evaluate proposals. Interpretation of these criteria will be established by the Screening Committee prior to receipt of proposals. The criteria are weighted according to their relative importance. The weights are disclosed below.

Criteria	Possible Points
Organizational Profile	10
Scope of Services	30
Staffing Plan	20
Data and Technology	5
Work Plan	30
Statewide Service	5
Statewide Service and Multiple Services	10
Appendix	5
Total Possible Points	**115**

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

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

7. **Appeal Process.** Within ten (10) days of the debriefing meeting, unsuccessful Respondents may appeal the Department's procurement process in writing, to the Department head. The Respondent must set forth facts or evidence in sufficient and convincing detail for the Department head to determine whether the Department's process failed to comply with the State's statutes, regulations or standards (established in the State of Connecticut, Office of Policy and Management, Procurement Standards: for Personal Service Agreements and Purchase of Service Contracts)

concerning competitive procurement or the provisions of the RFP. The Department head must issue a decision, in writing, not later than thirty (30) days after receipt of any such appeal. The filing of an appeal shall not constitute 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.

In the event that the Department head determines that a process violation has occurred and that the violation had a substantial effect on the procurement, the Department head shall take corrective action no later than thirty (30) days after the date of such a determination.

In addition, a Respondent has the right of appeal, under certain circumstances, to the State Contracting Standards Board, which is statutorily charged with considering and acting upon appeals (see C.G.S. §§ 4e-35, 4e-36, and 4e-37).

8. **Contract Execution.** Any contract developed and executed as a result of this RFP is subject to the Department's contracting procedures, which may include approval by the Office of the Attorney General.

II. MANDATORY PROVISIONS

A. POS STANDARD CONTRACT, PARTS I AND II

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

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

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

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

Part I of the standard contract may be amended by means of a written instrument signed by the Department, the selected Respondent (Respondent), 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, Respondent, 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 liability for expenses incurred by Respondents in preparing, submitting, or clarifying proposals 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, and data reporting capabilities, financial standing, or other information necessary to satisfactorily meet the requirements set forth or implied in this RFP. The Department may make onsite visits to an operational facility or facilities of a 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. **Offer and Rejection of Proposals.** The Department reserves the right to award in part or reject 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 awarded as a result of this RFP shall be the sole property of the State, unless stated otherwise in this RFP or subsequent contract. The right to publish, distribute, or disseminate any or 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 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 Award.** The Department reserves the right to correct inaccurate awards resulting from its clerical errors. This may include, in extreme circumstances, revoking the awarding of a contract already made to a Respondent and subsequently awarding 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).** 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.** Connecticut statute and regulations impose certain obligations on State agencies (as well as Respondents 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 to the Department of Administrative Services (DAS) on-line data vault, called BizNet, prior to submitting a proposal in response to this RFP. More information about uploading standard contract documents is available on the DAS web site under Administrative Services, State Procurement Marketplace, BizNet Connection, 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 include a consulting agreement affidavit attesting to whether any consulting agreement has been entered into in connection with the proposal. As used herein "consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing counsel to a Respondent, respondent, 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 (Ethics

Form 5) is available on OPM's website at http://www.ct.gov/opm/fin/ethics_forms.

IMPORTANT NOTE: The Respondent must upload the Consulting Agreement Affidavit (OPM Ethics Form 5) to the Department of Administrative Services (DAS) on-line data vault, called BizNet, prior to submitting a proposal in response to this RFP. More information about uploading standard contract documents is available on the DAS web site under Administrative Services, State Procurement Marketplace, BizNet Connection, 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 Connecticut State agencies are exempt from this requirement. The gift and campaign contributions certification (OPM Ethics Form 1) is available on OPM's web site under Ethics Affidavits, embedded in this section as a hyperlink.

   IMPORTANT NOTE: The selected Respondent must upload the Gift and Campaign Contributions Certification (OPM Ethics Form 1) to the Department of Administrative Services (DAS) on-line data vault, called BizNet, prior to contract execution. More information about uploading standard contract documents is available on the DAS web site under Administrative Services, State Procurement Marketplace, BizNet Connection, embedded in this section as a hyperlink.

5. **Contracts with Entities Making Certain Investments in Iran, C.G.S. § 4-252a.** No State agency or quasi-public agency shall enter into any large state contract, or amend or renew any such contract with any entity who (1) has failed to submit a written certification indicating whether or not such entity has made a direct investment of twenty million dollars or more in the energy sector of Iran on or after October 1, 2013, as described in Section 202 of the Comprehensive Iran Sanctions, Accountability and Divestment Act of 2010, or has increased or renewed such investment on or after said date, or (2) has submitted a written certification indicating that such entity has made such an investment on or after October 1, 2013, or has increased or renewed such an investment on or after said date. Prior to submitting a bid or proposal for a large state contract, each bidder or Respondent who is an entity shall submit a certification that such bidder or Respondent has or has not made an investment as described herein. For purposes of this section, "large state contract" has the same meaning as provided in C.G.S. § 4-250. The OPM Iran Certification Form 7 is available on OPM's web site under Ethics Affidavits, embedded in this section as a hyperlink.

   IMPORTANT NOTE: The Respondent must upload the OPM Iran Certification Form 7 to the Department of Administrative Services (DAS) on-line data vault, called BizNet, prior to submitting a proposal in response to this RFP. More information about uploading standard contract documents is available on the DAS web site under Administrative Services, State Procurement Marketplace, BizNet Connection, embedded in this section as a hyperlink.

6. **Nondiscrimination Certification, C.G.S. §§ 4a-60(a) (1) and 4a-60a (a)(1).** If a Respondent is awarded 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 http://www.ct.gov/opm/fin/nondiscrim_forms

IMPORTANT NOTE: The selected Respondent must upload the appropriate nondiscrimination certificate form to the Department of Administrative Services (DAS) online data vault called BizNET Prior to contract execution. More information about uploading standard contract documents is available on the DAS website under Administrative Services, State Procurement, BizNet Connection, embedded in this section as a hyperlink.

III. DEPARTMENT AND REQUESTED SERVICE INFORMATION

A. DEPARTMENT OVERVIEW

The CTDOC is a recognized leader in the provision of institutional and community correction services. It is one of only six state correctional agencies in the country with a combined system of pre-trial jails for accused inmates and prisons for sentenced inmates. Thus, Connecticut has an integrated jail and prison system, with approximately 28 percent accused and 72 percent sentenced inmates detained in the facilities.

CTDOC provides healthcare services in accordance with the American Correctional Association (ACA) and the National Commission on Correctional Healthcare (NCCHC) standards, as well as prevailing professional practices and community standards of care. The department also follows the guidelines established by the U.S. Preventative Services Taskforce (https://www.uspreventiveservicestaskforce.org/).

The Department incarcerates approximately 13,545 offender inmates throughout fourteen (14) facilities in the State of Connecticut. CTDOC is responsible for incarceration of youth, male, and female sentenced and un-sentenced individuals, as well as ensuring appropriate community supervision for approximately 4,617 offender inmates residing in the community prior to completion of their criminal sentences. [Note: Respondents will not be responsible for the provision of healthcare to the individuals supervised in the community.] Inmates are classified in level 2 (minimum) through level 5 (maximum) security statuses. Most facilities house inmates in several levels, while the newer celled facilities house predominantly level 4 and 5 offender inmates. The number of persons supervised by CTDOC at any given time fluctuates and the number of facilities operated by CTDOC is subject to change.

Information about all CTDOC facilities can be found at https://portal.ct.gov/DOC/Miscellaneous/Facilities.

Additional information regarding DOC and its facilities can be found at http://portal.ct.gov/DOC. CTDOC Administrative Directives can be found on the DOC website at: https://portal.ct.gov/DOC/Common-Elements/Common-Elements/Directives-and-Polices-Links.

All inmates must have access to healthcare services that meet the Department's standards of care and reasonable accommodations as specified in Chapter 8 of the Administrative Directives or modifications are made in accordance with the Americans with Disabilities Act to allow inmates with disabilities the same opportunities for access to care as non-disabled inmates.

Information about CTDOC standards of care can be found at https://portal.ct.gov/DOC/AD/AD-Chapter-8.

CTDOC currently provides primary healthcare services by healthcare professionals who are appropriately licensed and/or credentialed in their appropriate field of practice by the State of Connecticut, including board certification for all physicians. CTDOC provides a full continuum of services including medical, dental and behavioral healthcare services at all levels of clinical acuity which is available for inmates beginning with the initial intake process and throughout their incarceration. Services for inmates range from preventive and primary care to hospital inpatient and outpatient including chronic and specialty care, i.e., podiatry, optometry, infectious disease, cardiology, obstetrics/gynecology, neurology, end of life/hospice/palliative care, medication-assisted treatment, etc. Medical personnel have access to translation services (language and services for the hearing or visually impaired) in order to ensure proper assessment and care. All medical and behavioral health services include access to 24 hour on-call coverage to address emergent/critical care issues. Healthcare providers perform services under the supervision of the Chief Medical Officer.

The initial medical assessment for new and or returning inmates is conducted by a licensed nurse typically prior to being assigned housing. The purpose of this assessment is to gather any current and past medical history, to ensure continuity of care as well as inform housing needs. Substance abuse history is obtained to determine any possible need for detoxification. Mental health information is obtained as well as a Prison Rape Elimination Act (PREA) screening. The purpose of this intake is to ensure that all appropriate referrals are made and healthcare needs are known. Inmates are also given information on how to access mental health and medical services at their facility. The following is the criteria for assigning medical levels:

- M1 - No medical problems that require nursing attention, other than problems that might arise in the future due to illness or injury.
- M2 - Are not expected to require nursing care on any regular basis; they have some sub-acute or chronic disease that requires occasional nursing attention, but not on an urgent basis.
- M3 - Need predictable access to nursing care for 16 hours a day, 7 days a week (Any need for directly observed therapy at least once a day qualifies as M3).
- M4 - Need 24-hour access to nursing care, but most of the time don't actually access that care. There is a reasonable likelihood that from time to time they will need 24-hour actual nursing care (not just access to it).
- M5 - Need 24 hour nursing care, possibly for an extended time.

An initial Mental Health assessment is also conducted to ascertain treatment history, social development, education, inform housing and employment needs, and identify mental health levels and a brief treatment plan. If an inmate enters a correctional facility on psychiatric medication they are scored a mental health level 3 and should receive the social worker's mental health initial evaluation and then a referral for an Initial psychiatric evaluation by a MD or APRN. If there is a need for diagnostic clarification, inmates can receive psychological testing also. The following is the criteria for assigning mental health levels:

- MH1 - No history of mental health treatment.
- MH2 - Prior treatment in the past but currently not in treatment prior to arrest or is in no active treatment in CTDOC.
- MH3 - Current mental health treatment whether therapy, mental health groups and or mental health medications. Seen at least monthly with Social worker and at least every 90 days by prescriber.
- MH4 - Requires a higher level of mental healthcare. They are seen weekly by social worker and at least every 90 days by prescriber.
- MH5 - Infirmary level of care.

The Department's Administrative Directives regarding inmate medical services can be found in Chapter 8, https://portal.ct.gov/DOC/AD/AD-Chapter-8.

Respondents will be responsible to provide all other healthcare services that are not covered in-house by CTDOC. Services to be provided by Respondents may include but is not limited to the services outlined in this RFP. All services must be provided in compliance with all applicable laws. Diagnostic and treatment services include a full-spectrum of laboratory, x-ray and other diagnostic imaging capabilities. Treatment therapies (chemotherapy, dialysis, radiation etc.) and diagnostic procedures are commensurate with current community standards. Providers will have access to complete and comprehensive pharmacy services to support all facets of inmates' treatment needs.

CTDOC ancillary services such as occupational therapy, physical therapy, speech therapy, hospital-based rehabilitation such as stroke and acute traumatic brain injury rehabilitation, etc. are available to

all inmate/patients whenever clinically indicated. In addition to medical services, healthcare providers must provide a full range of treatment services for those inmates convicted of sexual offenses.

CTDOC Physicians, Physician Assistants, Advanced Practice Registered Nurses, Registered Nurses and Licensed Practical Nurses provide on-site medical assessment and treatment for a full range of medical illnesses. Of those illnesses, HIV/AIDS, tuberculosis, Hepatitis B & C, drug and alcohol addiction, STDs, asthma, diabetes, and hypertension are among the serious illnesses overrepresented in this population. All 14 facilities have outpatient services, and most can accommodate some on-site specialty services such as orthopedic services, podiatry, infectious diseases including HIV, optometry, and chronic care. Five facilities have on-site infirmaries, which provide acute care services such as post-operative care, IV fluids and medications and wound care. When the medical needs cannot be met within our facilities offenders are referred to a local area hospital for specialty services including but not limited to: cardiology, pulmonology, endocrinology, neurology, rheumatology, urology, orthopedics, general surgery, neurosurgery, interventional radiology, hematology, oncology, radiation oncology, physical therapy, occupational therapy, speech therapy, dermatology, gastroenterology, urology, nephrology, ophthalmology, ENT and oral maxillofacial surgery. Certain other diagnostic tests and procedures provided at area hospitals include MRIs, CTs, ultrasounds, cardiac catheterizations, bronchoscopies, biopsies, endoscopies, colonoscopies, chemotherapy and radiation therapy. CTDOC healthcare providers also provide emergency medical treatment, and inoculations/vaccinations to CTDOC employees and participate in facility emergency preparedness activities.

CTDOC implemented an electronic health records (EHR) system (GE Centricity) in spring 2018. Centricity is an integrated EHR system for clinical and financial management. The system offers a comprehensive suite of functionality for practice administration and electronic health records. Because GE Healthcare has such a broad focus on systems for the entire continuum of healthcare services, Centricity software has a well-developed set of integrations with external systems throughout the healthcare community. The program also integrates with a wide range of medical devices, medical imaging systems and other GE Healthcare products. Centricity EHRs are designed to offer powerful reporting on clinical outcomes. New medical records will be electronic and old paper records will ultimately be converted to electronic records.

CTDOC maintains a comprehensive health record on each inmate which is accurate and legible, kept up-to-date, and includes all reports received from any and all care providers. Any and all services are properly recorded in the inmate's health records in such manner as to satisfy requirements of ACA and NCCHC standards, and all confidentiality provisions, laws and/or regulations applicable to inmate health records (HIPAA), state statutes and 42 CFR Part II are adhered to.

Primary care is provided in each facility, mainly in the facility's medical department. Many facilities also have medical and mental health infirmaries housing acutely ill patients. Other care provided at the CTDOC facilities includes dental, behavioral health, obstetrics/gynecology, optometry and others. Pharmacy services and medication distribution to inmates also takes place in the facility.

Currently outpatient services are largely centralized, although, inmates are transported to other outpatient services as medically indicated. Generally, inmate outpatient care is reimbursed at prevailing Medicaid rates. Transportation and supervision of the inmates are provided by DOC.

Inmates that currently require emergency care are transported to the nearest hospital and all other inmates requiring inpatient care are admitted to a dedicated, secure hospital unit. Inpatient care for inmates is reimbursable under Medicaid for eligible individuals.

It is the Department's intention that once Respondents are in place, inmates will be prioritized for specialist/outpatient appointments by internal processing review to determine the level of urgency, and then transported to appointments that are scheduled with the winning bidder. CTDOC will be

responsible for the transportation and security complement that will accompany the patients for their care episode. The Respondent is encouraged to provide electronic visits whenever possible and preferably connected to the Electronic Medical Record so that consultant and in-house providers can have access to the same information. The Medicaid fee schedule can be found at the following website:

https://www.ctdssmap.com/CTPortal/Provider/Provider%20Fee%20Schedule%20Download/tabId/54/Default.aspx

■ B. SERVICES OVERVIEW

Through this Request for Proposal (RFP), CTDOC is seeking a single or multiple Respondents to provide a variety of services to support inmate healthcare. Respondents are encouraged to bid on any individual service or multiple services up to and including all services required under this RFP. Respondents may bid on all RFP Regions or selected region(s).

This RFP covers a variety of services, including clinical care delivery for both on-site and off-site services, Respondents experienced in only portions of the comprehensive care are encouraged to submit bids for those portions as listed herein. It is the desire of the CTDOC to select a Respondent or Respondents that will provide quality, cost effective healthcare services to CTDOC. Due to this approach, while this RFP may use the singular term "Respondent", it is intended to refer to any and all Respondents who may ultimately receive a contract under this solicitation. Furthermore, the CTDOC may select one Respondent to provide all services requested under this solicitation or, if CTDOC chooses to award the services to multiple respondents, it will also entertain responses from a single Respondent to act as the Primary Respondent responsible for coordinating all services requested.

Response Requirements
CTDOC has the following objective that it wants this work to fulfill, and it will be the Respondent's obligation to ensure that the people the Respondent provides are qualified to perform their portions of the work.

The objective of this RFP is to solicit proposals for the requested services to the Department at CTDOC facilities. The successful proposal(s) will form the basis of a contract for such services. All services must be provided in compliance with all applicable laws and be the minimum acceptable standard expected of the Respondent throughout the term of the contract. Information about CTDOC standards of care can be found at https://portal.ct.gov/DOC/AD/AD-Chapter-8

The Respondent's proposal shall include any incidental items omitted from these specifications that may be needed in order to deliver a working program and must be in compliance with the specifications and requirements of this RFP. The Respondent's proposed service program, staff and supplies must be fully identified, described and documented within the proposal. All staff, supplies and other required components of this RFP must be included in the not to exceed firm, fixed, total price.

The Respondent must fully describe and document how they will fulfill the services as required by the RFP. The Respondent must provide services in a manner consistent with established standards for the type of services to be provided. Respondent must indicate what community standards of care or other standard of care is being followed for each area of service they submit for and what certifying body has issued them, what accreditation and at what level for the services they are proposing to provide. CTDOC seeks to conform to established standard of care for correctional environment such as National Commission on Correctional Healthcare (NCCHC) standards (https://www.ncchc.org/standards-resources) and other pertinent community standards such as those provided by the American College of Physicians (https://www.acponline.org/clinical-information/guidelines).

■ C. MAIN PROPOSAL COMPONENTS

A responsive proposal must include the following information about the administrative and operational capabilities of the Respondent.

1. ORGANIZATIONAL REQUIREMENTS

a) Description of Organization: Please provide a description of the organization, date established, number of employees (full and part-time), business type (e.g. LLC, corporation, etc.), and ownership.
b) Business and Administrative Office Location(s): Please provide the location of the agency's administrative offices and all office addresses from which services will be provided, if applicable.
c) Qualifications / Certification / Licensure: Please describe your organization's experience providing the kinds of services being requested through this solicitation. Describe the applicable licensure held by your organization, its relevance to the proposed service and your ability to adhere to such licensure requirements. Provide assurance that you are aware of all required licenses, certifications or other formal and informal approvals required for the proposed service and that your organization holds all such approvals. Evidence of licenses shall be provided in Section H of the provided proposal.
d) Hospital Privileges: Please provide information regarding healthcare providers' hospital admitting privileges and indicate hospitals if applicable. Evidence of hospital privileges shall be provided in Section H of the provided proposal.

2. PROPOSED SERVICES TO BE PROVIDED

A responsive proposal must include a complete list and description of all services to be provided. All services must be provided in compliance with all applicable laws.

3. WORK PLAN

A responsive proposal must include a comprehensive and realistic work plan as indicated in section 1V.3. The Work Plan must demonstrate the flow of activities in a logical and sequential manner. The work plan must include the following:

i. *Tasks and Deliverables*. Describe what start-up and implementation activities, actions, tasks, and deliverables the Respondent will need to accomplish to provide the identified service, as well as the staff and their related qualifications for those who will be responsible for providing the identified service.

ii. *Methodologies*. Describe how each service and deliverable will be accomplished, providing a detailed explanation of the procedures or processes that will be used to attain the expected outcomes. Describe the days and times proposed services will be delivered to CTDOC facilities. Proposal should also include the Respondent's expectations on how CTDOC inmate patients will access Respondent's facility to receive services.

iii. *Timetable/Schedule*. Include a proposed timetable indicating when each task and deliverable will be accomplished. Identify any significant milestones or deadlines. Timetable/schedule must include the day and time service is to be provided, if applicable.

CTDOC will provide security and transportation of inmate patient in order to receive services.

4. STAFFING REQUIREMENTS

A responsive proposal must include the following information about all staff that the Respondent intends to assign to this service.

i. *Staffing Plan*. Identify the number and type of all staff positions that will be assigned to the proposed services, including but not limited to an Administrative Liaison, who will serve as the principal contact with CTDOC. The Administrative Liaison's responsibilities shall include but not be limited to day-to-day oversight, attending all meetings at the request of CTDOC, and responding to CTDOC's requests for status updates and reports. Indicate whether each position will be newly created or is existing. If the staff that will be assigned are currently employed by the Respondent, include their names and position titles.

Note: The Department will require notification in writing and in advance regarding the departure of any personnel staff assigned to the organization who play an integral role in fulfillment of services being contracted.

ii. *Resumes*. Provide resumes, not exceeding two pages per resume, for all staff identified above that are currently employed by the Respondent. Resumes must reflect staff qualifications including credentials, licenses, education, training, and experience with the Respondent, corrections experience, and other relevant experience.

iii. *Multilingual and Multicultural Competency*. Describe your staff's experience in providing services to a diverse population.

iv. *Background Checks*. The State may require that the Respondent's staff undergo criminal background checks as provided for in the State of Connecticut Department of Emergency Services and Public Protection Administration and Operations Manual or such other State document as governs procedures for background checks. The Respondent's staff shall cooperate fully as necessary or reasonably requested with the State and its agents in connection with such background checks.

5. DATA AND TECHNOLOGY REQUIREMENTS

A responsive proposal must provide the following information about the information management system of the Respondent.

i. *Equipment*. The proposal must describe the Respondent's equipment that will be utilized in providing the identified services. This should also include their ability to access the internet, send and receive secure outside e-mail, view PDF documents, and create correspondence and reports.

ii. *Telemedicine and E-Consulting*. Each Respondent shall provide information on their capabilities to provide real-time, interactive telephone, videoconference, and secure web portal electronic clinical consultations with CTDOC physicians/nurse practitioners for routine and urgent care to inmates. If expanded hours/days coverage is available (e.g. twenty-four hours, seven days a week), Respondents should provide this information in their submission. Telemedicine/e-consults appointments will be scheduled similarly to normal outpatient visits. These services are defined as the HIPAA-compliant delivery of healthcare services such as diagnosis, consultation, or treatment through the use of secure audio/visual media/electronic, for non-primary care specialist treatment (e.g. dermatology).

iii. *Confidentiality Requirements*. The Respondent will be privy to confidential information that can potentially compromise the safety and security of the public, Department staff, and incarcerated individuals. The Respondent shall respect the confidentiality of all Department

staff and incarcerated individuals, as well as adhere to the Department's confidentiality requirements regarding receipt and dissemination of information that has the potential of compromising the Department's safety and security. Whenever practical, data, information, and documents shall be provided to the Respondent electronically. The Respondent shall not store hardcopy data of any kind; all data shall be stored electronically, in accordance with State and federal guidelines for storage of confidential information and personal health information, and encryption guidelines. The proposal must describe the Respondent's ability to comply with these requirements.

iv. *Freedom of Information*. Respondent must be aware that the Agency must comply with the Freedom of Information Act, C.G.S. §§ 1-200 et seq. ("FOIA") which 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).

D. COST PROPOSAL COMPONENTS

Services will be reimbursed on a fee-for-service basis and will follow the Medicaid fee schedule. It is the expectation that bills (in the form of Healthcare Financing Administration - HCFA 1500 or general invoice of services) will be sent to CTDOC for services rendered. Respondents should indicate payment terms and prompt payment discount.

Successful Respondent will be paid by the Department according to the satisfactory completion of contracted services and deliverables, and upon receipt and approval of properly executed invoices. Invoices shall include an itemized description of services provided and any other documentation as may be requested by the Department to process such payments.

E. SCOPE OF SERVICES / SERVICE REQUIREMENTS

For services that will be provided at CTDOC facilities the Respondent must provide a complete list of staff going into the facility and a list of equipment in advance of each visit to assure that security and other clearances are in place prior to each services provided at CTDOC facilities.

The following describes the scope of services included in this RFP:

Imaging Services
Respondents must indicate their hours of operation. It is expected that Respondents will provide twenty-four hour seven day a week (24/7) access. Respondent must be able to receive diagnostic imaging performed at the CTDOC facilities (e.g. X-Ray films) electronically through secure internet or SFTP connection. Respondent agrees to interpret procedures and prepare written comprehensive interpretive report of finding within 24 hours of receiving film. Priority one images should be read as soon as possible (within 30 minutes of receipt from CTDOC). Any problems and/or unusual finding which may require urgent care will be reported immediately to the ordering physician, Nursing Supervisor, or designated CTDOC point of contact.

Provision of services via tele-imaging technologies are also included as a method for fulfilling this scope of work. The films and or studies must be interpreted within 24 hours, and immediately conveyed if there are positive findings and be available for import and viewing in the CTDOC electronic health record system (GE Centricity). Life threatening findings must be conveyed immediately to Physician, mid-level or Nursing Supervisor and staff who ordered the testing through both CTDOC's GE Centricity Electronic Health Record (EHR) system and a confirmed telephone call.

Physicians performing services under this Agreement shall be licensed, and board certified by the American Board of Radiology.

Diagnostic information is to be sent by the Respondent to CTDOC electronically, through secure internet or secure file transfer protocol (SFTP) connection, in a format that may be included within the CTDOC EHR.

Billing: Services rendered will be reimbursed at the current State of Connecticut Medicaid fee schedule rate. For services for which a Medicaid rate has not been established, Respondents must provide a detailed cost/price schedule as part of their submission including an itemized description of services provided.

CTDOC Historical Imaging Utilization for 2017 (approximate):

Service	**Utilization**
Barium Swallows	17
HIDA Scans	4
CAT Scans	330
Ultrasounds	23
MRI's	277
Number of mammograms screening	262
Number of diagnostic mammograms	5
Number of pregnant inmates	141
Number of pregnant inmates that received ultrasound exam	12
GI Series	9

Telemedicine Services

Telemedicine and e-consulting: Each Respondent shall provide information on their capabilities to provide real-time, interactive telephone, video-conference, and secure web portal electronic clinical consultations with CTDOC physicians/nurse practitioners for routine and urgent care to inmates. If expanded hours/days coverage is available (e.g. twenty-four hours, seven days a week), Respondents should provide this information in their submission. Telemedicine/E-Consults appointments will be scheduled similarly to normal outpatient visits. These services are defined as the HIPAA-compliant delivery of healthcare services such as diagnosis, consultation, or treatment through the use of secure audio/visual media/electronic, for non-primary care specialist treatment (e.g. dermatology).

Respondent must provide information on secure tunnel communications via the internet and must be in compliance with HIPAA Laws. Successful Respondent will be required to carry liability coverage for their doctors/APRNs/Psychologists. Doctors/APRNs/Psychologists used by the respondent must be credentialed/licensed by the state from which they are operating and be appropriately licensed. It should also be noted that physicians and APRNs will be expected to prescribe medications as necessary and appropriate.

Medical Consultation Services: The telemedicine Respondent shall be required, at a minimum, to provide real-time, interactive telephone and video-conference consultations with physicians/nurse

practitioners for routine and urgent care to inmates, seven days a week with minimal wait time. If expanded hours/days coverage is available (e.g. twenty-four hours, seven days a week), Respondents should provide this information in their submission along with all appropriate pricing/cost information for all service for which a Medicaid rate has not been established. Telemedicine consults and appointments will be scheduled similarly to normal outpatient visits. These telemedicine services are defined as the HIPAA-compliant delivery of healthcare services such as diagnosis, consultation, or treatment through the use of secure audio/visual media, for non-primary care specialist treatment (e.g. dermatology).

Additional optional services/specialties may include but are not limited to the following:

1. Chronic Condition Care Management
2. Diet and Nutrition (Registered Dietician)

Any additional services/specialties a telemedicine respondent would like to propose should be included in the respondent's answers and clearly defined in the proposed fee schedule. CTDOC reserves the right to incorporate additional services provided by the selected telemedicine respondent during contract negotiations.

Standard/Ad Hoc Reporting: The telemedicine Respondent shall provide to the CTDOC quarterly and year-to-date summary reports including, but not limited to, the following:

1. Number, type of consultation and utilization
2. System Availability
3. Prescription Utilization

Please provide examples of all reports as described above in your proposal.

Billing: Services rendered will be reimbursed at the current State of Connecticut Medicaid fee schedule rate. For services which a Medicaid rate has not been established, Respondents must provide a detailed cost/price schedule as part of their submission including an itemized description of services provided.

CTDOC Historical Telemedicine Utilization for 2017 (approximate):

Service	**Utilization**
Orthopedics	1,000
Dermatology	500
Other	500

Emergency Room and Inpatient Services

CTDOC requires the services of a full service tertiary care hospital with the ability to provide medical inpatient and observation inpatient services. These services are to be provided on an as-needed basis with no guarantee that a certain number of procedures, surgeries, routine and intensive care admissions will occur. As prisons and jails within the CTDOC system are geographically dispersed across the state, Respondents should have either a single hospital located within a 50-mile radius of a single CTDOC facility(s) or clustering of CTDOC facilities, or have multiple hospitals located within proximity to a clustering or single CTDOC facility(s). Hospital inpatient services must have an emergency department to receive admission when needed

CTDOC will provide, whenever possible, pre-admission procedures and notify hospital staff of an inmate admission prior to inmate arrival. CTDOC has specific needs for security, depending on the prisoner's level of custody and the successful Respondents must comply with the CTDOC

security requirements. The CTDOC will provide a security officer, if necessary, while the prisoner is receiving care in the hospital. The following requirements must be met:

1. Information about a prisoner must not be disseminated to any individual who has not been authorized by CTDOC. Prisoner patients will be admitted using an inmate number and will be referred to by that number on all records and billing documents. All inmate patients must be listed as a "no information" patient, name not on a public wall, no verbal information shall be given over the telephone. A list of restricted information will be provided to the contract administrative liaison with updates as needed.
2. Unauthorized individuals are not allowed access to any prisoner.
3. Hospital personnel who will be admitted to a prisoner's room must be identified to the corrections officer provided by the CTDOC or to any contract security officer.
4. When a CTDOC patient is being treated in the Respondent's facility, the name and phone number of the 24-hour hospital security person must be provided to the CTDOC security officer or contract security officer.

The services that may be utilized in the contract resulting from this RFP are not to be limited and will include all current and future services available at the successful Respondents' hospital facility. Services may include but not be limited to the following:

Procedures and Laboratory Tests: All procedures & tests available at the Respondents' facility. Provide a schedule listing of all available.

Emergency Department Services: The successful Respondents shall provide a full-service emergency department.

All Surgeries: Both inpatient and ambulatory

Gynecologic & Obstetric Services: Female inmates are confined to only one facility (York Correctional Institution), therefore it is preferable that obstetric services be provided by a hospital that is in close proximity to the female facility. Respondent is expected to provide all routine and associated surgical and specialty services.

Patient Condition upon Discharge: When discharging an inmate patient with an active medical problem, the successful Respondents must directly notify the receiving CTDOC institution with the appropriate accompanying medical evaluation and lab data to assure continuity of care. Electronic communication of this information is preferred, via interface to the CTDOC's GE Centricity Electronic Health Record (EHR) system. At the minimum, faxed or secure email information which can be attached to the inmate-patient's record at CTDOC, however a continuity of care document transmission is preferred.

Contract Liaisons:

a. Administrative Liaison: The successful Respondents shall provide a designated individual to be the liaison to CTDOC who has the authority to resolve administrative issues with a direct reporting line to senior management.
b. Case Manager: The successful Respondents shall provide a designated staff member assigned to be the liaison to CTDOC for the purpose of case management of inmate patients, maintaining and providing medical records and assistance with discharge planning and follow-up.
c. Security Liaison: The successful Respondents shall provide a designated individual to be the liaison to CTDOC in regards to security issues.
d. Emergency Department: The successful Respondents shall assign the emergency department Director or Assistant Director to liaison with CTDOC to develop and implement procedures

for transferring inmate patients back to the facility. This individual will solve problems and implement corrective actions.

e. Accounting Liaison: The successful Respondents shall provide a designated staff assigned to be the liaison to CTDOC for the purpose of billing issues and support documentation.

Records: The successful Respondents shall provide to the CTDOC Chief Medical Officer, or designee, direct access to all medical records, reports and charts of patients who are in the hospital for purpose of review and/or photocopying. CTDOC medical personnel will show identification to hospital and security staff, upon request. Successful Respondents agree to provide care records and/or share electronically the medical notes or continuity of care documents where possible, to CTDOC for inmates cared for at the hospital facility.

a. Medical Records Privacy Act: The Respondents shall be required to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as it pertains to service requirements under this contract. The Respondents are responsible for the cost of compliance with this federal law.
b. The successful Respondents are responsible for obtaining and documenting all informed consents. In the case of refusals for medical interventions and potentially medically serious situations, documentation with two witnesses of such refusals is required.

Hospital Privileges: The successful Respondents shall agree to provide the CTDOC Physicians with courtesy privileges that will allow them to provide direct medical care at the same level as fully credentialed attending physicians to CTDOC patients while receiving treatment at the facility. This is contingent upon CTDOC physicians meeting the credentialing criteria of the hospital. The successful Respondents shall agree to provide courtesy privileges for patient access and chart review limited to designated CTDOC mid-level practitioners and designated nursing utilization managers.

Work Space: The successful Respondents shall make available a designated work area for CTDOC health staff preferably located near the emergency room. The purpose of this workspace is for CTDOC medical and mental health staff to conduct confidential interviews and other healthcare duties when an inmate patient is admitted. This workspace does not need to be for the exclusive use of CTDOC. The space may be a private office and could be shared with hospital staff or the space could be paneled for some degree of privacy. The office shall be furnished with a small desk or table and a phone for CTDOC use.

Patient Diversion: When the successful Respondents' emergency department or inpatient services go into "patient diversion" to other health facilities rendering them unable to admit CTDOC inmate patients, the Medical Director or appointed designee shall be notified of the diversion status. Notification information is noted below. Once the diversion status is canceled, the successful Respondents agrees to accept in transfer all medically stable inmates hospitalized in other institutions due to the diversion status.

Meetings: The CTDOC may request the successful Respondents to attend meetings with CTDOC staff. These meetings may be held for various purposes including consultation, streamlining procedures, solving problems, introducing new staff, etc. It is anticipated that meetings would not need to occur more often than quarterly. These meeting will be included in the successful Respondents' administrative indirect overhead and will not be billable to the CTDOC.

Court or Legal Testimony: The successful Respondents shall be required to provide court or legal testimony, upon request. This requirement is a rare occurrence.

Subcontracted Services: The successful Respondents may utilize in-state providers (subcontract hospital or other services) whenever possible to perform services they are not capable of providing. Subcontractors are subject to approval of the CTDOC Chief Medical Officer or designee.

Malpractice Insurance: Physicians providing care as hospital employees or the consultants used by the physicians in care provided to CTDOC inmates must have malpractice insurance.

Non-Exclusive Contract: The CTDOC reserves the right to use the services of other hospitals when necessary. The award of any contract resulting from this RFP does not represent an exclusive use of the successful Respondents' hospital facility.

Billing: Services rendered will be reimbursed at the current State of Connecticut Medicaid fee schedule rate. For services which a Medicaid rate has not been established, Respondents must provide a detailed cost/price schedule as part of their submission including an itemized description of services provided. Acute care services provided on behalf of CTDOC inmates who meet eligibility requirements will be reimbursed directly by the Medicaid program. Emergency department services and acute care services for those who do not meet the eligibility requirement will be reimbursed according to the Medicaid fee schedule.

CTDOC Historical Inpatient Services Utilization for 2017 (approximate):

Service	Utilization
ICU	45
Step Down from ICU	179
Emergency Room discharge to facility	701

Laboratory Services

Description of Services: The Respondent shall provide twenty-four hour, seven day per week (24/7) Laboratory Services to CTDOC, as follows:

1. Respondent will process and provide result on all laboratory specimens provided to it by CTDOC. Laboratory Services will be provided by appropriately qualified laboratory staff in accordance with currently recognized applicable professional standards. Respondent will have sole control and discretion over the means, methods, techniques, equipment, sequences and procedures used to perform the Laboratory Services.
2. CTDOC shall be responsible for the collection and preparation of all specimens to be tested by Respondent pursuant to established Service Schedule. More specifically, specimens will be collected by individuals acting under the authority and control of CTDOC; Respondent will not have any authority or control over such individuals. Respondent will provide CTDOC with a sufficient quantity of supplies necessary for specimen collection (e.g., tubes, needles, tourniquets). CTDOC will label, package and store all specimens in accordance with applicable laws and regulations
3. Respondent will provide laboratory test results to CTDOC within time frames mutually agreed to by the Parties. Results will be reported via interface to the CTDOC electronic health record ("EHR") whenever possible. When results cannot be reported via the EHR (e.g., EHR downtime), results will be provided via facsimile. Critical lab results will be reported via telephone within sixty (60) minutes of becoming available in addition to being reported via interface to the EHR or via facsimile, as applicable.
4. Respondent will pick up specimens at CTDOC correctional facilities identified by CTDOC (the "DOC Facilities") and deliver them to Respondent laboratory for processing and resulting (or will arrange for such pick-up and delivery), all in accordance with a schedule mutually agreed

to by the Parties. Specimen collection supplies shall also be delivered to the DOC Facilities as needed by CTDOC.

Billing: Services rendered will be reimbursed at the current State of Connecticut Medicaid fee schedule rate. For services for which a Medicaid rate has not been established, Respondents must provide a detailed cost/price schedule as part of their submission including an itemized description of services provided.

CTDOC Historical Laboratory Services Utilization, 2017:

Service	Utilization
Laboratory Services	217,211 units

Ocular Health and Optometry
The Respondents shall provide comprehensive Ocular Health Management Service statewide and onsite optometry at certain Department of Correction facilities throughout Connecticut.

The Respondent is expected to:

- Conduct On Site Ocular Health Management clinics. The Respondents will provide comprehensive ocular eye health testing on site at correctional facilities throughout Connecticut. The successful Respondents will hold approximately three (3) half-day clinics per quarter.
- A Clinic is defined as a half day (4-hour maximum) increment. If a site schedules a morning and afternoon clinic on the same day, a two clinic minimum fee will apply. To make certain there is plenty of time to perform all tests as needed, each clinic will be capped at 14 inmates.
- The Respondents will also provide on-site Optometry Clinic services to meet the site's utilization for Department of Correction. The Corrigan-Radgowski Correctional Center and York Correctional Institution sites will be established and the utilization at each site is one full day (2 clinics) per week.
- For services that will be provided at CTDOC facilities the Respondent must provide a complete list of staff going into the facility and a list of equipment in advance of each visit to assure that security and other clearances are in place prior to each services provided at CTDOC facilities.
- Data collected at each clinic will be uploaded to the secure and HIPAA complaint web site. The managing eye doctor(s) will access the data collected and initiate or continue a management plan for each inmate evaluated.
- The onsite optometry team will access the data and manage the inmates. The ophthalmologist(s) will offer a second opinion on an as needed basis only.

The CPT codes listed below are for general reference only. They are provided for comparison purposes only as to potential services to be provided off site in a private practice and do not represent in any way and are not an authorization, or an explanation of benefits. Specific testing to be made available to each inmate during the On Site Data Collection includes:

- 92132 Angle imaging/Assessment, 92133 OCT Glaucoma, 92134 OCT Retina, 76514 Pachymetry, 92250 Retina Photography, 99211 Tonometry, 99713 Visual Acuity, and 92083 Visual Fields.

Services to be provided include on-site ocular health management clinics to provide the ancillary testing required to medically manage primary open angle glaucoma and certain retinopathies requested by CTDOC. Patients shall be evaluated and managed through the on-site medical department for routine ophthalmology care by the optometrists who manage patients in the CTDOC facilities.

Billing: Services rendered will be reimbursed at the current State of Connecticut Medicaid fee schedule rate. For services which a Medicaid rate has not been established, Respondents must provide a detailed cost/price schedule as part of their submission including an itemized description of services provided. Billing will not be limited to the above-mentioned CPT codes.

Outpatient Specialty/Community Services

Outpatient service is intended to operate as a means of providing healthcare services to inmates that are not provided at the facility in cost effective manner. These Community services should be augmented by a telemedicine service where applicable. Respondent must indicate how services will be augmented by telemedicine.

CTDOC is soliciting proposals for outpatient healthcare services. CTDOC requires the services for multi-specialty care for its population of inmates across the statewide system of prisons and jails. As prisons and jails within the CTDOC system are geographically dispersed across the state, Respondents should have either a single outpatient facility located within a 50-mile radius of a clustering or a single CTDOC facility(s), or have multiple outpatient facilities located within proximity to a clustering or single CTDOC facility(ies). CTDOC may consider entering into contract for services to be provided based on RFP designated regions outlined in the general information section on page 4.

Specialist Care: The successful Respondents shall provide specialty medical care services including, but not limited to: cardiology, gastroenterology, pulmonary, orthopedics, infectious disease, podiatry. Provide a schedule listing all available specialists and specialty care services provided at the Respondents' location. Include both diagnostic and treatment separately. Specific Scopes of Services for the Specialist Care come after this section.

Electronic Communication: Electronic communication related to continuity of care is preferred, via interface to the CTDOC electronic health record system (GE Centricity). At the minimum, faxed or secure email information which can be attached to the inmate-patient's record at CTDOC, however a continuity of care document transmission is preferred.

Security Requirements: The successful Respondents must comply with the CTDOC security requirements. The CTDOC has specific needs for security, depending on the prisoner's level of custody. The CTDOC will provide a security officer, if necessary, while the prisoner is receiving care at the location. The following requirements must be met:

a. Information about a prisoner must not be disseminated to any individual who has not been authorized by the Department. Prisoner patients will be admitted using an inmate number and will be referred to by that number on all records and billing documents. All inmate patients must be listed as a "no information" patient, name not on a public wall, no verbal information shall be given over the telephone. A list of restricted information will be provided to the contract administrative liaison with updates as needed.
b. Unauthorized individuals are not allowed access to any prisoner.
c. Respondent personnel who will be admitted to a prisoner's room must be identified to the corrections officer provided by the CTDOC or to any contract security officer.
d. The successful Respondents must adhere to CTDOC policies and procedures regarding the safety and security of prisoners.

Contract Liaisons:

a. Administrative Liaison: The successful Respondents shall provide a designated individual to be the liaison to CTDOC who has authority to resolve administrative issues with a direct reporting line to senior management.

b. Case Manager: The successful Respondents shall provide a designated staff member assigned to be the liaison to CTDOC for the purpose of case management of inmate patients, maintaining and providing medical records and assistance with discharge planning and follow-up.
c. Security Liaison: The successful Respondents shall provide a designated individual to be the liaison to CTDOC in regards to security issues.
d. Accounting Liaison: The successful Respondents shall provide a designated staff assigned to be the liaison to CTDOC for the purpose of billing issues and support documentation.

Records: The successful Respondents shall provide to the CTDOC Chief Medical Officer, or designee, direct access to all medical records, reports and charts of patients who are in the hospital for purpose of review and/or photocopying. CTDOC medical personnel will show identification to hospital and security staff, upon request. Successful Respondents agree to provide care records to CTDOC for inmates cared for at the hospital facility.

a. Medical Records Privacy Act: The Respondents shall be required to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as it pertains to service requirements under this contract. The Respondents are responsible for the cost of compliance with this federal law.
b. The successful Respondents are responsible for obtaining and documenting all informed consents. In the case of refusals for medical interventions and potentially medically serious situations, documentation with two witnesses of such refusals is required.

Meetings: The CTDOC requires the successful Respondents to attend meetings with CTDOC staff. These meetings may be held for various purposes including consultation, streamlining procedures, solving problems, introducing new staff, etc. It is anticipated that meetings would not need to occur more often than quarterly. These meeting will be included in the successful Respondents' administrative indirect overhead and will not be billable to the CTDOC.

Court or Legal Testimony: The successful Respondents shall be required to provide court or legal testimony, upon request. This requirement is a rare occurrence.

Subcontracted Services: The successful Respondents may utilize in-state providers (subcontracted specialist clinicians or other services) whenever possible to perform services they are not capable of providing. Subcontractors are subject to the approval of the CTDOC Chief Medical Officer or designee.

Malpractice Insurance: Physicians providing care as hospital employees or the consultants used by the physicians in care provided to CTDOC inmates must have malpractice insurance.

Non-Exclusive Contract: The CTDOC reserves the right to use the services of other providers when necessary. The award of any contract resulting from this RFP does not represent an exclusive use of the successful Respondents' facility.

Billing: Services rendered are to be paid at the current State of Connecticut Medicaid fee schedule rate. For services which a Medicaid rate has not been established, Respondents must provide a detailed cost/price schedule as part of their submission.

Out-Patient Infectious Disease

General Requirements:

1. Through the use of one or more Connecticut licensed Infectious Disease doctor, the Respondents will provide comprehensive Infectious Disease services to the inmate population of the designated facilities.

2. All of the Respondent's employees and/or subcontractors agree to provide Infectious Disease services in compliance with all federal, state and local laws; state and federal licensure, certification or registration requirements; CTDOC security protocol; appropriate standards of medical care, ACA standards and generally accepted community standards.
3. The Respondents will oversee all aspects of infectious disease care which ensures that such care is appropriate and medically necessary. Infectious Disease services must be provided by Connecticut licensed Infectious Disease Doctor(s) within the scope of practice as allowed by applicable law.

Respondent Requirements:

1. Based on inmate-patient need, but not less than once every thirty (30) days, the Respondents must provide regularly scheduled, services either at the selected CTDOC facilities or at the respondent's facilities, depending upon the agreed and contracted service schedule. The Respondents will provide electronic remittance of billing for services.
2. The Respondents will provide electronic record of services that may be either directly interfaced with or serve as electronic attachment to the CTDOC electronic health record software (GE Centricity).
3. The Respondents will provide and direct on-going services in the case of any inmate with documented diagnosis only as medically necessary and indicated. The Respondents will not otherwise provide continued examinations or treatments of patients without an appropriate diagnosis.
4. The Respondents will ensure that all patient assessments, consultations, treatments, doctor's orders, and other services are legibly documented in each patient's chart at the time the services are provided, including date, signature and credentials of the physician.
5. The Respondents will provide services in cooperation with other Department staff and medical Respondents.
6. The Respondents will demonstrate a plan to prescribe all medications in compliance with Department protocols for medication distribution. Copies of the policy and procedures will be made available upon request.
7. The Respondents will provide a telephone number and/or email address for contacting the Responsible Clinical Contact to consult regarding patient care during normal business hours (8 am to 5 pm EST).
8. The Respondent will assist the CTDOC's Chief Medical Officer in the review of specialty physician consult recommendations to determine medical necessity and appropriateness.

Billing: Services rendered will be reimbursed at the current State of Connecticut Medicaid fee schedule rate. For services which a Medicaid rate has not been established, Respondents must provide a detailed cost/price schedule as part of their submission including an itemized description of services provided.

CTDOC Historical Infectious Disease Utilization for 2017 (approximate):

Service	Utilization
Infectious Disease	494

Out-Patient Orthopedic Services

The Respondents shall provide comprehensive orthopedic treatment services at the MacDougall-Walker Correctional Institution. The Respondents must provide the specified services below and include any ancillary services as part of the Respondents' total price for providing comprehensive inmate orthopedic services:

General Requirements:

Through the use of one or more Connecticut licensed orthopedic physician(s), the Respondents will provide comprehensive orthopedic services to the inmate population of the designated facilities.

1. All of the Respondent's employees and/or subcontractors agree to provide Orthopedic services in compliance with all federal, state and local laws; state and federal licensure, certification or registration requirements; CTDOC security protocol; appropriate standards of medical care, American Academy of Orthopedic Surgeons standards, and ACA standards and generally accepted community standards.
2. The Respondents will oversee all aspects of inmate direct clinical orthopedic care which ensures that such care is appropriate and medically necessary. Orthopedic services must be provided by Connecticut licensed orthopedist(s) within the scope of practice as allowed by applicable law.

Respondent Requirements:
1. Based on inmate-patient need, but not less than once every thirty (30) days, the Respondents must provide regularly scheduled, services either at the selected CTDOC facilities or at the respondent's facilities, depending upon the agreed and contracted service schedule. The Respondents will provide electronic remittance of billing for services.
2. The Respondents will provide electronic record of services that may be either directly interfaced with or serve as electronic attachment to the CTDOC electronic health record software (GE Centricity).
3. The Respondents will provide and direct an on-going outpatient services in the case of any inmate with a documented diagnosis only as medically necessary and indicated. The Respondents will not otherwise provide continued examinations or treatments of patients without an appropriate diagnosis.
4. The Respondents will ensure that all patient assessments, consultations, treatments, doctor's orders, and other services are legibly documented in each patient's chart at the time the services are provided, including date, signature and credentials of the physician.
5. The Respondents will provide services in cooperation with other Department staff and medical Respondents.
6. The Respondents demonstrates a plan to prescribe all medications in compliance with Department protocols for medication distribution.
7. The Respondents will provide a telephone number and/or email address for contacting the Responsible Clinical Contact to consult regarding patient care during normal business hours (8 am to 5 pm EST).
8. The Respondent will assist the CTDOC's Chief Medical Officer in the review of their recommendations to determine medical necessity and appropriateness.

Billing: Services rendered will be reimbursed at the current State of Connecticut Medicaid fee schedule rate. For services which a Medicaid rate has not been established, Respondents must provide a detailed cost/price schedule as part of their submission including an itemized description of services provided.

Historical Utilization Orthopedic Services, 2017 (Approximate):

Service	Utilization
Orthopedic	758

Out-Patient Podiatry

The Respondents shall provide comprehensive podiatry treatment services. The Respondents must provide the specified services below and include any ancillary services as part of the Respondents' total price for providing comprehensive inmate podiatry services:

General Requirements:
1. Through the use of one or more Connecticut licensed podiatrist(s), the Respondents will provide comprehensive podiatry services to the inmate population.

2. All of the Respondent's employees and/or subcontractors agree to provide Podiatry services in compliance with all federal, state and local laws; state and federal licensure, certification or registration requirements; CTDOC security protocol; appropriate standards of medical care, American Podiatric Medical Association recommended guidelines, and ACA standards and generally accepted community standards.
3. The Respondents will oversee all aspects of inmate direct clinical podiatric care which ensures that such care is appropriate and medically necessary. Podiatry services must be provided by Connecticut licensed podiatrist(s) within the scope of practice as allowed by applicable law.

Respondent Requirements:
1. Based on inmate-patient need, but not less than once every thirty (30) days, the Respondents must provide regularly scheduled, services either at the selected CTDOC facilities or at the respondent's facilities, depending upon the agreed and contracted service schedule. The Respondents will provide electronic remittance of billing for services.
2. The Respondents will provide electronic record of services that may be either directly interfaced with or serve as electronic attachment to the CTDOC electronic health record software (GE Centricity).
3. The Respondents will provide and direct on-going outpatient services in the case of any inmate with a documented diagnosis only as medically necessary and indicated. The Respondents will not otherwise provide continued examinations or treatments of patients without an appropriate diagnosis.
4. The Respondents will ensure that all patient assessments, consultations, treatments, doctor's orders, and other services are legibly documented in each patient's chart at the time the services are provided, including date, signature and credentials of the physician.
5. The Respondents will provide services in cooperation with other Department staff and medical Respondents.
6. The Respondents demonstrates a plan to prescribe all medications in compliance with Department protocols for medication distribution.
7. The Respondents will provide a telephone number and/or email address for contacting the Responsible Clinical Contact to consult regarding patient care during normal business hours (8 am to 5 pm EST).
8. The Respondent will assist the CTDOC's Chief Medical Officer in the review of their recommendations to determine medical necessity and appropriateness.

Billing: Services rendered will be reimbursed at the current State of Connecticut Medicaid fee schedule rate. For services which a Medicaid rate has not been established, Respondents must provide a detailed cost/price schedule as part of their submission including an itemized description of services provided.

CTDOC Historical Podiatry Utilization for 2017 (approximate):

Service	Utilization
Podiatry	144

Endocrinology
The Respondents shall provide comprehensive endocrinology treatment services for designated correctional facility within CTDOC. The Respondents must provide the specified services below and include any ancillary services as part of the Respondents' total price for providing comprehensive inmate endocrinology services:

General Requirements:
1. Through the use of one or more Connecticut licensed Endocrinologist the Respondents will provide comprehensive endocrinology services to the inmate population of the designated facilities.

2. All of the Respondent's employees and/or subcontractors agree to provide Endocrinology services in compliance with all federal, state and local laws; state and federal licensure, certification or registration requirements; CTDOC security protocol; appropriate standards of medical care.
3. The Respondents will oversee all aspects of inmate direct clinical endocrinology care which ensures that such care is appropriate and medically necessary. Endocrinology services must be provided by Connecticut licensed Endocrinologists within the scope of practice as allowed by federal, state, and local laws.

Respondent Requirements:
1. Based on inmate-patient need, but not less than once every thirty (30) days, the Respondents must provide scheduled, services either at the selected CTDOC facilities or at the respondent's facilities, depending upon the agreed and contracted service schedule. CTDOC will transport inmates to and from respondent's facility. The Respondents will provide electronic remittance of billing for services.
2. The Respondents will provide electronic record of services that may be either directly interfaced with or serve as electronic attachment to the CTDOC electronic health record software (GE Centricity).
3. The Respondents will provide and direct on-going outpatient services in the case of any inmate with a documented diagnosis only as medically necessary and indicated. The Respondents will not otherwise provide continued examinations or treatments of patients without an appropriate diagnosis.
4. The Respondents will ensure that all patient assessments, consultations, treatments, doctor's orders, and other services are legibly documented in each patient's chart at the time the services are provided, including date, signature and credentials of the physician.
5. The Respondents will provide services in cooperation with other Department staff and medical Respondents.
6. The Respondents demonstrates a plan to prescribe all medications in compliance with Department protocols for medication distribution.
7. The Respondents will provide a telephone number and/or email address for contacting the Responsible Clinical Contact to consult regarding patient care during normal business hours (8 am to 5 pm EST).
8. The Respondent will assist the CTDOC's Chief Medical Officer in the review of specialty physician consult recommendations to determine medical necessity and appropriateness.

Billing: Services rendered will be reimbursed at the current State of Connecticut Medicaid fee schedule rate. For services which a Medicaid rate has not been established, Respondents must provide a detailed cost/price schedule as part of their submission including an itemized description of services provided.

CTDOC Historical Endocrinology Services Utilization, 2017:

Service	Utilization
Endocrinology Services	65

Out-Patient Cancer/Oncology Services

The Respondents shall provide cancer/oncology treatment services for designated correctional facility within CTDOC. The Respondents must provide the specified services below and include any ancillary services as part of the Respondents' total price for providing a comprehensive inmate cancer treatment program:

General Requirements:
1. Through the use of one or more cancer care treatment centers (freestanding and/or mobile) located within proximity to CTDOC facilities, the Respondents will provide comprehensive

post diagnostic oncology/cancer care services to the inmate population of the designated institutions.

2. All of the Respondent's employees and/or subcontractors agree to provide cancer treatment services in compliance with all applicable laws; state and federal licensure, certification or registration requirements; CTDOC security protocol; appropriate standards of medical care and ACA standards and generally accepted community standards.
3. The Respondents will ensure that all care rendered under this contract is appropriate and medically necessary.

Respondent Requirements:
Based on inmate-patient need, but not less than once every thirty (30) days, the Respondents must provide services either at the selected CTDOC facilities or at the Respondent's facilities, depending upon the agreed and contracted service schedule.

1. The Respondents will provide electronic remittance of billing for services.
2. The Respondents will provide electronic record of services that may be either directly interfaced with or serve as electronic attachment to the CTDOC electronic health record software (GE Centricity).
3. The Respondents will provide and direct on-going outpatient cancer treatment services in the case of any inmate with documented cancer diagnosis only as medically necessary and indicated.
4. The Respondents will ensure that all patient assessments, consultations, treatments, doctor's orders, and other services are legibly documented in each patient's chart at the time the services are provided, including date, signature and credentials of the physician.
5. The Respondents will provide services in cooperation with other Department staff and medical Respondents.
6. The Respondents demonstrates a plan to prescribe all medications in compliance with Department protocols for medication distribution.
7. The Respondents will provide a telephone number and/or email address for contacting the Responsible Clinical Contact to consult regarding patient care during normal business hours (8 AM to 5 PM EST).
8. The Respondents will assist the CTDOC's Chief Medical Officer in the review of their recommendations to determine medical necessity and appropriateness.

Billing: Services rendered will be reimbursed at the current State of Connecticut Medicaid fee schedule rate. For services which a Medicaid rate has not been established, Respondents must provide a detailed cost/price schedule as part of their submission including an itemized description of services provided.

CTDOC Historical Cancer/Oncology Services Utilization for 2017 (approximate):

Service	Utilization
Cancer/Oncology Services	346

Cardiology
The Respondents shall provide comprehensive Cardiology treatment services. The Respondents must provide the specified services below and include any ancillary services as part of the Respondents' total price for providing comprehensive inmate Cardiology services:

General Requirements:
1. Through the use of one or more Connecticut licensed Cardiologist, the Respondents will provide comprehensive cardiology services.
2. All of the Respondent's employees and/or subcontractors agree to provide cardiology services in compliance with applicable laws; state and federal licensure, certification or registration

requirements; CTDOC security protocol; appropriate standards of medical care, ACA standards and American College of Cardiology clinical care guidelines.
3. The Respondents will oversee all aspects of cardiac care which ensures that such care is appropriate and medically necessary. Cardiac services must be provided by Connecticut licensed Cardiologist(s) within the scope of practice as allowed by applicable law.

Respondent Requirements:
1. Based on inmate-patient need, but not less than once every thirty (30) days, the Respondents must provide regularly scheduled, cardiac treatment services either at the selected CTDOC facilities or at the respondent's facilities, depending upon the agreed and contracted service schedule. CTDOC will transport inmate to and from respondent's facility. The Respondents will provide electronic remittance of billing for services.
2. The Respondents will provide electronic record of services that may be either directly interfaced with or serve as electronic attachment to the CTDOC electronic health record software (GE Centricity).
3. The Respondents will provide and direct on-going outpatient cardiac treatment services in the case of any inmate with documented diagnosis only as medically necessary and indicated. The Respondents will not otherwise provide continued examinations or treatments of patients without an appropriate and current cardiac related diagnosis.
4. The Respondents will ensure that all patient assessments, consultations, treatments, doctor's orders, and other services are legibly documented in each patient's chart at the time the services are provided, including date, signature and credentials of the physician.
5. The Respondents will provide services in cooperation with other Department staff and medical Respondents.
6. The Respondents demonstrates a plan to prescribe all medications in compliance with Department protocols for medication distribution.
7. The Respondents will provide a telephone number and/or email address for contacting the Responsible Clinical Contact to consult regarding patient care during normal business hours (8 am to 5 pm EST).
8. The Respondent will assist the CTDOC's Chief Medical Officer in the review their recommendations to determine medical necessity and appropriateness.
9. In consideration of the performance of services, CTDOC shall pay the Respondent at the established Medicaid rate.

Billing: Services rendered will be reimbursed at the current State of Connecticut Medicaid fee schedule rate. For services which a Medicaid rate has not been established, Respondents must provide a detailed cost/price schedule as part of their submission including an itemized description of services provided.

CTDOC Historical Cardiology Utilization, 2017 (Estimate)

Service	**Utilization**
Cardiology	662

Heart Rhythm Diagnostics (ECG), Reporting & Interpretation Services

CTDOC seeks a contracted vendor to provide heart rhythm diagnostics (ECG), reporting & interpretation services. The Respondent is required to offer real-time and near real-time precision analysis, reporting and accurate diagnostics of ECG rhythm, on a twenty-four hour, seven days per week (24/7) basis. Respondent should also provide a quality control service that audits the clinically actionable ECG report data in accordance with all current Cardiac Safety Guidelines, compliant with evolving regulations and guideline requirements for ECG reads. Also required is the defense of study results in the case of clinical malfeasance resulting from a negative outcome associated with the heart rhythm study. Respondent is required to send ECG review report back to the CTDOC facility via Fax and make phone call to the requesting clinician to discuss findings of the ECG report, if indicated.

Billing: Services rendered will be reimbursed at the current State of Connecticut Medicaid fee schedule rate. For services which a Medicaid rate has not been established, Respondents must provide a detailed cost/price schedule as part of their submission including an itemized description of services provided.

Other Outpatient Services
The Respondent is encouraged to submit other proposed scope of work for health service areas not mentioned above but may be considered beneficial to the target population. Scope of services may include but not be limited to the following:

Anesthesiology
Cardiothoracic surgery
Clinical neurophysiology
Colon and Rectal Surgery
Dermatology-Venereology
Gastroenterology
Geriatrics
Health informatics
Hospice and palliative medicine
Interventional radiology
Nephrology
Neurology
Neuroradiology
Neurosurgery
Nuclear medicine
Obstetrics and gynecology
Occupational medicine
Ophthalmology
Oral and maxillofacial surgery
Orthodontics
Otorhinolaryngology
Pathology
Physical medicine and rehabilitation
Plastic, reconstructive and aesthetic surgery
Psychiatry
Pulmonology
Radiation Oncology
Urology
Vascular medicine
Vascular surgery

Respondent should provide all pertinent information for the delivery of the other proposed scope of services.

IV. PROPOSAL OUTLINE

Page

A. Cover Sheet . . . . . .

B. Table of Contents . . . . . .

C. Declaration of Confidential Information . . .

D. Conflict of Interest - Disclosure Statement. . . . . .

E. Executive Summary . . . . . .

F. Main Proposal . . . . . .

1. Organizational Profile/Requirements . . . . . .

a. Description of Organization . . . . . .
b. Business and Administrative Office Location . . . . . .
c. Qualifications / Certifications / Licensures . . . . . .
d. Hospital Privileges . . . . . .

2. Proposed Services to be Provided . . . . . .

3. Work Plan. . . . . . .
a. Tasks and deliverables . . . . . .
b. Methodologies . . . . . .
c. Timetable/Schedule . . . . . .

4. Staffing Requirements . . . . . .
a. Staffing Plan . . . . . .
b. Resumes . . . . . .
c. Multicultural Competency . . . . . .

5. Data and Technology . . . . . .
a. Equipment . . . . . .
b. Telemedicine and E-Consulting . . . . . .
c. Confidentiality Requirements . . . . . .

G. Cost Proposal . . . . . .

H. Appendices . . . . . .
a. Evidence of licenses . . . . . .
b. Proof of hospital privileges . . . . . .
c. Resumes . . . . . .

I. Forms . . . . . .

a. **Form #1:** Gift and Campaign Contribution Certification . . . . .
This form must be completed and included in Section I of the proposal.

b. **Form #2:** Consulting Agreement Affidavit . . . . . .
This form must be completed and included in Section I of the proposal .

c. **Form #3:** Acknowledgment of Contract Compliance . . . . . .
This form must be completed and included in Section I of the proposal.

d. **Form #4:** Notification to Respondents . . . . . .
This form must be completed and included in Section I of the proposal. For more information on completion of this report, go to www.ct.gov/chro

e. **Form #5:** Employer Information Report . . . . . .
This form must be completed and included in Section I of the proposal. For more information on completion of this report, go to www.eeoc.gov

f. **Form #6:** Cover Sheet . . . . . .
This form must be completed if the proposal is being submitted for a program NOT currently under contract with the Department.

V Attachments

FORM #1

STATE OF CONNECTICUT
GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

Written or electronic certification to accompany a State contract with a value of $50,000 or more in a calendar or fiscal year, pursuant to 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; and C.G.S. §9-612(g)(2)

INSTRUCTIONS:

Complete all sections of the form. Attach additional pages, if necessary, to provide full disclosure about any lawful campaign contributions made to campaigns of candidates for statewide public office or the General Assembly, as described herein. Sign and date the form, under oath, in the presence of a Commissioner of the Superior Court or Notary Public. Submit the completed form to the awarding State agency at the time of initial contract execution and if there is a change in the information contained in the most recently filed certification, such person shall submit an updated certification either (i) not later than thirty (30) days after the effective date of such change or (ii) upon the submittal of any new bid or proposal for a contract, whichever is earlier. Such person shall also submit an accurate, updated certification not later than fourteen days after the twelve-month anniversary of the most recently filed certification or updated certification.

CHECK ONE: ☐ Initial Certification ☐ 12 Month Anniversary Update (Multi-year contracts only.)

☐ Updated Certification because of change of information contained in the most recently filed certification or twelve-month anniversary update.

GIFT CERTIFICATION:

As used in this certification, the following terms have the meaning set forth below:

1) "Contract" means that contract between the State of Connecticut (and/or one or more of it agencies or instrumentalities) and the Respondent, attached hereto, or as otherwise described by the awarding State agency below;
2) If this is an Initial Certification, "Execution Date" means the date the Contract is fully executed by, and becomes effective between, the parties; if this is a twelve-month anniversary update, "Execution Date" means the date this certification is signed by the Respondent;
3) "Respondent" means the person, firm or corporation named as the contactor below;
4) "Applicable Public Official or State Employee" means any public official or state employee described in C.G.S. §4-252(c)(1)(i) or (ii);
5) "Gift" has the same meaning given that term in C.G.S. § 4-250(1);
6) "Principals or Key Personnel" means and refers to those principals and key personnel of the Respondent, and or their agents, as described in C.G.S. §§ 4-250(5) and 4-252(c)(1)(B) and (C).

I, the undersigned, am a Principal or Key Personnel of the person, firm or corporation authorized to execute this certification on behalf of the Respondent. I hereby certify that, no gifts were made by (A) such person, firm, corporation, (B) any principals and key personnel of the person firm or corporation who participate

substantially in preparing bids, proposals or negotiating state contracts or (C) any agent of such, firm, corporation, or principals or key personnel who participates substantially in preparing bids, proposals or negotiating state contracts, to (i) any public official or state employee of the state agency or quasi-public agency soliciting bids or proposals for state contracts who participates substantially in the preparation of bid solicitations or request for proposals for state contracts or the negotiation or award of state contracts or (ii) any public official or state employee of any other state agency, who has supervisory or appointing authority over such state agency or quasi-public agency.

I further certify that no Principals or Key Personnel know of any action by the Respondent to circumvent (or which would result in the circumvention of) the above certification regarding **Gifts** by providing for any other Principals, Key Personnel, officials, or employees of the Respondent, or its or their agents, to make a **Gift** to any Applicable Public Official or State Employee. I further certify that the Respondent made the bid or proposal for the Contract without fraud or collusion with any person.

CAMPAIGN CONTRIBUTION CERTIFICATION:

I further certify that, on or after December 31, 2006, neither the Respondent nor any of its principals, as defined in C.G.S. § 9-612(g)(1), has made any **campaign contributions** to, or solicited any contributions on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support, any candidate for statewide public office, in violation of C.G.S. § 9-612(g)(2)(A). I further certify that **all lawful campaign contributions** that have been made on or after December 31, 2006 by the Respondent or any of its principals, as defined in C.G.S. § 9-612(g)(1), to, or solicited on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support any candidates for statewide public office or the General Assembly, are listed below:

Lawful Campaign Contributions to Candidates for Statewide Public Office:

Contribution Date	Name of Contributor	Recipient	Value	Description

Lawful Campaign Contributions to Candidates for the General Assembly:

Contribution Date	Name of Contributor	Recipient	Value	Description

_____

_____

_____

_____

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

_____ _____

Printed Respondent Name **Printed Name of Authorized Official**

_____

Signature of Authorized Official

Subscribed and acknowledged before me this _____ day of _____, 20___.

_____

Commissioner of the Superior Court (or Notary Public)

FORM #2

STATE OF CONNECTICUT
CONSULTING AGREEMENT AFFIDAVIT

Affidavit to accompany a bid or proposal for the purchase of goods and services with a value of $50,000 or more in a calendar or fiscal year, pursuant to Connecticut General Statutes §§ 4a-81(a) and 4a-81(b). For sole source or no bid contracts the form is submitted at time of contract execution.

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

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

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

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

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

_____ _____
Consultant's Name and Title Name of Firm (if applicable)

_____ _____ _____
Start Date End Date Cost

Description of Services Provided:
_____

_____

_____

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

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

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

_____	_____	_____
Printed Name of Bidder or Respondent	**Signature of Principal or Key Personnel**	**Date**
	_____	_____
	Printed Name (of above)	Awarding State Agency

Sworn and subscribed before me on this _____ day of _____, 20___.

_____
Commissioner of the Superior Court
or Notary Public

FORM #3

Acknowledgement of Contract Compliance
Notification to Bidders

The contract to be awarded is subject to contract compliance requirements mandated by Section 4-114a of the Connecticut General Statutes: and when the guarding agency is the state, Section 46a-71(d) of the Connecticut General Statutes. There are Contract Compliance Regulations codified at Section 4-11a-1 et seq. of the regulations of Connecticut State Agencies which establish a procedure for the awarding of all contracts covered by Sections 4-114a and 46a-71(d) of the Connecticut General Statutes.

According to Section 4-114a-3(9) of the Contract Compliance regulations, every agency awarding a contract subject to the contract compliance requirements has an obligation to "aggressively solicit the participation of legitimate minority business enterprises as bidders, Respondents, subcontractors and suppliers of materials." "Minority business enterprise" is defined in Section 4-114a of the Connecticut General Statutes as a business wherein fifty-one percent or more of the capital stock, or assets, belong to a person or persons: "(1) Who are active in the daily affairs of the enterprise; (2) who have the power to direct the management and policies of the enterprises; and (3) who are members of a minority, as such term is defined in sub-section (a) of Section 32-9n." "Minority" groups are defined in Section 32-9n of the Connecticut General Statutes as "(1) Black Americans... (2) Hispanic American... (3) Women...(4) Asian Pacific Americans and Pacific Islanders; or (5) American Indians..." The above definitions apply to the contract compliance requirement virtue of Section 4-114a-1 (10) of the Contract Compliance Regulations.

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

(a) the proposer's success in implementing an affirmative action plan;
(b) the proposer's success in developing an apprenticeship program complying with Sections 46a-68-17 of the Connecticut General Statutes, inclusive;
(c) the proposer's promise to develop and implement a successful affirmative action plan;
(d) the proposer's submission of EEO-1 data indicating that the composition of its work force is at or near parity when compared to the racial and sexual composition of the work force in the relevant labor market area; and
(e) the proposer's promise to set aside a portion of the contract for legitimate minority business enterprises. See Section 4-11a-3(10) of the Contract Compliance Regulations.

* INSTRUCTIONS Proposer must sign acknowledgment below, and return acknowledgment to awarding agency along with signed proposal.

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

_____

Signature Date

BIDDER CONTRACT COMPLIANCE MONITORING REPORT - FORM #4

Part III - Bidder Subcontracting Practices (Page 4)

1. Will the work of this contract include subcontractors or suppliers? Yes__ No__

1a. If yes, please list all subcontractors and suppliers and report if they are a small contractor and/or a minority business enterprise. (defined on page 1 / use additional sheet if necessary)

1b. Will the work of this contract require additional subcontractors or suppliers other than those identified in 1a. above? Yes__ No__

PART IV - Bidder Employment Information Date:

JOB CATEGORY *	OVERALL TOTALS	WHITE (not of Hispanic origin)		BLACK (not of Hispanic origin)		HISPANIC		ASIAN or PACIFIC ISLANDER		AMERICAN INDIAN or ALASKAN NATIVE	
		Male	Female	Male	Female	Male	Female	Male	Female	male	female
Management											
Business & Financial Ops											
Marketing & Sales											
Legal Occupations											
Computer Specialists											
Architecture/Engineering											
Office & Admin Support											
Bldg/ Grounds Cleaning/Maintenance											
Construction & Extraction											
Installation , Maintenance & Repair											
Material Moving Workers											
Production Occupations											
TOTALS ABOVE											
Total One Year Ago											
FORMAL ON THE JOB TRAINEES (ENTER FIGURES FOR THE SAME CATEGORIES AS ARE SHOWN ABOVE)											
Apprentices											
Trainees											

*NOTE: JOB CATEGORIES CAN BE CHANGED OR ADDED TO (EX. SALES CAN BE ADDED OR REPLACE A CATEGORY NOT USED IN YOUR COMPANY)

PART V - Bidder Hiring and Recruitment Practices (Page 5)

1. Which of the following recruitment sources are used by you? (Check yes or no, and report percent used)				2. Check (X) any of the below listed requirements that you use as a hiring qualification		3. Describe below any other practices or actions that you take which show that you hire, train, and promote employees without discrimination
SOURCE	YES	NO	% of applicants provided by source	(X)		
State Employment Service					Work Experience	
Private Employment Agencies					Ability to Speak or Write English	
Schools and Colleges					Written Tests	
Newspaper Advertisement					High School Diploma	
Walk Ins					College Degree	
Present Employees					Union Membership	
Labor Organizations					Personal Recommendation	
Minority/Community Organizations					Height or Weight	
Others (please identify)					Car Ownership	
					Arrest Record	
					Wage Garnishments	

Certification (Read this form and check your statements on it CAREFULLY before signing). I certify that the statements made by me on this BIDDER CONTRACT COMPLIANCE MONITORING REPORT are complete and true to the best of my knowledge and belief, and are made in good faith. I understand that if I knowingly make any misstatements of facts, I am subject to be declared in non-compliance with Section 4a-60, 4a-60a, and related sections of the CONN. GEN. STAT.

(Signature)	(Title)	(Date Signed)	(Telephone)

FORM 5

Joint Reporting Committee
- Equal Employment Opportunity Commission
- Office of Federal Contract Compliance Programs (Labor)

EQUAL EMPLOYMENT OPPORTUNITY

EMPLOYER INFORMATION REPORT EEO—1

Standard Form 100
REV 01/2006

O.M.B. No. 3046-0007
EXPIRES 01/2009
100-214

SF 100 - Page 2

Section D-EMPLOYMENT DATA

Employment at this establishment – Report all permanent full- and part-time employees including apprentices and on the job trainees unless specifically excluded as set forth in the instructions. Enter the appropriate figures on all lines and in all columns. Blank spaces will be considered as zeros.

Job Categories	Number of Employees (Report employees in only one category)															
	Race/Ethnicity															
	Hispanic or Latino		Not-Hispanic or Latino													
			Male						Female							
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	Total Col A - N
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Executive/Senior Level Officials and Managers 1.1															
First/Mid Level Officials and Managers 1.2															
Professionals 2															
Technicians 3															
Sales Workers 4															
Administrative Support Workers 5															
Craft Workers 6															
Operatives 7															
Laborers and Helpers 8															
Service Workers 9															
TOTAL 10															
PREVIOUS YEAR TOTAL 11															

1. Date(s) of payroll period used: _____ (Omit on the Consolidated Report.)

Section E - ESTABLISHMENT INFORMATION (Omit on the Consolidated Report.)

1. What is the major activity of this establishment? (Be specific, i.e., manufacturing steel castings, retail grocer, wholesale plumbing supplies, title insurance, etc. Include the specific type of product or type of service provided, as well as the principal business or industrial activity.)

Section F - REMARKS

Use this item to give any identification data appearing on the last EEO-1 report which differs from that given above, explain major changes in composition of reporting units and other pertinent information.

Section G - CERTIFICATION

Check one: 1 ☐ All reports are accurate and were prepared in accordance with the instructions. (Check on Consolidated Report only.)
2 ☐ This report is accurate and was prepared in accordance with the instructions.

Name of Certifying Official	Title	Signature	Date
Name of person to contact regarding this report	Title	Address (Number and Street)	
City and State	Zip Code	Telephone No. (including Area Code and Extension)	Email Address

All reports and information obtained from individual reports will be kept confidential as required by Section 709(e) of Title VII.
WILLFULLY FALSE STATEMENTS ON THIS REPORT ARE PUNISHABLE BY LAW, U.S. CODE, TITLE 18, SECTION 1001

REQUEST FOR PROPOSAL
RFP # DOC-INMATE MEDICAL SERVICES RFP2018
Department of Correction
October 2018

FORM #6: Proposal Cover Sheet

Applicant Name _____ **FEIN** _____

Address _____

City/Town _____ **State** _____ **Zip Code** _____

Agency Contact: _____ **Title:** _____

Telephone Number _____ **E-Mail Address** _____ **Fax Number** _____

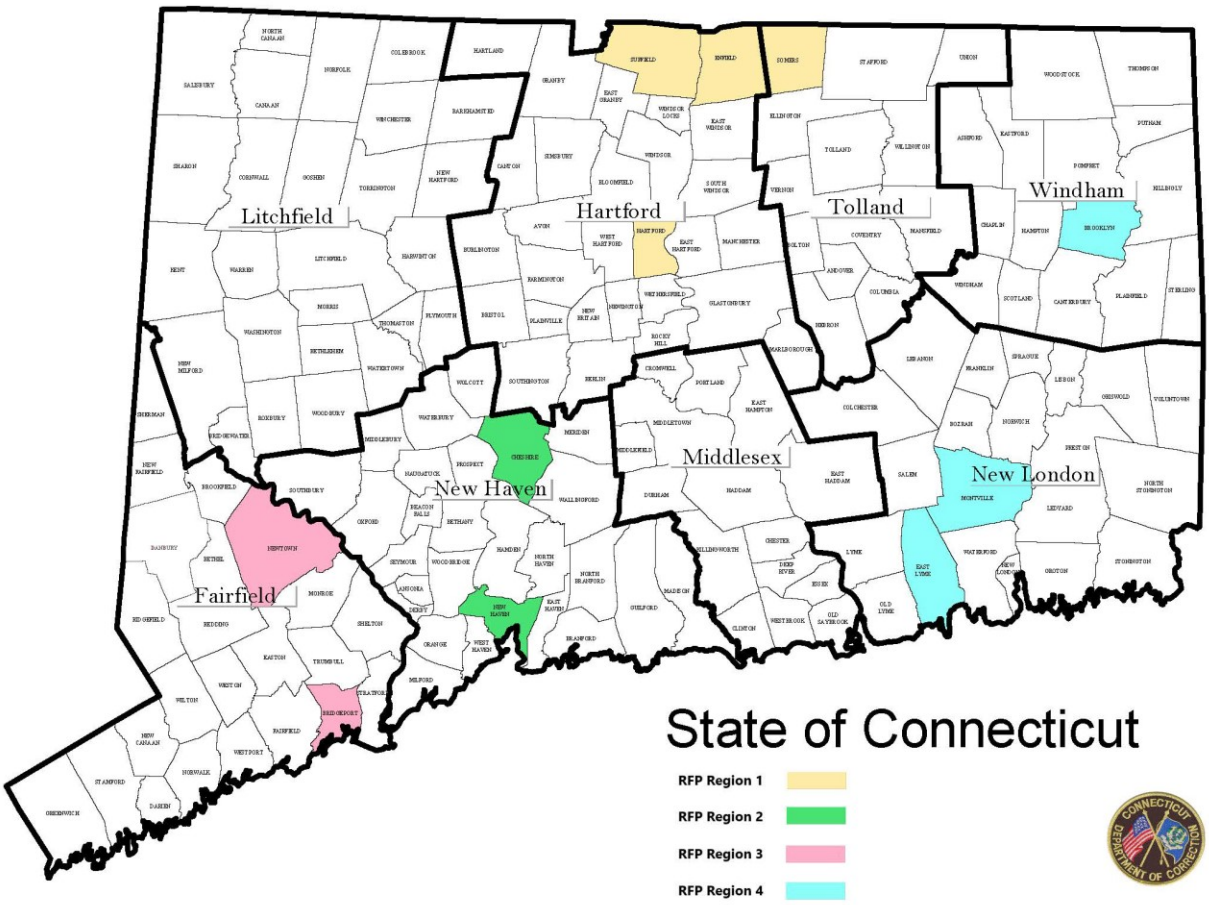
Applicant Fiscal Year: _____ to _____
(Month) (Month)

Is your agency a non-profit? Yes ☐ No ☐ **Is your agency incorporated?** Yes ☐ No ☐

Is your agency registered as a:
Minority Business Enterprise? Yes ☐ No ☐
Women Business Enterprise? Yes ☐ No ☐
Small Business Enterprise? Yes ☐ No ☐

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

Signature of Authorizing Official _____ **Date** _____

Typed Name and Title _____

Map of RFP Regions