

ADDENDUM 1

The Department of Social Services (Department/DSS) is issuing **Addendum 1** to the **Medical & Employment Disability Determination Support Request for Proposals_02142019 (MEDDS_RFP_02142019)**

- A. **Addendum 1** contains the following amendments to the original MEDDS RFP issued on February 14, 2019. These amendments have been left in as tracked changes so the Respondent may see exactly what has changed in the RFP.

Found on page 1 of the RFP

Eligibility of Respondents. Private provider organizations (defined as non-state entities that are either nonprofit or proprietary corporations or partnerships), and ~~Connecticut~~ State agencies are eligible to submit proposals in response to this RFP. Individuals who are not a duly formed business entity are ineligible to participate in this procurement.

Found on page 4 of the RFP

Contractor – A private provider organization (defined as non-state entity that is either nonprofit or proprietary corporation or partnership), or a ~~Connecticut~~ State agency that enters into a contract with the Department as a result of this RFP

Prospective Respondent – A private provider organization (defined as non-state entity that is either nonprofit or proprietary corporation or partnership), and ~~Connecticut~~ State agency that may submit a proposal to the Department in response to this RFP, but has not yet done so

Found on page 5 of the RFP

Respondent – A private provider organization (defined as non-state entity that is either nonprofit or proprietary corporation or partnership), and ~~Connecticut~~ State agency that has submitted a proposal to the Department in response to this RFP

Found on page 6 of the RFP

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

Found on page 35 of the RFP

- 2) Translation Services for Medicaid/SAGA members

- a) Describe telephonic ~~or face-to-face~~ interpretation services.

Clearly explain the needs for and rationale of proposed alternative methods of interpretation, and how the planned methods are appropriate for this population.

- b) If subcontractors are used, identify subcontractors with local language agencies

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to provide Medical Interpretation Services ~~face-to-face~~ to Medicaid/SAGA members, and/or subcontract with qualified individual medical interpreters and use qualified staff to provide ~~face-to-face~~ interpretation services to Medicaid/SAGA members and to ensure all interpreters providing services to Medicaid/SAGA members must meet the enrollment criteria described in this RFP.

B. Addendum 1 contains the following clarifying revisions to the chart found on page 27 of the RFP.

#	Target SLA	Penalty
1	90% of all <u>complete</u> Medicaid packets must be processed within 10 days of the date they are completed.	\$200 per packet that falls outside of the target.
2	100% of all <u>complete</u> Medicaid packets must be processed within 30 days of the date they are completed.	\$200 per packet that falls outside of the target.
3	100% of all <u>incomplete</u> Medicaid packets must be processed within 30 days of receipt of Department referral.	\$200 per packet that falls outside of the target.
4	90% of all <u>complete</u> SAGA packets must be processed within 10 days of the date they are completed..	\$200 per packet that falls outside of the target.
5	100% of all <u>complete</u> SAGA packets must be processed within 30 days of the date they are completed.	\$200 per packet that falls outside of the target.
6	100% of all <u>incomplete</u> SAGA packets must be processed within 30 days of receipt of Department referral.	\$200 per packet that falls outside of the target.
7	Cases designated as “expedited” by the Department shall be reviewed and processed immediately (not more than 5 days from receipt).	\$1000 per packet that falls outside of the target.

C. Addendum 1 contains the following Questions submitted by Prospective Respondents and the Department’s responses. All responses shall amend or clarify the requirements of the RFP. In the event of an inconsistency between information provided in the RFP and information in these responses, the information in these responses shall control.

1. **Question:** On page 8, the Acceptable Submission Requirements Section refers to sending a CD or DVD – may we use a flash drive?
Response: A flash drive is not permitted.

2. **Question:** At the bottom of page 8, please confirm:
 - The electronic format of the forms and required appendices are only to be in PDF
 - The electronic format of the Budget is only to be in EXCEL

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- The electronic format of the narratives are only to be in WORD NOT PDF

Response: Yes, confirmed, per the RFP:

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

3. **Question:** On page 10, point 9, the Style Requirements specify “Loose leaf binders” – are three ring binders with hole punches acceptable?

Response: Yes.

4. **Question:** On page 13, Section II, Mandatory Requirements, A sample of Part 1 of the Standard Contract is referred to – how and when may we request a copy of this Part 1 Standard Contract?

Response: Part 1 of the Standard Contract may be requested at any time before the Due Date: March 29, 2019 and Time: 2:00 p.m. Eastern Time

5. **Question:** On page 17, Item 2, Paragraph 2, a “Workplace Analysis Affirmative Action Report” is referred to and required to be uploaded via BizNet – May we use our current company Affirmative Action Plan? If not, could you please provide the active hyperlink for the specific form you require? There is no active Hyperlink on page 17, nor on page 36.

Response: A current Workplace Analysis Affirmative Action Report must be just that, current, meaning no older than one (1) year. Please find the Form, embedded as a hyperlink: [Notification to Bidders/Contract Compliance Monitoring Form](#)

6. **Question:** On page 37, Part E COST PROPOSAL COMPONENTS – it is stated that there is no page limitation. Yet, Item 1 on the line immediately below, entitled, Financial & Budget Requirements, the verbiage states “maximum 10 pages”. Please clarify.

Response: Please be advised of the following edit to the RFP:

E. Cost Proposal Components. THERE IS NO PAGE LIMITATION

1. Financial & Budget Requirements ~~(maximum 10 pages)~~, MEDDS RFP 02142019 COST, BINDER 2 of 2, shall be submitted separate and distinct from MEDDS RFP 02142019, BINDER 1 OF 2.

7. **Question:** Page 39 Section IV Proposal Outline –

1) A. Claim of Exemption from Disclosure – Is there a specific form to use, or are we to simply include in Section C narrative, verbiage as directed on page 9, Item 4, Claim of Exemption from Disclosure?

2) B. Conflict of Interest – Disclosure Statement – Is there a specific form to use, or are we to copy and paste the verbiage given at the bottom of page 9, Item 5, and include this in Section D of the narrative?

Response: 1) A.: There is not a specific form. Yes, please follow the directions in the RFP.

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Response: 2) B.: There is not a specific form. Yes, please follow the directions in the RFP.

8. **Question:** How many cases were designated as “Expedited” in 2017 and in 2018? (Internal note: Page 27 – We would have a \$1,000 penalty if reports are not completed within 5 days of receipt)
Response: Less than five cases per year.
9. **Question:** Are the references to days on page 27 calendar days or business days?
Response: Calendar days.
10. **Question:** Would you be able to provide sample reports that represent the current decision process, that have been redacted?
Response: See “sample reports” attached to this Addendum 1.
11. **Question:** Page 22, number 2 outlines the current staffing structure. Could you elaborate on what role and responsibilities of the Registered Nurse Disability Examiners and the Vocational Rehabilitation Specialists?
Response: These professionals will compare the medical and vocational capabilities of the applicant/recipient to the unemployability/disability criteria to be eligible for the program.
12. **Question:** Page 22 number 2, Is the Psychiatrist position required in addition to psychologists?
Response: Yes.
13. **Question:** Page 34, d. Office locations. Could you please clarify if it is required that staff be located in Connecticut? If so, which staff are required to be located in the State of Connecticut?
Response: Prospective Respondents are not required to be located in Connecticut. However, all prospective Respondents must fully explain and address the following section of the RFP (taken from pages 34 and 35 of the MEDDS RFP).
- d) Office locations with addresses where this work will be performed.
- 1) Describe where staff will be physically located (street address, town, and state) and how the in-person communications with Department staff will be coordinated.
- (At a minimum, a Connecticut U.S. Postal service address or Connecticut P.O. Box is required for the delivery of paper mail as required by current operation processes.)*
- e) Capacity to handle cases (including any waitlist protocols) indicating how many cases can correctly process per month under the requirements of this RFP.

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- f) All procedural steps to send, gather, and complete medical packets for the SAGA and Medicaid disability program in accordance with the requirements of this RFP.
- g) All procedural steps to review completed medical packets for Medicaid Disability, EM, and the SAGA program and reach a decision about eligibility as defined in this RFP.
14. **Question:** Page 34 d. Is it required for the MD's and Psychologists to be licensed in the state of Connecticut?
Response: Medical professionals must have an active license issued by a U.S. state government agency. The license does not have to be issued by the state of Connecticut.
15. **Question:** Is more than one contract award expected or will this be a single contract award?
Response: Single contract.
16. **Question:** Page 35, number 2 discusses translation services. 2 a. specifically addresses face to face interpretation. How often is it expected that the vendor has face to face interaction with the client or applicant?
Response: Please refer to Section A. of this Addendum 1.
17. **Question:** What percentage of the cases for review are paper cases and what percentage are electronic?
Response: Cases can consist of both paper and electronic records. Currently the majority of the documents are paper, received via U.S .mail.
18. **Question:** Page 1, 4, 6. Would a public medical school (a state agency) in a State other than Connecticut that employs specialized professional medical personnel (SPMP) and their directly supporting staff as per 42 CFR § 432.2 who are therefore eligible for enhanced Medicaid match (75/25) according to 42 CFR §432.50 (d)(ii) be ineligible to respond to this RFP?
Response: Please refer to Section A of this Addendum 1.
19. **Question:** Page 1, 4, 6. Do all subcontractors need to meet the eligibility requirements for respondents and be private provider organizations (defined as non-state entities that are either nonprofit or proprietary corporations or partnerships) or Connecticut State agencies?
Response: Per the RFP (emphasis added): Respondents, and **proposed subcontractors to provide direct services**, must have a minimum of three (3) years of demonstrated experience in providing medical disability assessment.

Additionally, please note the amendments to pages 1, 4, and 6 in Addendum 1.

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20. **Question:** Page 20. The RFP states that the Department pays for Medicaid and SAGA Medical Exams. What is the current rate of payment for medical examinations for Medicaid and SAGA?

Response: Up to \$250 per case, depending on the specific procedure code use by the provider to bill the Department.

Please note that the Resultant Contractor is not required to conduct in-person medical examinations of clients, but rather will be making determinations of disability, unemployability, or emergency Medicaid eligibility based on documentary records.

- Is it the vendor's responsibility to maintain a provider network for medical examinations?

Response: No.

- To schedule and support attendance (transportation, interpreters) for such examinations?

Response: Within the SAGA program (both applications and renewals), no medical transportation benefits are provided by the Department or expected to be provided by the successful contractor.

Within the Medicaid program, active recipients are eligible for non-emergency medical transportation, which they can access on a scheduled appointment basis.

While communicating with the client, the resultant contractor will be expected to provide interpretation services as needed to adequately communicate with the client regarding program requirements and program information.

- Will the Department also pay for transportation and interpreters for Medicaid and SAGA applicants to attend medical examinations?

Response: See above response regarding non-emergency medical transportation benefits available to active Medicaid recipients.

No interpreters are provided by the Department to accompany applicants to attend medical examinations required for either the Medicaid or SAGA programs.

*Please note: Connecticut Medicaid providers are required to provide on-site interpretation services for those with limited English proficiency and the hearing impaired as part of their agreement to be enrolled as a Medicaid provider.

- How many medical exams are purchased per year?

Response: The number of medical exams "purchased" by DSS per year is small as most applicants / recipients are covered under Title XIX that will pay for the exam.

21. **Question:** Page 20. What modes of communication are envisioned for the emergency determinations?

Response: For emergency Medicaid, the resultant contractor will primarily be reviewing paper or electronic records of services that have already been provided.

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22. **Question:** Page 22. How is the training being delivered to the contractor? Are there other training requirements that the state will require for contractors? What is meant by “provide initial training?”
Response: Initial training on the eligibility regulatory requirements (including use of Department forms and procedures) for both the SAGA and Emergency Medicaid program will be provided by either DSS program staff and/or the Department’s training agent, the UCONN School of Social Work, Office of Organizational and Skill and Development. Other types of training would include training on access and limited use of the Department’s computerized eligibility management system (ImpaCT) as well as changes to Department forms, procedures, and ImpaCT.
No medical training will be provided.
23. **Question:** Page 23. Is the contractor required to request medical information directly from the applicant’s medical sources, or is it the applicant’s responsibility to obtain medical information from their medical sources?
Response: For SAGA and Title XIX disability determinations, this is the contractor’s responsibility.
24. **Question:** Page 23. What forms or documents comprise the “compiled medical packet” that DSS staff will submit to the contractor as outlined in Section 5.b.?
Response: Typically, this includes a discharge summary including findings, treatment notes, diagnosis, and prognosis related to the emergency event.
25. **Question:** Page 28. Is telephonic testimony allowed at Fair Hearings?
Response: Yes.
26. **Question:** Page 29. You note in Section 15 under “Technical Requirements” that “the contractor shall be required to upgrade and improve its technical environment, processes, and equipment as needed to improve efficiencies and customer services as identified by the Department.” Do you have the Department’s system user guide document highlighting the current contractor system requirements (such as browser/operating system/RAM/memory requirements)?
Response: No.
27. **Question:** Page 30. Would the state accept alternative means of delivering records beyond what is currently outlined in the RFP?
Response: This is a Request for Proposals and that allows the Respondent to propose responses to the requirements of the RFP.
28. **Question:** Page 31. Under “Main Proposal Components,” if a vendor proposes a subcontractor to provide direct services, does the vendor need to include the subcontractor’s information for the items only in Section D?
Response: Please be advised on the following:

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Minimum Qualifications of Respondents. To be considered for the right to negotiate a contract, a Respondent must meet the following minimum qualification:

1. Respondents, and proposed subcontractors to provide direct services, must have a minimum of three (3) years of demonstrated experience in providing medical disability assessment services.

Yes, the Respondent also needs to include the subcontractor's information for the items in Section D.

29. **Question:** Page 35. The RFP details "Translation Services for Medicaid/SAGA members."
- Please clarify "face-to-face" interpretation services. Does this include the use of visual-audio telecommunications such as Zoom?
 - Please describe a scenario(s) where face-to-face interpretation services would be required.

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

30. **Question:** Page 36. Can you provide more information regarding your system's case database? What are the technical requirements? How do you envision a contractor providing you the information? Is there a central repository for cases that a contractor would access to provide medical and non-medical evidence collected as part of the disability determination process?

Response: As part of our eligibility management system (ImpaCT), we have a repository of electronically scanned documents. The Resultant Contractor would be given limited access to ImpaCT to both access these scanned documents and to enter and read case specific notes.

Once a disability determination is concluded, the Resultant Contractor would be expected to submit their documents to our scanning center to be scanned and made part of the permanent case record.

31. **Question:** Please clarify the difference between #1 and #2 in the Target SLA table on page 27 of the RFP

Response: 90% of the packets must be processed within 10 calendar days of the file being complete. 100% must be processed within 30 calendar days of the file being complete. A small percentage (less than 10%) are permitted to take longer than 10 days to process, but must be processed within 30 days.

32. **Question:** Please clarify the difference between #4 and #5 in the Target SLA table on page 27 of the RFP

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

33. **Question:** "On page 9 of the RFP, paragraph #5, it says to include a Conflict of Interest Disclosure Statement in Section D of the proposal submission, but in the RFP Section IV Proposal Outline, it identifies the Conflict of Interest -- Disclosure

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Statement as Section B. Where should it go in the proposal?"

Response: Please follow Section IV Proposal Outline, Conflict of Interest -- Disclosure Statement as Section B.

Please be advised of the following edit:

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

34. **Question:** Will a weekly schedule be provided in advance for the appeals that the vendor is expected to attend as outlined in the RFP? Is there a separate fee for attending the appeal?
Response: Advanced notice will be provided. There is no additional fee provided to attend or participate in the appeal.
35. **Question:** What is the timeline for notifying the successful bidder of the contract award?
Response: The timeline is inclusive of the complete procurement process which can not be determined in this early stage of the process.
36. **Question:** In addition to the SAGA, Title XIX and the Emergency cases, will there be any other type of reviews included in the contract such as MFP, SO5, Pooled Trust or Transplant Cases?
Response: SO5 is a type of Medicaid and is included in this contract. MFP also requires a Medicaid Disability determination. These reviews are being completed by the current contractor.
37. **Question:** Do the medical professionals (Physicians, RN;; s, Psychologists) involved in the contract have to maintain active licenses in CT?
Response: Medical professionals must have an active license issued by a U.S. state government agency. The license does not have to be issued by the state of Connecticut.

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38. **Question:** Regarding the Target SLA chart on page 27 of the RFP, and the reference of "Expedited cases", is there a separate fee for "EXPEDITED" cases? Is there a projected number of "expedited" reviews per month?

Response: There is no separate fee paid for "Expedited" cases. Based on recent experience, the number of expedited reviews per month is one or less.

39. **Question:** The RFP page 36, under "#5 Forms" says to "upload required forms to BIZNET" and on page 8 it says to include the forms with the proposal.

Are we to both upload to Biznet and include in the proposal?

Response: No. Please be advised of the following edits in track changes to 5.FORMS found on page 36 of the RFP:

5. FORMS

○ Addendum Acknowledgements to the RFP shall be included in MEDDS RFP 02142019 Binder 1 of 2 in section D. Main Proposal Components 5. Forms. Please refer to SECTION IV- PROPOSAL OUTLINE

Upload required forms to BIZNET:

- Workplace Analysis Affirmative Action Report
- Consulting Agreement Affidavit (OPM Ethics Form 5)
- ~~Certification Regarding Lobbying~~

○ Iran Certification (OPM Ethics Form 7) shall be included in MEDDS RFP 02142019 Binder 1 of 2 in section D. Main Proposal Components 5. Forms. Please refer to SECTION IV- PROPOSAL OUTLINE

Also, where do we locate the Workplace Analysis Affirmative Action Report form

Response: Please refer to the response to Question # 5

and the Certification Regarding Lobbying form?

Response: Please note that the Certification Regarding Lobbying is no longer required.

40. **Question:** Do resumes count in the 25--page limit for Section D.1. Organizational Requirement? Or, should these be added as attachments?

Response: Yes, Job Descriptions and Resumes count in the 25 page limitation for Section D.1. Organizational Requirements 5) Job Descriptions and Resumes

41. **Question:** On Page 6, #4, under "Eligibility," it says "Private provider organizations (defined as non-state entities that are either nonprofit or proprietary corporations or partnerships), and Connecticut State agencies, are eligible to submit proposals in response to this RFP. Individuals who are not a duly formed business entity are ineligible to participate in this procurement." Would a public medical school (a state agency) in a State other than Connecticut that employs specialized professional medical personnel (SPMP) and their directly supporting staff as per 42 CFR § 432.2 who are therefore eligible for enhanced Medicaid match (75/25) according to 42 CFR §432.50 (d)(ii) be ineligible to respond to this RFP?

Response: Please refer to the response to Question #18.

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Date Issued: March 12, 2019

Approved: _____
Marcia McDonough

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

This Addendum must be signed and returned with your submission.	
_____	_____
Authorized Signer	Name of Company

**SAMPLE
REPORT**

Daily Report
3/7/19

ClientID	ClientFirstName	ClientMiddle Initial	ClientLastName	ClientDate Of Birth	Disability Duration	Regional Office	Received Date
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SAMPLE REPORT

State of Connecticut
All Programs
Case Listing by District
2/25/19 - 3/1/19

<u>DISTRICT OFFICE</u>	<u>CName Last</u>	<u>CName First</u>	<u>CL</u> <u>IDTown</u>	<u>Case Number</u>	<u>CSSNUM</u>	<u>Assigned</u> <u>to</u> <u>Reviewer</u>	<u>Complete</u> <u>Date</u>	<u>DOB</u>	<u>Decision</u>	<u>Sent to</u> <u>ScanOptics</u>
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PROCUREMENT NOTICE

State of Connecticut Department of Social Services

Medical & Employment Disability Determination Support Request for Proposals_02142019 (MEDDS_RFP_02142019)

The State of Connecticut Department of Social Services (Department or DSS) is requesting proposals from qualified organizations to support DSS in determining disability for an individual according to defined federal and State standards. Disability determinations are used as input into the Department's eligibility decision-making processes for Medicaid (Title XIX of the Social Security Act) and State Administered General Assistance (SAGA).

Eligibility of Respondents. Private provider organizations (defined as non-state entities that are either nonprofit or proprietary corporations or partnerships), and Connecticut State agencies are eligible to submit proposals in response to this RFP. Individuals who are not a duly formed business entity are ineligible to participate in this procurement.

Qualifications of Respondents. To be considered for the right to negotiate a contract, a Respondent must meet the following minimum qualifications. Failure to demonstrate the minimum experience shall disqualify the Respondent (and any proposed subcontractor) from further consideration.

Respondents, and proposed subcontractors to provide direct services, must have a minimum of three (3) years of demonstrated experience in providing medical disability assessment services.

The Request for Proposals is available in electronic format on the State Contracting Portal at https://biznet.ct.gov/SCP_Search/Default.aspx?Acclast=2 or from the Department's Official Contact:

Name: **Marcia McDonough**
Address: 55 Farmington Avenue, Hartford, CT 06105-3730
Phone: 860-424-5214
E-Mail: marcia.mcdonough@ct.gov

The RFP is also available on the Department's website at Department's RFP Web Page: <https://portal.ct.gov/DSS/Fiscal/Request-For-Proposals---Quotations---Applications/Request-For-Proposals---Quotations---Applications>

Questions or requests for information in alternative formats must be directed to the Department's Official Contact.

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SECTION I – GENERAL INFORMATION

A. INTRODUCTION

1. **Request For Proposal (RFP) Name.** Medical & Employment Disability Determination Support Request for Proposals 02142019 (**MEDDS RFP 02142019**)
2. **Summary.** The purpose of the MEDDS RFP is to procure Contractor support in determining disability for an individual according to defined federal and State standards. Disability determinations are used as input into the Department's eligibility decision-making processes for Medicaid (Title XIX of the Social Security Act) and State Administered General Assistance (SAGA).

The resultant contractor shall gather and review medical packet information consisting of medical, social, vocational, educational, and other pertinent information about individuals applying for programs administered by the Department of Social Services on a statewide basis to determine disability using criteria set forth in Title XIX of the Social Security Act, and unemployability using criteria set forth in the Connecticut State Administered General Assistance program. The resultant contractor shall also report findings of each case decision to the Department through either electronic or other means and generate reports on timeliness or other criteria as determined by the Department.

The resultant contract period is a four (4) year contract with the option for two (2) one-year extensions at the discretion of the Department and is expected to begin July 1, 2019 and end June 30, 2023.

3. **Commodity Codes.** The Department seeks to procure services through this RFP as follows:
 - 0098: Medical Services or Medical Testing Services
 - 0600: Services (Professional, Support, Consulting and Misc. Services)
 - 1000: Healthcare Services
 - 2000: Community and Social Services

B. ABBREVIATIONS / ACRONYMS / DEFINITIONS

BFO	Best and Final Offer
C.G.S.	Connecticut General Statutes
CHRO	Commission on Human Rights and Opportunities (CT)
CT	Connecticut
DAS	Department of Administrative Services (CT)
DSS	Department of Social Services (CT)
FOIA	Freedom of Information Act (CT)
IRS	Internal Revenue Service (US)
LOI	Letter of Intent
OAG	Office of the Attorney General (CT)
OPM	Office of Policy and Management (CT)
OSC	Office of the State Comptroller (CT)
POS	Purchase of Service
P.A.	Public Act (CT)
RFP	Request for Proposals
SAGA	State Administered General Assistance
SEEC	State Elections Enforcement Commission (CT)

U.S. United States

- *Addendum* – An addition to a completed written document
- *Appeal* – A request to the Department from qualified Medicaid or SAGA clients for a formal review of an action by the resultant contractor
- *Applicant/Member* – A person the Department has applied for or who has been determined to be eligible for Connecticut Medicaid Program or SAGA program
- *Business day* – A day during which State of Connecticut offices are open for business (Monday through Friday excluding State holidays)
- *Commissioner* – The Commissioner of the State of Connecticut Department of Social Services, as defined in Connecticut General Statutes §17b-3
- *Completed review* – An actual Medicaid Disability /SAGA Determination case processed in full by the resultant contractor and billed to the Department
- *Contractor* – A private provider organization (defined as non-state entity that is either nonprofit or proprietary corporation or partnership), or a Connecticut State agency that enters into a contract with the Department as a result of this RFP
- *Cost-per-case* – Measurement of expenditures associated with completing cases, the Department pays the resultant contractor for each actual Medicaid Disability/SAGA Determination completed and also for each fully assembled SAGA medical packet
- *Department / DSS* – State of Connecticut, Department of Social Services
- *Key Personnel/Staff Resources/Review Team* – An appropriate and sufficient task force identified by the resultant contractor to complete Medicaid Disability Determinations in the manner and within the timelines described in this RFP, including required registered nurse disability examiners, licensed physician(s), licensed psychiatrist(s), licensed clinical psychologist(s), vocational rehabilitation specialist(s), and other specialties as appropriate
- *Medicaid* – The program operated by the Department pursuant to §17b-260 of the Connecticut General Statutes and authorized by Title XIX of the Social Security Act
- *Medicaid Disability Determination* – The determination of disability status of Medicaid applicants and recipients in cases where the Department must conduct its own disability determinations
- *Medical packet and assembly* – The sending and collecting of specified Department forms in addition to other information concerning an individual's physical and mental health as well as their vocational ability necessary to make a determination of eligibility for either the Medicaid or the SAGA program
- *Prospective Respondent* – A private provider organization (defined as non-state entity that is either nonprofit or proprietary corporation or partnership), and Connecticut State agency that may submit a proposal to the Department in response to this RFP, but has not yet done so
- *Provider* – A person or entity under an agreement with the Department to provide services for HUSKY A, or HUSKY B, or Medicaid fee-for-service members

- *Qualified Medicaid Client* - Client enrolled in Title XIX or pending enrollment
- *Related party* – Person or organization related through marriage, capability to control, ownership, family, or business association
- *Request for proposal (RFP)* – A process to award the right to negotiate a contract with the Department based upon a fair, open, and competitive process
- *Respondent* – A private provider organization (defined as non-state entity that is either nonprofit or proprietary corporation or partnership), and Connecticut State agency that has submitted a proposal to the Department in response to this RFP
-
- *Resultant contractor* – A successful Respondent that is awarded the right to negotiate a contract with the Department
- *Review* – A Review is defined as:
 - a) a medical packet received by the resultant contractor for an initial determination; and/or
 - b) a medical packet received for redetermination; and/or
 - c) a medical packet previously classified as "undetermined" by the resultant contractor (or the previous contractor used by the Department) that is referred to the resultant contractor with additional information; and/or
 - d) a medical packet resubmitted in conjunction with an appeal
- *Social Security Disability Insurance (SSDI)* – Also known as Title II, provides partial replacement of earnings to individuals and families who lose income when a disability interferes with the ability to work
- *State-Administered General Assistance (SAGA)* – A state program of cash and medical assistance provided to individuals who do not qualify for the Supplemental Security Income (SSI) or Medicaid programs, as authorized under Connecticut General Statutes §17b-194 as amended
- *Subcontract* – Any written agreement between the resultant contractor and another party to fulfill any contract requirements
- *Subcontractor* – an individual (other than an employee of the contractor) or business entity hired by a contractor to provide a specific service as part of a contract with the Department as a result of this RFP
- *Supplemental Security Income (SSI)* – Also known as Title XVI, provides a minimum level of income to the disabled (as well as the aged and blind) based on their demonstrated financial need
- *Title XIX* – The provisions of 42 USC §1396 et seq. including any amendments thereto (See Medicaid)

C. INSTRUCTIONS

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

Name: Marcia McDonough
Address: 55 Farmington Avenue
Hartford, CT 06105-3730
Phone: 860-424-5214
E-Mail: marcia.mcdonough@ct.gov

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

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

- Department's RFP Web Page
- <https://portal.ct.gov/DSS/Fiscal/Request-For-Proposals---Quotations---Applications/Request-For-Proposals---Quotations---Applications>
- State Contracting Portal
- https://biznet.ct.gov/SCP_Search/Default.aspx?AccLast=2

It is strongly recommended that any Respondent or prospective Respondent interested in this procurement subscribe to receive e-mail alerts from the State Contracting Portal. Subscribers will receive a daily e-mail announcing procurements and addenda that are posted on the portal. This service is provided as a courtesy to assist in monitoring activities associated with State procurements, including this RFP.

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

3. **Contracts.** The offer of the right to negotiate a contract pursuant to this RFP is dependent upon the availability of funding to the Department. The Department anticipates the following:

Number of Contracts: Up to one (1)
Contract Cost: Confidential
Contract Term: Four (4) years

The resultant contract period is a four (4) year contract with the option for two (2) one-year extensions at the discretion of the Department.

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

5. **Minimum Qualifications of Respondents.** To be considered for the right to negotiate a contract, a Respondent must meet the following minimum qualification:

1. **Respondents, and proposed subcontractors to provide direct services, must have a minimum of three (3) years of demonstrated experience in providing medical disability assessment services.**

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

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

- RFP Released: February 14, 2019
- RFP Conference: Not Applicable.
- Deadline for Questions: February 28, 2019 - 2:00 p.m. Eastern Time
- Answers Released (tentative): March 7, 2019
- Letter of Intent Due: Not Applicable
- **Proposals Due: March 29, 2019 - 2:00 p.m. Eastern Time**
- (*) Start of Contract: July 1, 2019

7. **Letter of Intent.** A Letter of Intent (LOI) **is not** required by this RFP.

8. **Inquiry Procedures.** All questions regarding this RFP or the Department’s procurement process must be directed, in writing, via e-mail 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.

The Department may combine similar questions and give only one answer. All questions and answers will be compiled into a written addendum to this RFP. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the addendum and duly noted as such. The agency will release the answers to questions on the date established in the Procurement Schedule. The Department will publish any and all amendments and addenda to this RFP on the State Contracting Portal and on the Department’s RFP Web Page.

Proposals must include a signed Addendum Acknowledgement, which will be placed at the end of any and all addenda to this RFP.

10. **Proposal Due Date and Time.** The Official Contact or another representative of the Contract Administration Unit designated by the Official Contact are the **only authorized recipients** of proposals submitted in response to this RFP. Proposals must be received by the Official Contact or designee on or before the due date and time:

- **Due Date: March 29, 2019**
- **Time: 2:00 p.m. Eastern Time**

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

Hand-delivered proposals must be delivered to the Security Desk in the lobby of the Department of Social Services, located at 55 Farmington Avenue, Hartford, Connecticut.

Proposals shall not be considered received by the Department until they are in the hands of the Official Contact or another representative of the Contract Administration Unit 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:

(1) One (1) original, five (5) conforming copies, and one (1) conforming, identical electronic copy on CD or DVD (which must be compatible with Microsoft Office Word) of proposal labeled **MEDDS_RFP_02142019 Binder 1 of 2** containing:

1. **Organizational Requirements**
2. **Service Requirements**
3. **Data and Technology Requirements**
4. **Implementation Plan**
5. **Forms**

MEDDS_RFP_02142019 Binder 1 of 2 original and copies shall be submitted in separate sealed envelope(s) or box(es).

(2) And one (1) original, five (5) conforming copies and one (1) conforming, identical electronic copies on CD or DVD (which must be compatible with Microsoft Office Word) of proposal labeled **MEDDS_RFP_02142019_COST Binder 2 of 2, which MUST be separate and distinct from the MEDDS_RFP_02142019 Binder 1 of 2,** containing:

1. **Financial and Budget Requirements** (One copy of Audited Financials may be submitted in the original binder only)

MEDDS_RFP_02142019_COST Binder 2 of 2 original and copies shall be submitted in separate sealed envelope(s) or box(es).

The Department reserves the right to reject the proposal of any Respondent that is not financially viable based on the assessment of the annual financial statements.

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 copies of the proposal must be compatible with Microsoft Office Word except for the Budget, which may be compatible with Microsoft Office Excel. For the electronic copy, only the required appendices and forms may be scanned and submitted in Portable Document Format (PDF) or similar file format.

11. Multiple Proposals. The submission of multiple proposals by the same Respondent is not an option with this procurement.

D. PROPOSAL FORMAT

- 1. Required Outline.** All proposals must follow the required outline presented in Section IV. Proposal Outline. Proposals that fail to follow the required outline will be deemed, at the discretion of the Department, non-responsive and not evaluated.
- 2. Cover Sheet.** The **Cover Sheet is Page 1 of the Respondent's proposal.** Respondents must complete and use the Cover Sheet, that is provided at the end on this RFP, labeled Attachment 1 Cover Sheet.
- 3. Table of Contents.** All proposals must include a Table of Contents that conforms to the required proposal outline. (See Section IV. Proposal Outline)
- 4. Claim of Exemption from Disclosure.** Respondents are advised that all materials associated with this request, procurement or contract are subject to the terms of the Freedom of Information Act, Conn. Gen. Stat. §§ 1-200 et seq. (FOIA). Although there are exemptions in the FOIA, they are permissive and not required. If a Respondent believes that certain information or documents or portions of documents required by this request, procurement, or contract is exempt from disclosure under the FOIA, the Respondent must mark such information or documents or portions of documents as EXEMPT. In Section C. of its submission, the Respondent must indicate the documents or pages where the information labeled EXEMPT is located in the proposal.

For information or documents so referenced, the Respondent must provide a detailed explanation of the basis for the claim of exemption. Specifically, the Respondent must cite to the FOIA exemption that it is asserting as the basis for claim that the marked material is exempt. In addition, the Respondent must apply the language of the statutory exemption to the information or documents or portions of documents that the Respondent is seeking to protect from disclosure. For example, if a Respondent marks a document as a trade secret, the Respondent must parse the definition in Section 1-210(b)(5)(A) and show how all of the factors are met. Notwithstanding this requirement, DSS shall ultimately decide whether such information or documents are exempt from disclosure under the FOIA.

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

6. Executive Summary. Proposals must include a high-level summary, not exceeding three (3) pages of the main proposal. This component of the proposal should demonstrate the Respondent's understanding of the requirements in this RFP and show how the Respondent will meet these requirements. The Respondent must include in the Executive Summary its eligibility to respond to this RFP and meeting the Minimum Submission Requirement listed immediately below.

7. Minimum Submission Requirement.

To be considered for the right to negotiate a contract, Respondents, including proposed subcontractors providing direct services, must have a minimum of three (3) years of demonstrated experience in providing medical disability assessments.

Failure to demonstrate the minimum submission requirement shall disqualify the Respondent (and any proposed subcontractor) from further consideration.

8. 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.

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

Binding Type:	Loose leaf binders with the Legal Name of the Respondent, and the RFP Name appearing on the outside front cover of each binder. (Please refer to 11. Packaging and Labeling Requirements, below.)
	Dividers: None specified.
Paper Size:	8½" x 11", "portrait" orientation
Page Limit:	Refer to each section
Print Style:	1-sided
Font Size:	Minimum of 11-point
Font Type:	Arial or Tahoma
Margins:	The binding edge margin of all pages shall be a minimum of one and one half inches (1½"); all other margins shall be 1"
Line Spacing:	Single-spaced

10. Pagination. The Respondent's name must be displayed in the header of each page. All pages, from the Cover Sheet through the required Appendices and Forms, must be numbered consecutively in the footer.

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

MEDDS_RFP_02142019 Binder 1 of 2

MEDDS_RFP_02142019_COST Binder 2 of 2

Any received proposal that does not conform to these packaging or labeling instructions will be opened as general mail. Such a proposal may be accepted by the Department as a clerical function, but it will not be evaluated. At the discretion of the Department, such a proposal may be destroyed or retained for pick up by the 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 with successful Respondents, and offering the right to negotiate a contract, the Department will conform to its written procedures for POS procurements (pursuant to C.G.S. § 4-217) and the State's Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85).
2. **Evaluation Team.** The Department will designate an Evaluation Team to evaluate proposals submitted in response to this RFP. The contents of all submitted proposals, including any confidential information, will be shared with the Evaluation Team. Only proposals found to be responsive (that is, complying with all instructions and requirements described herein) will be reviewed, scored and ranked. 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 will 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 Eligibility and Qualification requirements; (3) meet the Proposal Format requirements; (4) follow the required Proposal Outline; and (5) 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 from the RFP requirements.
4. **Evaluation Criteria (and Weights).** Proposals meeting the Minimum Submission Requirements will be evaluated according to the established criteria. The criteria are the objective standards that the Evaluation Team will use to evaluate the proposal's technical merits. Only the criteria listed below will be used to evaluate proposals. The criteria are weighted according to their relative importance. The weights are confidential.
 - Organizational Requirements
 - Service Requirements
 - Data and Technology Requirements
 - Implementation Plan
 - Financial and Budget Requirements

NOTE WORTHY: The Financial and Budget Requirements will only be evaluated for Respondents that have achieved a minimum of 70% of the available points in all prior criteria listed immediately above Financial and Budget Requirements.

5. **Respondent Selection.** Upon completing its evaluation of proposals, the Evaluation Team will submit the rankings of all proposals to the Department head. The final selection of a successful Respondent is at the discretion of the Department head. Any Respondent selected will be notified and offered an opportunity to negotiate a contract with the Department. Such negotiations may, but will not automatically, result in a contract. Pursuant to Governor M. Jodi Rell's Executive Order No. 3, any resulting contract will be posted on the State Contracting Portal. All unsuccessful Respondents will be notified by e-mail or U.S. mail, at the Department's discretion, about the outcome of the evaluation and Respondent selection process.
6. **Debriefing.** After receiving notification from the Department, any Respondent may contact the Official Contact and request a Debriefing of the procurement process and its proposal. If Respondents still have questions after receiving this information, they may

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

7. **Appeal Process.** Any time after the submission due date, but **not later than thirty (30) days** after the Department notifies Respondents about the outcome of a competitive procurement, Respondents may submit an Appeal to the Department. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the thirty (30) days. Respondents may appeal any aspect of the Department's competitive procurement; however, such Appeal must be in writing and must set forth facts or evidence in sufficient and convincing detail for the Department to determine whether during any aspect of the competitive procurement there was a failure to comply with the State's statutes, regulations, or standards concerning competitive procurement or the provisions of the RFP. Any such Appeal must be submitted to the Agency Head with a copy to the Official Contact. The Respondent must include the basis for the Appeal and the remedy requested. The filing of an Appeal shall not be deemed sufficient reason for the Department to delay, suspend, cancel, or terminate the procurement process or execution of a contract. More detailed information about filing an Appeal may be obtained from the Official Contact.
8. **Contest of Solicitation or Contract Offer.** Pursuant to Section 4e-36 of the Connecticut General Statutes, "Any Respondent or proposer on a state contract may contest the solicitation or award of a contract to a subcommittee of the State Contracting Standards Board..." More detailed information is available on the State Contracting Standards Board web site at <http://www.ct.gov/scsb/site/default.asp>.
9. **Contract Execution.** Any contract developed and executed as a result of this RFP is subject to the Department's contracting procedures, which may include approval by the Office of the Attorney General.

SECTION II – MANDATORY PROVISIONS

A. STANDARD CONTRACT, PARTS I AND II

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

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

Part II of the standard contract is maintained by Office of Policy and Management (OPM) and includes the mandatory terms and conditions of the contract, including termination procedures. Part II is available on OPM's website at: [OPM: POS Standard Contract Part II](#) and [POS Standard Template, Effective June 1, 2018](#)

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

Part I of the standard contract may be amended by means of a written instrument signed by the Department, the selected Respondent (contractor), and, if required, the OAG. Part II of the standard contract may be amended only in consultation with, and with the approval of, OPM and OAG.

B. ASSURANCES

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

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

- **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.
 - **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.
- 3 Press Releases.** The Respondent agrees to obtain prior written consent and approval of the Department for press releases that relate in any manner to this RFP or any resultant contract.

C. TERMS AND CONDITIONS

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

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

Department may limit the number of Respondents invited to make such a demonstration, interview, or oral presentation and may limit the number of attendees per Respondent.

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

D. RIGHTS RESERVED TO THE STATE

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

1. **Timing Sequence.** The timing and sequence of events associated with this RFP shall ultimately be determined by the Department.
2. **Amending or Canceling RFP.** The Department reserves the right to amend or cancel this RFP on any date and at any time, if the Department deems it to be necessary, appropriate, or otherwise in the best interests of the State.
3. **No Acceptable Proposals.** In the event that no acceptable proposals are submitted in response to this RFP, the Department may reopen the procurement process, if it is determined to be in the best interests of the State.
4. **Contract Offer and Rejection of Proposals.** The Department reserves the right to offer in part, and/or to reject any and all proposals in whole or in part, for misrepresentation or if the proposal limits or modifies any of the terms, conditions, or specifications of this RFP. The Department may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. The Department reserves the right to reject the proposal of any Respondent who submits a proposal after the submission date and time.
5. **Reciprocal Preference Statute and Resident Bidder Status.** The following statute is included in this RFP as information to the Bidder/Respondent: Connecticut Public Act 08-154, embedded as the following hyperlink, PA 08-154 (SB 679), enacted a reciprocal preference statute which states that if a bidder that is not from Connecticut, a "nonresident bidder," bids on a Connecticut procurement, and the bidder comes from a state that disadvantages nonresident bidders by adding a percent increase to the total cost of the out-of-state bidder's proposal, Connecticut

state agencies will apply the same percent increase to the nonresident bidder's Cost Proposal that the home state of the nonresident bidder would apply to a nonresident bidder's Cost Proposal.

6. **Sole Property of the State.** All proposals submitted in response to this RFP are to be the sole property of the State. Any product, whether acceptable or unacceptable, developed under a contract executed as a result of this RFP shall be the sole property of the State, unless stated otherwise in this RFP or subsequent contract. The right to publish, distribute, or disseminate any and all information or reports, or part thereof, shall accrue to the State without recourse.
7. **Contract Negotiation.** The Department reserves the right to negotiate or contract for all or any portion of the services contained in this RFP. The Department further reserves the right to contract with one or more Respondent(s) for such services. After reviewing the scored criteria, the Department may seek Best and Final Offers (BFO) on cost from Respondents. The Department may set parameters on any BFOs received.
8. **Clerical Errors in Contract Offer.** The Department reserves the right to correct inaccurate contract offers resulting from its clerical errors. This may include, in extreme circumstances, revoking the offer of a contract already made to a Respondent and subsequently offering the contract to another Respondent. Such action on the part of the State shall not constitute a breach of contract on the part of the State since the contract with the initial Respondent is deemed to be void ab initio and of no effect as if no contract ever existed between the State and the Respondent.
9. **Key Personnel.** When the Department is the sole funder of a purchased service, the Department reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The Department also reserves the right to approve replacements for key personnel who have terminated employment. The Department further reserves the right to require the removal and replacement of any of the Respondent's key personnel who do not perform adequately, regardless of whether they were previously approved by the Department.

E. STATUTORY AND REGULATORY COMPLIANCE

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

1. **Freedom of Information, C.G.S. § 1-210(b).** The Freedom of Information Act (FOIA) generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). Respondents are generally advised not to include in their proposals any confidential information. If the Respondent indicates that certain documentation is submitted in confidence, the State will endeavor to keep said information confidential to the extent permitted by law. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The Respondent has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While a Respondent may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. In no event shall the State or any of its employees have any liability

for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.

2. **Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies §; 46a-68j-21 thru 43, inclusive.** CT statute and regulations impose certain obligations on State agencies (as well as Contractors and subcontractors doing business with the State) to ensure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons. Detailed information is available on Commission on Human Rights and Opportunities' web site at [Contract Compliance](#).

IMPORTANT NOTE: The Respondent shall upload the Workplace Analysis Affirmative Action Report through an automated system hosted by the Department of Administrative Services (DAS)/Procurement Division, and the Department of Social Services can review said document online. Create a BizNet account for Doing Business with the State.

BizNet is a central database and online informational tool for companies looking to do business with the State of Connecticut.

3. **Consulting Agreements, C.G.S. § 4a-81.** Proposals for State contracts with a value of \$50,000 or more in a calendar or fiscal year, excluding leases and licensing agreements of any value, shall require a consulting agreement affidavit attesting to whether any consulting agreement has been entered into in connection with the proposal. As used herein "consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing counsel to a Contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any Department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information or (C) any other similar activity related to such contract. Consulting agreement does not include any agreements entered into with a consultant who is registered under the provisions of C.G.S. Chapter 10 as of the date such affidavit is submitted in accordance with the provisions of C.G.S. § 4a-81. The Consulting Agreement Affidavit (OPM Ethics Form 5) is available on OPM's website at http://www.ct.gov/opm/cwp/view.asp?a=2982&q=386038&opmNav_GID=1806

IMPORTANT NOTE: The Respondent shall upload the Consulting Agreement Affidavit (OPM Ethics Form 5) through an automated system hosted by the Department of Administrative Services (DAS)/Procurement Division, and the Department of Social Services can review said document online. Create a BizNet account for Doing Business with the State is provided as a hyperlink. BizNet is a central database and online informational tool for companies looking to do business with the State of Connecticut.

4. **Limitation on Use of Appropriated Funds to Influence Certain Federal Contracting and Financial Transactions, 31 USC § 1352. The Respondent shall upload** a Certification Regarding Lobbying form that is available in the following hyperlink. http://www.ct.gov/opm/cwp/view.asp?a=2982&q=386038&opmNav_GID=1806 attesting to the fact that none of the funds appropriated by any Act may be expended by the recipient of a Federal contract, grant, loan, or cooperative agreement to pay any person for influencing or attempting to influence an officer or employee of any

agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the: (A) awarding of any Federal contract; (B) making of any Federal grant; (C) making of any Federal loan; (D) entering into of any cooperative agreement; or (E) extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

5. **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 shall fully disclose any gifts or lawful contributions made to campaigns of candidates for statewide public office or the General Assembly. Municipalities and CT State agencies are exempt from this requirement. The gift and campaign contributions certification (OPM Ethics Form 1) is available in the following hyperlink:
http://www.ct.gov/opm/cwp/view.asp?a=2982&q=386038&opmNav_GID=1806

IMPORTANT NOTE: The selected Respondent shall upload the Gift and Campaign Contributions Certification (OPM Ethics Form 1) through an automated system hosted by the Department of Administrative Services (DAS)/Procurement Division prior to contract execution, and the Department of Social Services can review said document online. Create a BizNet account for Doing Business with the State is provided as a hyperlink. BizNet is a central database and online informational tool for companies looking to do business with the State of Connecticut.

6. **Nondiscrimination Certification, C.G.S. §§ 4a-60(a)(1) and 4a-60a(a)(1).** If a Respondent is offered an opportunity to negotiate a contract, the Respondent shall 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 in the following hyperlink:
http://www.ct.gov/opm/cwp/view.asp?a=2982&q=386038&opmNav_GID=1806

IMPORTANT NOTE: The selected Respondent shall upload the Nondiscrimination Certification through an automated system hosted by the Department of Administrative Services (DAS)/Procurement Division prior to contract execution, and the Department of Social Services can review said document online. Create a BizNet account for Doing Business with the State is provided as a hyperlink. BizNet is a central database and online informational tool for companies looking to do business with the State of Connecticut.

7. **Form 7. Iran Certification**

Rev. 3/28/14  [Adobe.pdf](#)  [Word.doc](#)

Effective October 1, 2013, this form must be submitted for any large state contract, as defined in section 4-250 of the Connecticut General Statutes. **This form must always be submitted with the bid or proposal**, or if there was no bid process, with the resulting contract, regardless of where the principal place of business is located. Entities whose principal place of business is located outside of the United States are required to complete the entire form, including the certification portion of the form. United States subsidiaries of foreign corporations are exempt from having to complete the certification portion of the form. Those entities whose principal place of business is located inside of the United States must also fill out the form, but do not have to complete the certification portion of the form.

SECTION III – PROGRAM INFORMATION

A. DEPARTMENT OVERVIEW

The Department of Social Services (DSS) delivers and funds a wide range of programs and services as Connecticut's multi-faceted health and human services agency. DSS serves about 1 million residents of all ages in all 169 Connecticut cities and towns. We support the basic needs of children, families, older and other adults, including persons with disabilities. Services are delivered through 12 field offices, central administration, and online and phone access options. With service partners, DSS:

- provides federal/state food and economic aid, health care coverage, independent living and home care, social work, child support, home-heating aid, protective services for older adults, and more vital service areas.
- supports the health of over 780,000 residents through HUSKY Health (Medicaid & Children's Health Insurance Program), including medical, dental, behavioral health, prescription medications, long-term services and supports.
- helps over 400,000 residents afford food and supports Connecticut's economy with federally-funded Supplemental Nutritional Assistance Program (SNAP).
- has 1,700 dedicated staff led by Commissioner Roderick L. Bremby.

Vision, Mission and Values

DSS Vision

Guided by our shared belief in human potential, we envision a Connecticut where all have the opportunity to be healthy, secure and thriving.

DSS Mission

We, along with our partners, provide person-centered programs and services to enhance the well-being of individuals, families and communities.

DSS Values

Communication – Open and constructive sharing of information at all levels.

Respect – Treating all people with dignity and understanding.

Service – Professional commitment to excellence.

Accountability – Personal and team responsibility for results.

Innovation – Creating and embracing new ideas to improve our work.

B. MEDICAL & EMPLOYMENT DISABILITY DETERMINATION SUPPORT (MEDDS) OVERVIEW

MEDDS is required in three (3) types of cases where the Department must conduct disability determinations.

1. **Medicaid Disability Determinations:** The resultant contractor will apply Social Security Administration criteria to make disability determinations.

Medicaid disability means that the individual has permanent physical or mental impairment, disease, or loss, or combination thereof, that substantially precludes the person from engaging in useful occupations within his competence, such as holding a job for at least twelve (12) consecutive months.

The resultant contractor will send, collect, gather, and review medical and non-medical evidence and render Medicaid disability determinations at time of application, renewal, and at time of determination expiration.

- 2. Emergency Medicaid (EM) Determinations:** The resultant contractor will apply Social Security Administration criteria to make Emergency Medicaid determinations.

Emergency Medicaid determinations are defined as emergency services required after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the patient's health in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part. EM determinations are typically made through the filing of an application. EM eligibility is limited to short periods of time that the emergency condition existed.

- 3. State Administered General Assistance (SAGA) Determinations:** The resultant contractor will make medical unemployability determinations for the SAGA program.

Medical unemployability under the SAGA program is defined as being diagnosed with one or more physical or mental illnesses or conditions; and one or more of such illnesses or conditions are expected to last not less than six months; and one more of such illnesses or conditions, individually or collectively, prevent such person from working or participating in education or training; and one or more of such illnesses or conditions are severe, as determined by the Department or Department's designee after consulting a schedule of medical-disability standards maintained and made available to the public by the Department; or meets the disability requirements established by the Social Security Administration.

The resultant contractor will send, collect, gather, and review medical and non-medical evidence and render SAGA unemployability determinations at time of application, renewal, and at time of determination expiration.

The Department pays for Medicaid and SAGA medical exams if needed to determine an individual's disability status.

This procurement is a competitive procurement for existing contracted services, set to expire on June 30, 2019. The Department currently contracts with Colonial Cooperative Care, Inc., for the performance of these services.

Individuals between the ages of eighteen and sixty-five who apply for Medicaid based on disability must meet the Social Security Act's definition of "permanently and totally disabled." The criteria the Department uses to evaluate an individual's disability status is the same criteria that the Social Security Administration uses to make disability determinations for individuals applying for Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI).

A disability determination made by the Social Security Administration is generally binding on the Department. Therefore, the Department does not conduct an independent disability determination on behalf of an individual applying for Medicaid on the basis of disability if the individual is already receiving SSDI or SSI benefits from the Social Security Administration.

However, the Department must conduct its own determination if the Social Security Administration finds the individual not disabled and the individual:

- States that he/she has a disabling condition, which is different from, or in addition to, the condition evaluated by the Social Security Administration in its most recent determination; or
- States that he/she is disabled as a result of a change in, or a deterioration of, the same condition evaluated by the Social Security Administration in its most recent determination, and either:

Has not reapplied for Social Security disability benefits based on the change or deterioration; or

Was refused by the Social Security Administration in his/her attempt to reconsider or reopen the disability determination.

In addition, the Department must conduct its own Medicaid disability determinations on behalf of an individual if he/she:

- Has not applied to the Social Security Administration for SSDI or SSI; or
- Was found ineligible for SSI for a reason other than disability; or
- Applied to the Social Security Administration for disability benefits but no decision by Social Security has been rendered.

C. MEDDS DETAILS AND REQUIREMENTS

The purpose of the MEDDS project is to provide statewide Medicaid and SAGA disability determinations for the Department.

1. Project Activities

The resultant contractor shall conduct statewide reviews of medical packets consisting of medical, social, vocational, educational, and other pertinent information concerning individuals applying for programs administered statewide by the Department to determine:

- Disability using Title XIX of the Social Security Act criteria;
- Emergency Medicaid (EM) eligibility using Title XIX of the Social Security Act criteria; and
- Unemployability using Connecticut State Administered General Assistance program criteria.

The resultant contractor will be required to send, collect, gather, assemble and review medical and non-medical evidence (i.e., medical packets) for the Medicaid disability and SAGA programs.

2. Staffing

The number of staff assigned to this task by the resultant contractor shall be sufficient to complete determinations in the manner and within the timelines described in this RFP. The resultant contractor shall maintain a review team to conduct reviews, comprising:

- a. Registered nurse disability examiners
- b. Licensed physicians
- c. Licensed psychiatrists
- d. Licensed clinical psychologists
- e. Vocational rehabilitation specialists

The resultant contractor shall provide other appropriate review team specialists as needed.

The resultant contractor shall ensure all reviews are evaluated and signed by a licensed physician. The resultant contractor shall provide staff who can interpret information received in Spanish.

The current vendor staffing levels are:

20 professional employees: 8 full time and 12 part-time.

3. Training

The Department will provide initial training to the resultant contractor's staff on relevant program policy, procedures, and DSS systems. Once completed, the resultant contractor will be required to train any new or newly assigned staff within their operations.

The resultant contractor is responsible for the training on their internal processes and procedures (e.g., hand-offs, escalations, and quality reviews), use of internal systems (e.g., work tracking and allocation), HIPAA, etc.

4. Disability Review Criteria

The review criteria include, but are not limited to:

- a. **Medicaid Disability Determination Review** – To determine disability, the resultant contractor shall use the Title XIX medical criteria as described in 20 CFR, Chapter III, Part 404, Subpart P, Appendix 1 and 2 following the sequential evaluation process described in 20 CFR 416.920. This is the same medical criteria used to determine disability for SSI and Social Security disability benefits.
- b. **SAGA Unemployability Determination Review** – To determine unemployability for the State-Administered General Assistance program, the resultant contractor shall follow the same sequential evaluation process used to determine disability, except that the severity criteria are reduced and the duration is six months rather than twelve months. The

unemployability criteria are described in Connecticut General Statutes at §17b-194 as amended, the Uniform Policy Manual Section 8080.25 and P-8080.25, and section 17b-198-7 of the Regulations of Connecticut State Agencies. Any client who meets the Title XIX disability criteria is automatically presumed to meet the lesser unemployability standard.

- c. **Emergency Medicaid (EM) Determination review** - To determine Emergency Medicaid eligibility, the resultant contractor shall use the Title XIX Emergency Medicaid criteria as describe in 42 CFR, Chapter IV, Subchapter C, Part 440, Subpart B, Section 440.255.

The resultant contractor shall be responsible for keeping informed of any changes made to the Title XIX disability criteria and incorporating any such changes in the disability determination process. The resultant contractor shall assist and advise the State in making any changes to the unemployment criteria that are warranted by any changes made to the Title XIX disability criteria.

5. Process

The standard procedures, described below, are likely to be applicable for the majority of reviews, as many clients concurrently apply for Title XIX (Medicaid) and SAGA. However, it is possible that there will be a number of clients who only apply for Title XIX benefits. For those clients, an unemployability review will not be necessary. For Emergency Medicaid (EM) reviews, a review is required to determine if a period of hospitalization or onset of illness meets EM criteria.

Standard procedures for Title XIX (Medicaid) and SAGA cases include, but are not limited to:

- a. Outcomes – For most reviews, the resultant contractor shall determine whether both disability and unemployability have been met. Outcomes include, but are not limited to the following identified codes and descriptions:
- 1) Disabled for Title XIX and Unemployable for SAGA
 - 2) Undetermined for Title XIX and Undetermined for SAGA
 - 3) Undetermined for Title XIX and Unemployable for SAGA
 - 4) Not Disabled for Title XIX and Unemployable for SAGA
 - 5) Not Disabled for Title XIX and Undetermined for SAGA
 - 6) Not Disabled for Title XIX and Not Unemployable for SAGA
 - 7) EM cases: whether the illness meets the EM criteria
- b. Compile Information
- 1) DSS staff will submit compiled medical packets to the resultant contractor for the EM program. The resultant contractor will be responsible for sending the program participant the required medical packet information for the SAGA program and for Medicaid disability determinations and then follow-up with the

client and providers to complete the medical packet information for these two programs.

- 2) Confidential Electronic Communications – The resultant contractor shall have the capacity to receive confidential electronically submitted information.
- c. Initial Review – The resultant contractor will use Title XIX medical criteria to review the medical packets to determine disability. For EM, the resultant contractor will use Title XIX EM criteria.
- d. Successful Disability/Criteria Match – If the case meets Title XIX disability or EM criteria, the resultant contractor shall submit the medical packet to the Department for scanning, record their action in the Department’s computer system and include the case on daily, weekly and monthly reports sent to DSS with an indication that disability criteria is met, including the initial month and year that the individual’s impairment or combination of impairments met the disability criteria based on the evidence, the anticipated duration of the individual’s impairment(s) and the date, if any, that a follow up review is needed. An unemployability review will not be necessary as the client is presumed to meet these criteria.
- e. Incomplete/Ambiguous Information – If the resultant contractor determines that medical and other pertinent information provided by the Department or the applicant, or gathered by the resultant contractor is incomplete or ambiguous, the resultant contractor shall, at a minimum, call one or more of the following sources for clarification or additional information :
 - 1) The Provider who completed the medical report;
 - 2) Providers listed in the application for whom an authorization to release medical information form has been properly signed;
 - 3) The Department’s Eligibility Worker who initiated the Review; or
 - 4) The applicant.
- f. Unsuccessful/Undetermined Disability Criteria Outcome – Except for EM cases, if the disability criteria are not met, or if the client’s disability status is still subject to determination, the resultant contractor shall proceed to the unemployability review. If the case does not meet Title XIX disability criteria, the resultant contractor shall submit the medical packet to the Department for scanning, record their action in the Department’s computer system and include this case on daily, weekly and monthly reports sent to DSS with an explanation as to why disability criteria are not met.
- g. Undetermined Disability/Unemployability Criteria Outcome – If the medical information remains incomplete or ambiguous after following the steps outlined above, the resultant contractor shall classify the case “undetermined” for purposes of the Title XIX disability determination, or EM, or the SAGA unemployability determination. The resultant contractor shall submit the medical packet to the Department for scanning, record their action in the Department’s computer system and include this case on daily, weekly and monthly reports sent to DSS with an explanation specifying the information not found in the medical packet, but required to make a Title XIX disability or EM determination or a SAGA unemployability determination. In addition, the resultant contractor shall provide a draft letter to the appropriate medical specialist identifying the required information.

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- h. Successful Unemployability Criteria Outcome – If the case meets unemployability criteria, the resultant contractor shall submit the medical packet to the Department for scanning, record their action in the Department’s computer system and include this case on daily, weekly and monthly reports sent to DSS with an indication that unemployability criteria have been met, including the month and year the individual’s impairment or combination of impairments met the Department’s stated criteria based on the evidence, the anticipated duration, and the date, if any, that the determination should be reviewed.
 - i. Unsuccessful Unemployability Criteria Outcome – If the case does not meet unemployability criteria, the resultant contractor shall submit the medical packet to the Department for scanning, record their action in the Department’s computer system and include this case on daily, weekly and monthly reports sent to DSS with an explanation as to why unemployability criteria are not met.
 - j. Notice of Decision Form – The resultant contractor shall use a form and process prescribed by the Department to report the outcome of the resultant contractor’s disability or unemployability review.
 - k. Other Forms –The resultant contractor shall use the Department’s approved forms and reports submitted for SSI or Social Security disability claims. The Department will consider resultant contractor’s requests to change forms or processes, but the Department must approve any such changes.
 - l. Reports –The resultant contractor shall supply to the Department reports, including but not limited to, the following:
 - 1) a daily summary of decisions made by type. Include, at minimum: Field office, client case number or client ID, and client name;
 - 2) a weekly summary of decisions made by type. Include, at minimum: Field office, client case number or client ID, and client name;
 - 3) a monthly summary of decision made by type. Include, at minimum: Field office, client case number or client ID, and client name;
 - 4) a daily report of cases containing proof of short-term impairment (2-6- months). Include, at minimum: Field office, client case number or client ID, and client name;
 - 5) a monthly report of unduplicated referrals received by the resultant contractor per month by program (or requests for resultant contractor decisions) including, at minimum, DSS Field office and date request received;
 - 6) a monthly report of unduplicated cases still pending a resultant contractor decision at the end of the month and the reason why. Include, at minimum: Field office, client case number or client ID, date received, and reason for delay;
 - 7) a weekly report of medical records received by the resultant contractor that have no corresponding referral associated with them. Include, at minimum: name of document received, client name, client ID or case number, and Field office;
 - 8) a weekly report of the emergency medical (EM) referrals received by the resultant contractor each week that are not complete. Include, at minimum: case or client ID number, client name, the specific missing information and Field office;

- 9) a monthly report of unduplicated emergency medical cases still pending at the end of the month with the resultant contractor. Include, at minimum: Field office, client name, case number or client ID and reason why case is still pending;
 - 10) a monthly report of unduplicated cases at the resultant contractor that is incomplete due to lack of cooperation by the client. Include, at minimum: Field office, client name, client ID or case number;
 - 11) a daily report of SAGA cases still pending a decision by the resultant contractor when 25 days have lapsed from date of application or renewal. Include, at minimum, client name, Field office, client ID, date of the 25th day, and delay reason code as defined by the Department; and
 - 12) other reports as defined by the Department.
- m. Additional Reporting – The resultant contractor will provide the Department with encrypted monthly activity reports for Title XIX and SAGA cases. Reports must be submitted via a confidential and secure electronic method mutually agreed upon by the Department and the resultant contractor. Encrypted monthly activity reports include, but are not limited to:
- 1) Aggregate Report – This report will summarize statewide case activity. It will show the volume of cases received, pending, and completed with determinations. New applications and renewals shall be differentiated.
 - 2) Monthly Determination Report/Case Listing – This report will include all determinations sorted alphabetically by applicant last name. The report will include the Department's Field office name and number, applicant name, applicant Social Security number and date of birth, date received by resultant contractor, resultant contractor mail date, days in progress, decision code, and primary diagnosis for those determined eligible for Title XIX or SAGA. New applications and renewals shall be differentiated.
 - 3) Monthly Determinations Report/Case Listing by Field Office – This report will include all determinations, sorted by the Department's Field office name and number and then alphabetically by applicant last name. The report will include the Department's Field office name and number, applicant name, applicant Social Security number and date of birth, date received by resultant contractor, resultant contractor mail date, days in progress, and decision code. New applications and renewals shall be differentiated.
 - 4) Monthly Pending Case Summary – This report will include case number, applicant name in alphabetical order, applicant Social Security number and date of birth, resultant contractor received date, and days in progress. New applications and renewals shall be differentiated.
 - 5) Monthly Appeal Report – This report lists all appeal reviews and will include applicant name, Social Security number, and date of birth, the date received by the resultant contractor, resultant contractor mail date, and decision code. New applications and renewals shall be differentiated.

6. Process Improvements

The resultant contractor may suggest alternative processes that will yield equal or better results. Any such changes to the scope of work should be cost-neutral or result in savings

to the Department and be implemented only upon mutual agreement between the parties of the contract.

7. Workload Volume Expectations

Workload volumes are subject to change based on the economic and demographic changes affecting the state. Caseload changes are also subject to programmatic changes caused by available State and federal funds.

For initial planning and estimation purposes, determinations made by the current vendor during the last year were as follows:

Packet Type	Average Monthly Volume
Emergency Medicaid (EM) Disability Determination	420
Non-Emergency Medicaid Disability Determination and SAGA Unemployability Determinations	480

The service level timeliness standards mentioned below are currently being met or exceeded by the current contractor.

The Department will meet periodically with the resultant contractor to discuss work volume trends and possible changes in legislation, etc., that may affect work volumes.

8. Current Contractor Staffing

20 professional employees: 8 full-time and 12 part-time

9. Timeliness Requirements and Service Level Agreements (SLA)

The resultant contractor will be responsible for processing cases within the following specified timeframes targets and SLAs for a given billing month.

#	Target SLA	Penalty
1	90% of all <u>complete</u> Medicaid packets must be processed within 10 days of the date they are completed.	\$200 per packet that falls outside of the target.
2	100% of all <u>complete</u> Medicaid packets must be processed within 30 days of the date they are completed.	\$200 per packet that falls outside of the target.
3	100% of all <u>incomplete</u> Medicaid packets must be processed within 30 days of receipt of Department referral.	\$200 per packet that falls outside of the target.
4	90% of all complete SAGA packets must be processed within 10 days of completion.	\$200 per packet that falls outside of the target.
5	100% of all SAGA packets (complete or incomplete) must be processed within 30 days of receipt of Department referral.	\$200 per packet that falls outside of the target.
6	Cases designated as "expedited" by the Department shall be reviewed and processed immediately (not more than 5 days from receipt).	\$1000 per packet that falls outside of the target.

Note: The service-level timeliness standards stated above are currently being met or exceeded by the current contractor.
The resultant contractor will be responsible for providing “per packet” level tracking and performance metrics.

Failure to meet service level timeliness standards may result in financial penalties.

10. Quality Assurance (QA) Requirements and SLAs

The resultant contractor will be responsible for creating and implementing an internal QA plan, approved by the Department, which will:

- a. establish a measure of quality and accuracy that can be communicated as needed to Department leadership and to federal partners such as CMS;
- b. identify opportunities for process improvements, better staff guidance and training, and possible automation.

The QA plan will involve a random sampling of employment and medical disability determinations to assess whether weighted quality criteria were met and documented correctly conducted by an independent party (i.e., separate contract staff).

The QA SLAs and penalties will be based on the contractor’s proposed QA approach and will be established during contract negotiations.

Note: The Department reserves the right to review QA results through internal and external entities.

The resultant contractor shall provide a QA plan that evaluates and describes the following components:

- 1) Time allocated per case by case type;
- 2) process to complete each case by type;
- 3) completion rates as compared to Department established deadlines;
- 4) number of cases appealed;
- 5) number of cases upheld and overturned on appeal;
- 6) number of cases received from the Department with missing information (both Medicaid and SAGA);
- 7) for cases with missing information, amount of time taken per case to complete case with sufficient information to make a disability/unemployability decision (both Medicaid and SAGA cases); and
- 8) sample corrective action plan.

11. Reconsideration and Appeals

The resultant contractor shall support the Department in the appeal process by having a different group of examiners review the medical packet and supporting documentation as requested. The resultant contractor shall notify the Department of its reconsideration review decision and will prepare a summary of its findings and conclusions for the Department's Office of Legal Counsel, Regulations and Administrative Hearings. The resultant contractor shall have staff available at all Department Fair Hearings to explain any medical decision made.

12. Efficiency and Customer Service

- a. The resultant contractor shall comply with standards of timeliness, efficiency, and customer service. Once the client receives a Notice of Action (NOA) from the Department regarding the client's eligibility, he/she will have an option to file an appeal with the Department. The resultant contractor shall review all denials at the time of appeal. If the member is not satisfied with the resolution, he/she may proceed with an Administrative Hearing.
- b. Geographic Service Regions - The resultant contractor shall provide statewide Medicaid /SAGA Disability Determination.
- c. Target Population - The resultant contractor shall provide Medicaid/SAGA Disability Determination to qualified statewide Medicaid and SAGA clients applying for programs administered by the Department.

13. Billing

The resultant contractor shall submit a monthly invoice to the Department.

14. Startup and Shutdown Transition

The resultant contractor will need to provide a risk-managed approach to transitioning the workload from the current contractor to themselves. The Department expects a proposed approach that includes interim measurements to establish that quality and timeliness goals are met, i.e., work cannot be fully transitioned until quality gates are met.

The Department will require the resultant contractor to reasonably support possible wind-down and third-party transition activities at the termination of their contract. This expectation will be included in the SOW.

15. Technical Environment

The resultant contractor shall be required to interface with the Department both electronically and telephonically using systems equivalent or comparable to that of the Department's that are sufficiently confidential and encrypted to ensure that the legal confidentially rights of clients are protected in accordance with state and federal law. All uses of technology by the resultant contractor for the purposes specified in this RFP shall be approved in advance by the Department. The resultant contractor shall be required to upgrade and improve its technical environment, processes, and equipment as needed to improve efficiencies and customer service as identified by the Department.

Current technology in use by the Department and the current Contractor includes the following:

- a. VPN key technology;
- b. Encrypted e-mail;
- c. The ability to view and data enter on the Departments eligibility system and document imaging and workflow systems. Access is from a web-browser but the department limits support to more modern Windows operating systems, Internet Explorer browsers, etc.;

- d. The ability to transmit complete paper medical record to Department in order for record to be scanned and retained in Department's electronic document repository. This is currently completed by vendor drop-off at the Department's scanning center in Manchester, Connecticut;
- e. The location of a Connecticut U.S. postal service address or P.O. Box to receive hard copy mail containing medical records and reports.

16. Department Assistance

The resultant contractor shall comply with specified Department responsibilities listed below in this RFP. Specific Department responsibilities include, but are not limited to:

- a. Medical Packets – The Department shall provide the resultant contractor with a medical packet for EM cases. For SAGA determinations and Medicaid disability determinations, the resultant contractor will be responsible for the collection, assembly, and review of these medical packets.
- b. Statutes and Regulations – The Department shall promptly advise the resultant contractor of all statutory and regulatory changes affecting the Title XIX and SAGA.
- c. Departmental Liaison – The Department shall assign a staff person to act as a liaison between the resultant contractor and the Department.
- d. List of Departmental Contacts – The Department shall provide the resultant contractor with a list of the Department contacts.

17. Sample MEDDS forms are embedded in the following hyperlinks and also provided at the end of this RFP labeled:

- a. Attachment 2
[W-300SA](#): Medical Report (for SAGA Cash Benefits)
- b. Attachment 3
[W-302](#): Disability/ Unemployability / Emergency Medical Routing Slip
- c. Attachment 4
[W-303A](#): Permission to Share Medical Information

D. MAIN PROPOSAL COMPONENTS

IF PROPOSING A SUBCONTRACTOR TO PROVIDE DIRECT SERVICES, RESPONSES TO ALL SECTIONS MUST INCLUDE THE SAME INFORMATION OF THE SUBCONTRACTOR AS WELL AS THE RESPONDENT.

1. Organizational Requirements (maximum 25 pages per Respondent, 25 pages per Subcontractor, if applicable)

General – Responses to the requirements in this section must describe the Respondent's and Subcontractor's background and experience. The responses must also address details regarding the Respondent's size and resources, and its experience relevant to Medicaid and SAGA Disability Determination.

To submit a responsive proposal, THE RESPONDENT SHALL provide the following information:

a. Organization Background

1) Governance

- a) The Board of Director's governance and policy-making roles;
- b) The name, work address, and percentage of time spent on the contract for each responsible director;
- c) An organizational chart defining levels of ownership, governance, and management;
- d) A complete description of all related-party relationships and transactions. Past exercise of influence or control does not need to be shown, only the potential or capability to directly or indirectly exercise influence or control. The Respondent must fully disclose any expected payments to a related party. (Note: Such payments are unallowable unless the resultant contractor provides adequate data to satisfy the Department of Social Services that the costs are needed and reasonable.);
- e) Entity type, parent organization (if applicable), years in operation;
- f) Office location and where contracted services are provided;
- g) Respondent's current range of services and description of client base currently served;
- h) Respondent's percentage of time spent that will be devoted to MEDDS versus other work performed for other customers; and
- i) Name, address, and entity type of all other customers the Respondent currently serves (if none, indicate "none.")
- j) A description of any other current or planned contractual obligations that might have an influence on the Respondent's ability to perform the work under a resultant contract.

- b. Key Personnel and Staff Resources.** The resultant contractor must receive the Department's prior written approval for key personnel changes and include name and

credentials of any persons proposed to replace existing or previously proposed project management staff, or other key personnel identified by the State. Changes in key personnel must not negatively affect the Department or adversely affect resultant contractor's capability to meet any RFP or resultant contract requirement or deliverables.

1) Corporate Project Unit

- a) Provide an organizational chart detailing how the staffing for the proposed MEDDS project fits within the entire structure of the Respondent organization.
- b) Provide the names and titles of proposed key personnel i.e. staff responsible for the success of the MEDDS program, hours and percentages of time dedicated to MEDDS. Include supervisory structure, chain of command, and span of control for each person. An appropriate and sufficient task force identified by the Respondent to complete Medicaid Disability Determinations in the manner and within the timelines described in this RFP, including required registered nurse disability examiners, licensed physician(s), licensed psychiatrist(s), licensed clinical psychologist(s), vocational rehabilitation specialist(s), and other specialties as appropriate
- c) Provide assurance it has enough qualified staffing resources to successfully meet its RFP response requirements in light of any other similar obligations for any other entity.

c. Management Plan

- 1) Provide a description of each key personnel's duties, authority, and responsibilities, including the number and type of key personnel under their direct supervision
- 2) Provide the names of key personnel who are not full-time staff of the Respondent including a complete description of their employment status with the Respondent.
- 3) Provide the company's organizational structure indicating lines of authority.
- 4) Project Manager: Identify a Project Manager who will:
 - a) Implement and manage the Medicaid/SAGA Disability Determination project.
 - b) Oversee day-to-day MEDDS project tasks.
 - c) Attend MEDDS project meetings at the request of the Department.
 - d) Respond to the Department's requests for status updates and ad hoc and interim reports.
- 5) Job Descriptions and Resumes
 - a) Provide job descriptions for proposed key personnel positions and resumes for existing key personnel proposed to fill the positions.
 - b) Describe the contract-related experience, credentials, education and training, and work experience required in job descriptions for proposed positions. In the resumes for existing key personnel proposed to fill the positions include:

- Experience with Respondent.
 - Education, experience, and training relevant to the RFP services.
- c) References: Names, positions, titles, and telephone numbers of persons able to provide information concerning the existing key personnel's experience and competence.
- 6) Job Personnel and Tasks of the Respondent:
- Describe the relationship between specific personnel for whom resumes have been submitted (or job descriptions for proposed positions) and the specific tasks and assignments proposed to accomplish the Scope of Services and a justification of the individual's function based on the individual's competence including the Respondent's:
- Procedures to secure, train, and retain professional staff to meet the resultant contract requirements.
 - Method to evaluate personnel performance.
- d. **Corporate Experience.** The Respondent's response to this section must clearly demonstrate that the Respondent (and any proposed subcontractor) has a minimum of three years of experience in providing medical disability assessments. Failure to demonstrate the minimum experience requirement shall disqualify the Respondent (and any proposed subcontractor) from further consideration.
- 1) Determination Contract Experience: Describe experience and success related to the Scope of Services for the Medicaid /SAGA Disability Determination project including the following information concerning the Respondent's experience with other contracts or projects similar to the type of services contemplated by this RFP, whether ongoing or completed.
- 2) Identify all state agencies and commercial vendors for which the Respondent engaged in similar or related contract work during the past five years and describe the contracts and work performed.
- a) Listing of all sanctions, fines, penalties, or letters of noncompliance issued against the Respondent by any of the contracting entities listed above.
- a.1) The list shall describe the circumstance eliciting the sanction or letter of noncompliance and the corrective action or resolution to the sanction, fine, penalty, or letters of noncompliance.
- a.2) If no sanctions, fines, penalties, or letters of noncompliance were issued within the last three years preceding the date of this RFP, the Respondent must submit a statement that attests this fact).
- b) Description of how the Respondent contributed creativity, innovation, and problem-solving expertise to a collaborative relationship with the governmental entity or commercial vendors identified in section 2) immediately above.

- 3) Respondent References: Provide a list of three (3) specific programmatic references for the Respondent.

One (1) reference shall be a state agency or commercial vendor representative for which the Respondent engaged in similar or related contract work during the past five years.

The remaining two (2) references must be persons able to comment on the Respondent's capability to perform the services specified in this RFP. The contact person must be an individual familiar with the organization and its day-to-day performance. If the Respondent has been a State contractor within the last five years, the Respondent must include a reference. Respondents are strongly encouraged to call or write their planned references to ensure the accuracy of their contact information and their willingness and capability to be a reference. Include the listed references' organization names, addresses, current telephone numbers, and specific person's title. The Department expects to use these references in its evaluation process. Respondent References are not included in section page limitation.

2. Service Requirements (maximum 25 pages per Respondent, 25 pages per Subcontractor, if applicable)

General – Responses for this section must describe the Respondent's competence to perform the requirements specified in this RFP. Respondents that propose using subcontractors must present the same information about the proposed subcontractors as for Respondents.

No Rewrites – The Department does not want a rewrite of the RFP requirements, since such a proposal shows a lack of understanding of the project and an inability to provide appropriate levels of support and guidance for this type of project implementation.

To submit a responsive proposal, THE RESPONDENT SHALL respond to each section and subsection below:

a. Project Activities

- 1) General Program Operations
 - a) Adequately describe the standards of timeliness, efficiency, and customer service activities available to Medicaid/SAGA members and how to overcome any existing or anticipated barriers. Identify anticipated barriers to serve this population and solutions that you will provide.
 - b) The Respondent's understanding of the MEDDS project, including how the Respondent will provide all Medicaid/SAGA Disability Determination services as described in this RFP and also propose alternate processes that will yield equal or better results.
 - c) Hours of operation and catchment areas.
 - d) Office locations with addresses where this work will be performed.
 - 1) Describe where staff will be physically located (street address, town, and state) and how the in-person communications with Department staff will be coordinated.

(At a minimum, a Connecticut U.S. Postal service address or Connecticut P.O. Box is required for the delivery of paper mail as required by current operation processes.)

- e) Capacity to handle cases (including any waitlist protocols) indicating how many cases can correctly process per month under the requirements of this RFP.
 - f) All procedural steps to send, gather, and complete medical packets for the SAGA and Medicaid disability program in accordance with the requirements of this RFP.
 - g) All procedural steps to review completed medical packets for Medicaid Disability, EM, and the SAGA program and reach a decision about eligibility as defined in this RFP.
- 2) Translation Services for Medicaid/SAGA members
- a) Describe telephonic or face-to-face interpretation services.
Clearly explain the needs for and rationale of proposed alternative methods of interpretation, and how the planned methods are appropriate for this population.
 - b) If subcontractors are used, identify subcontractors with local language agencies to provide Medical Interpretation Services face-to-face to Medicaid/SAGA members, and/or subcontract with qualified individual medical interpreters and use qualified staff to provide face-to-face interpretation services to Medicaid/SAGA members and to ensure all interpreters providing services to Medicaid/SAGA members must meet the enrollment criteria described in this RFP.
 - c) Describe informational materials and how they will be disseminated to inform clients and Providers about what Medical Interpretation Services are and where and how to access them.
- 3) Grievances and Appeals. Clearly describe in detail:
- a) The system to handle grievances and how adequate records to document filed grievances, including the personnel involved, actions taken to resolve the issue, and resolution.
 - b) The appeals and denial resolutions that address a Notice of Action (NOA)/Denial of Medical/SAGA Interpretation Services by the Broker to a Medicaid/SAGA member for denial of Medical/SAGA Interpretation Services.
(Note: A Department Hearing Officer will make the final decision on whether the Broker appropriately denied Medical/SAGA Interpretation Services to a Medicaid/SAGA client.)
- 4) Staffing/ Support
- a) Review Team: Identify a review team sufficient to complete Medicaid /SAGA Disability Determination reviews.
 - b) Subcontractor Oversight: Describe oversight of any subcontractors.
 - c) Quality Assurance Approach
Propose an approach for independently (different staff) measuring the quality (completeness and accuracy) of the determinations. Describe how the results will

be used to provide transparency and drive process improvements, staff changes, etc.

The QA approach, if acceptable to the Department, will be used as a basis for establishing contract QA SLAs.

3. Data and Technology Requirements (maximum 10 pages per Respondent, 10 pages per Subcontractor, if applicable)

To submit a responsive proposal, THE RESPONDENT SHALL provide a description of Data and Technology elements. Information provided will be rated and contribute to the Respondents final overall score:

- a. Available and in use computer hardware and software.
- b. E-Mail/Internet Capability.
- c. Ability and methodology used to assess client satisfaction.
- d. Ability and methodology to construct performance measures with quantifiable outcomes.
- e. Ability and methodology to conduct Program Evaluation.
- f. Description of your record keeping, data collection, storage, and reporting capabilities.
- g. Description of your IT infrastructure and hardware and software quality.

Note: if subcontractors are to be used, include the above information (a-g) for each subcontractor.

4. Implementation Plan (maximum 10 pages)

a. Timeline for Implementation

To submit a responsive proposal, THE RESPONDENT SHALL provide a timeline for implementation to execute these contracted services that identifies the following items:

- 1) Start date for the contracted services.
- 2) Description of deliverables.
- 3) Timetable and schedule of deliverables.
- 4) Measurable objectives.

5. FORMS

Addendum Acknowledgements to the RFP

Upload required forms to BIZNET:

- Workplace Analysis Affirmative Action Report
- Consulting Agreement Affidavit (OPM Ethics Form 5)
- Certification Regarding Lobbying
- Iran Certification (OPM Ethics Form 7)

E. COST PROPOSAL COMPONENTS. THERE IS NO PAGE LIMITATION

- 1. Financial & Budget Requirements (maximum 10 pages), MEDDS RFP 02142019 COST, BINDER 2 of 2, shall be submitted separate and distinct from MEDDS RFP 02142019, BINDER 1 OF 2.**

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

To submit a responsive proposal, THE RESPONDENT SHALL provide the following information:

a. Audited Financial Statements

Submit one (1) copy of the Respondent's two (2) most recent annual financial statements prepared by an independent Certified Public Accountant, and reviewed or audited in accordance with Generally Accepted Accounting Principles (GAAP) (USA). The copies shall include all applicable financial statements, auditor's reports, management letters, and any corresponding reissued components. One (1) copy only shall be included with the original cost proposal.

If Audited Financial Statements for each of the last two (2) fiscal years were not prepared, the Respondent shall provide comparable statements that will document the Respondent's financial stability. The additional documentation shall include, at a minimum:

- Unaudited balance sheets/Statement of Financial Position for the previous two (2) years.
- Unaudited income statements/Statement of Operations for the previous two (2) years.
- Cash flow statements for the previous two (2) years.
- IRS Form 990 for the previous two (2) years.
- Bank statements for all operating accounts for the previous twelve (12) months.
- Significant federal/state award letters.
- Description of major classes of payables including an accounts payable aging schedule.

The Department reserves the right to reject the proposal of any Respondent that is not financially viable based on the assessment of the annual financial statements.

b. Business Cost Section: To submit a responsive proposal, THE RESPONDENT SHALL propose:

- 1) An annual fee cost structure for the totality of the work required in the RFP; and
- 2) A cost structure based on a per case fee itemizing costs by type of work performed (e.g. SAGA Unemployability determinations, Medicaid Disability determination, Emergency Medical determination, and Medical Packet Assembly for SAGA and Medicaid disability cases.)

- c. Business Cost Narrative: To submit a responsive proposal, THE RESPONDENT SHALL** describe how funds shall be spent. The narratives shall detail each line-item budget including, but not limited to: a brief explanation of each staff position, the number of hours worked weekly, number of weeks worked annually, and hourly rates.

Note: If subcontractors are used, provide the above narratives for each subcontractor

- d. “Startup” and “Close down” Transition Plan** including costs: **To submit a responsive proposal, THE RESPONDENT SHALL describe:**

- 1) A transition plan that will transition the work from the current contractor in a low-risk, measured approach, as well as a plan to “Close down” your operation in the event that a different contractor is selected at some point in the future. Include (as indicated) the following:
 - a) The proposed methodology for transition, e.g. pilot, phased/stepped, or parallel (both “Startup” and “Close down” plans).
 - b) The estimated time and costs associated with and needed to completely transition work from the current vendor or to a new vendor (both “Startup” and “Close down” plans).
 - c) Transition plan costs itemized by the following costs: staffing, equipment and supplies, location and or space (“Startup” plan only.)

SECTION IV – PROPOSAL OUTLINE

MEDDS_RFP_02142019 Binder 1 of 2 original and copies shall be submitted in separate sealed envelope(s) or box(es).

Page 1 Cover Sheet

Page 2 Table of Contents

- A. Claim of Exemption from Disclosure
- B. Conflict of Interest - Disclosure Statement
- C. Executive Summary
- D. Main Proposal Components
 - 1. Organizational Requirements**
 - 2. Service Requirements**
 - 3. Data and Technology Requirements**
 - 4. Implementation Plan**
 - 5. Forms**

MEDDS_RFP_02142019_COST Binder 2 of 2 original and copies shall be submitted in separate sealed envelope(s) or box(es).

- E. Cost Proposal Components
 - 1. Financial & Budget Requirements**

COVER SHEET

ATTACHMENT 1

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

Medical & Employment Disability Determination Support
Request for Proposals 02142019
(MEDDS_RFP_02142019)

		() -
Primary Business Name	FEIN / CFDA / DUNS	Telephone Number
	, ,	
Business Address	Town, State	Zip Code

Contact Person (*Individual who can provide additional information about the proposal or who has immediate responsibility for the proposal*):

		() -
Name	Title	Telephone Number
	, ,	
Street Address	Town, State	Zip Code
		() -
E-mail Address		Facsimile Number

Authorized Official (*Individual empowered to enter into and amend contractual instruments in the name and on behalf of the Contractor*):

		() -
Name	Title	Telephone Number
	, ,	
Street Address	Town, State	Zip Code
		() -
E-mail Address		Facsimile Number

Signature



ATTACHMENT 2

State of Connecticut
Department of Social Services

W-300SA
(New 1/16)

Medical Report (For SAGA Cash Benefits)

Dear Medical Provider:

The patient named on page 2 has applied for assistance with the Department of Social Services (DSS). He or she has acknowledged physical and/or mental health problems that prevent employment. Please complete the questions on this form in the space provided so we can decide whether he or she is eligible for State Administered General Assistance (SAGA) unemployability benefits. To qualify, the patient must have a severe mental or physical impairment, or a combination of impairments, that will preclude employment for at least 6 months.

In addition to completing these questions, please provide objective medical evidence, including copies of any diagnostic test results, pertaining to the diagnosed condition(s). **We cannot grant benefits without this objective medical evidence.** If you recently submitted this information to the Social Security Administration, or if your progress notes provide this information, you may substitute copies of those materials. A form W-303A, "Permission to Share Medical Information," was provided to the patient to sign so that you may release his or her medical information, but feel free to use your own authorization form if you prefer.

Please return the completed form to:

To bill DSS for your services, refer to the instructions on form W-513, "Request for Medical Payment," which was also provided to your patient.

Thank you for taking the time to provide information on behalf of your patient.

Patient Name _____

Section A. General Information

1. What conditions have you diagnosed with respect to this patient? Please include physical and psychological conditions. For each diagnosed condition, please provide the approximate date of onset.

2. Does this condition, or combination of conditions, prevent the patient from working at this time?
 Yes No

If no, go directly to the signature section on page 7 of this form.

If yes, go on to the next question.

3. How long do you expect that the patient will be unable to work?

Less than 2 months 2 months or more, but less than 6 months

6 months or more, but less than 12 months 12 months or more

If you checked either that the patient will be unable to work “Less than 2 months” or “2 months or more, but less than 6 months,” stop. Proceed to page 7 and complete the signature section. If you checked either that the patient will be unable to work “6 months or more, but less than 12 months” or “12 months or more,” continue.

4. How long have you been treating this patient? How frequently have you seen this patient during this time?

5. List the patient’s symptoms, including pain, dizziness, fatigue, etc.:

5.a. If your patient experiences pain, characterize the nature, location, frequency, precipitating factors and severity of this pain:

6. Please summarize the clinical findings and objective signs that support each diagnosis you listed above:

7. Describe the patient’s response to treatment, including any side effects of medication, that may have a negative impact on his or her ability to work, such as drowsiness, dizziness, nausea, etc.:

8. What is the patient’s prognosis?

Patient Name _____

9. Do emotional factors contribute to the severity of your patient's symptoms and functional limitations? Yes No

9.a. If yes, please explain and describe how these emotional factors impact the patient's ability to work:

10. Does the patient have a problem with substance abuse? Yes No

10.a. If yes, is the patient actively engaged in substance abuse treatment? Yes No

11. For each diagnosed psychological condition identified in question 1, please list the condition and indicate whether the patient is experiencing a single episode or an exacerbation of a chronic illness (if no psychological condition has been diagnosed, go directly to question 12):

11.a. If the psychological condition is recurrent, is there a cyclical pattern? Yes No
If yes, describe the frequency of this pattern:

12. Please describe any other limitations (such as limited vision, difficulty hearing, or the need to avoid temperature extremes, wetness, humidity, noise, dust, fumes, gases or other hazards) that affect the patient's ability to work at a regular job on a sustained basis:

13. Are the patient's impairments, as demonstrated by signs, clinical findings and laboratory or test results, reasonably consistent with the symptoms and functional limitations described on this form? Yes No

13.a. If no, please explain the discrepancy:

Patient Name _____

Section B. Physical Capacities Evaluation

1. In terms of the patient's ability to perform during an 8-hour workday with normal breaks, the patient can:

Activity	Never	1 Hour	2 Hours	3 Hours	4 Hours	5 Hours	6 Hours +
Sit							
Stand							
Walk							

2. The patient can lift and carry:

Weight patient can lift	Never	Rarely (1-5% of work day)	Occasionally (1-33% of work day)	Frequently (34-66% of work day)	Continuously (67-100% of work day)
1-10 lbs.					
11-20 lbs.					
21-49 lbs.					
50 lbs. or more					

3. Does the patient have significant limitations with reaching, grasping, handling or fingering objects?
 Yes No

4. If yes, indicate the percentage of time during an 8-hour work day that your patient can use his or her hands, fingers, and arms for the following activities:

Hand/Arm	Grasping, turning, and twisting objects	Fine manipulation of objects using the fingers	Reaching with arms in front of body	Reaching with arms overhead
Right	_____ %	_____ %	_____ %	_____ %
Left	_____ %	_____ %	_____ %	_____ %

5. The patient is able to:

Activity	Never	Rarely (1-5% of work day)	Occasionally (6-33% of work day)	Frequently (34-66% of work day)	Continuously (67-100% of work day)
Stoop / Bend					
Crouch / Squat					
Twist					
Climb Stairs					

Patient Name _____

Climb Ladders					
---------------	--	--	--	--	--

6. To what extent can the patient be involved in the following activities?

Activity	Never	Rarely (1-5% of work day)	Occasionally (1-33% of work day)	Frequently (34-66% of work day)	Continuously (67-100% of work day)
Unprotected heights					
Being around moving machinery					
Exposure to marked changes in temperature/humidity					
Driving automotive equipment					
Exposure to dust and fumes					

7. Does the patient require the use of assistive equipment, such as a cane or walker, when standing or walking? Yes No

If yes, what symptoms require the use of this assistive equipment?

Imbalance Pain Weakness Insecurity Dizziness Other: _____

Section C. Mental Residual Functional Capacity Assessment

1. During what percentage of a typical workday are your patient's symptoms likely to be so severe that they interfere with attention and concentration needed to perform even simple work tasks?

0% 1-5% 6-10% 11-15% 16-20% 21-25% or more More than 25%

2. To what degree can the patient tolerate work stress?

Incapable of tolerating even "low stress" Capable of tolerating only low stress
 Capable of tolerating moderate (normal) stress Capable of tolerating high stress

3. In each table that follows, please place a mark in the box that best describes how the patient's conditions impact the indicated function. "Not significantly limited" means the patient can consistently and usefully perform the function. "Moderately limited" means the patient's capacity to perform the function is diminished. "Markedly limited" means the patient cannot usefully perform or sustain performance of the function.

Patient Name _____

Memory and understanding

Function	No Limitation	Not Significantly Limited	Moderately Limited	Markedly Limited
Remember locations & work-like procedures				
Understand and remember very short, simple instructions				
Understand and remember detailed instructions				

Social interaction

Function	No Limitation	Not Significantly Limited	Moderately Limited	Markedly Limited
Interact appropriately with the general public				
Ask simple questions or request assistance				
Accept instructions and respond appropriately to criticism from supervisors				
Get along with co-workers or peers without distracting them or exhibiting behavioral extremes				
Maintain socially appropriate behavior and adhere to basic standards of neatness and cleanliness				

Sustained concentration and persistence:

Function	No Limitation	Not Significantly Limited	Moderately Limited	Markedly Limited
Carry out very short, simple instructions				
Carry out detailed instructions				
Maintain attention and concentration for extended periods				
Perform activities within a schedule, maintain regular attendance, be punctual within customary tolerances				
Sustain an ordinary routine without special supervision				
Work in coordination with or proximity to others without being distracted by them				
Make simple work- related decisions				
Complete a normal workday/workweek without interruptions from symptoms. IE, able to perform at a consistent pace without an unreasonable number and length of rest periods				

Patient Name _____

Adaptation

Function	No Limitation	Not Significantly Limited	Moderately Limited	Markedly Limited
Respond appropriately to changes in the work setting				
Be aware of normal hazards and take appropriate precautions				
Travel in unfamiliar places or use public transportation				

Signature Instructions

Thank you for taking the time to complete this form on behalf of your patient who has applied for assistance. Please print (or stamp) your name and sign below. We cannot accept the completed form without your signature. This form may be signed by any licensed medical provider whose scope of practice, as set forth in the Connecticut General Statutes, permits him or her to diagnose and treat the conditions for which this form is being completed. A licensed master social worker may complete this form with respect to mental health disorders, but the co-signature of a supervising physician, advanced practice registered nurse, psychologist, professional counselor or licensed clinical social worker is required.

Name of person completing this form (Print)	Title	Signature
Provider type (specialty)	License Number	Date
Name of co-signer, if required (print)	Title	Signature
Co-Signer Provider type (specialty)	License Number	Date
Telephone Number	Fax Number	



W-302
(Rev 5/16)

Disability/Unemployability/Emergency Medical
Routing Slip

To: _____
Email: _____

Date: _____

Client ID#: <input type="text"/>	Worker Name: <input type="text"/>
Client Name: <input type="text"/>	Regional Office: <input type="text"/> (based on client address)
Address: <input type="text"/>	
<input type="text"/>	Date of Birth: <input type="text"/>
<input type="text"/>	Social Security # <input type="text"/>
Client Phone #: <input type="text"/>	Date of Application: <input type="text"/>

Referral type:

- SAGA Initial Review
- SAGA Redetermination
- Resubmission of previously "Undetermined"
- S05 Med-ConneCT Initial Review
- S05 Med-ConneCT Redetermination
- Title XIX Disability Determination
- Title XIX Disability Redetermination
- Emergency Medical

Appeal Requested:

- Request for review prior to appeal
Date of Hearing _____
- Request for review pending a fair hearing decision

Medical Packet Information:

- Please assemble medical packet
- A medical packet was given
- A medical packet has been received by DSS and is located in ConneCT
- A medical packet has been received and routed to CCC

Hospital Name:

Dates of Service:

Additional Information or Comments:

DSS Worker Observations:

In addition to the information provided by the client's medical provider(s), your observations as to the client's appearance, affect, demeanor, behavior and appropriateness will be helpful to the reviewers in determining whether the individual named on the reverse is or is not employable or disabled.



ATTACHMENT 4
STATE OF CONNECTICUT - DEPARTMENT OF SOCIAL SERVICES

W-303A
(Rev. 05/15)

Permission to Share Medical Information

Name of DSS Client _____ Client ID # _____ or SSN# _____

I authorize _____ to disclose the information indicated below to the
(Name of medical provider)

Connecticut Department of Social Services (DSS) and its agent, Colonial Cooperative Care, LLC.

I authorize this disclosure for the following purpose(s):

(If you do not wish to state a purpose, you may write "at my request")

Type of information Medical Provider is authorized to disclose (check all that apply):

[] Protected health information (other than mental health, substance abuse and HIV-related records)

[] Mental health records*

[] Alcohol and/or drug treatment records** [] HIV-related information***

[] other _____

- I understand that my refusal to sign will not affect my ability to obtain services or benefits from the medical provider.
I understand that I may revoke this authorization at any time by notifying the medical provider, in writing, except if a disclosure has already been made in reliance on it.
I understand that the information I authorize a person or entity to receive may be re-disclosed and no longer protected by privacy regulations.

This authorization expires one year after the date it is signed.

X _____ Date _____
Patient Signature or person with legal authority to sign for patient Printed Name of Person Who Signed
(Attach copy of designation as conservator/ power of attorney/ guardian, if applicable)

Note to Recipient of Information:

- * Mental Health Records: The confidentiality of psychiatric records is required under chapter 899 of the Connecticut General Statutes. This material shall not be transmitted to anyone without written consent or other authorization as provided in the aforementioned statutes.
** Alcohol and/or Drug Treatment Records: This information has been disclosed to you from records protected by Federal confidentiality rule (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.
*** HIV Related Information: This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

Persons who are deaf or hard of hearing and have a TTD/TTY device can contact DSS at 1-800-842-4524.
Persons who are blind or visually impaired can contact DSS at 1-860-424-5040.