



PROCUREMENT NOTICE
State of Connecticut
Department of Correction
Inmate Medical Services (IMS) Assessment
Request for Proposals
Legal Notice (2019DOC_RFPSH_IMSCON)

The State of Connecticut (State), Department of Correction (CTDOC or the Department), is seeking proposals from qualified respondents to provide **Consultant(s) Services** to the Department's Inmate Medical Services Unit regarding assessing various aspects of offender healthcare service delivery.

Notification of a procurement opportunity for the provision of the above services are required by the CTDOC is available for review, download and printing on the State's Procurement/Contracting Portal at: https://biznet.ct.gov/SCP_Search/.

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

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

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

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I. GENERAL INFORMATION

■ A. INTRODUCTION

1. **RFP Name or Number:** RFP #19DOC-RFPSH_IMSCON / Inmate Medical Services Assessment
2. **Summary:** The intent of the request is to procure a contract with a consultant(s) to provide the following services:
 1. Operational Assessment: - the selected vendor shall conduct and complete an Operational Assessment of the CTDOC's Inmate Medical Services delivery system.
 2. Staffing Analysis – the selected vendor shall conduct an analysis and produce a report of the Department's current inmate medical services staff to identify gaps and areas of optimal utilization in staffing.
 3. Medical Case Audit: - the selected vendor shall conduct and complete a clinical case review of all of the care provided by the CTDOC from July 1, 2018 to present.
 4. Medical Management Development: - utilizing the results of the Operational Assessment and the Medical Case Audit, the selected vendor shall design a medical management system for the department that is based on NCHCC, ACA and Medicaid/Medicare standards of care and leverages the agency's Electronic Health Records system.
3. **Commodity Codes.** The services that the Department wishes to procure through this RFP are as follows:
 - 0600: Services (Professional, Support, Consulting and Misc. Services)
 - 010: Consultant Services (Not Computer Related)
 - 1000: Healthcare 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
CTDOC	Connecticut Department of Correction
DAS	Department of Administrative 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
PSA	Personal Service Agreement
P.A.	Public Act (CT)
RFP	Request for Proposals
SEEC	State Elections Enforcement Commission (CT) U.S. United States

1. *ACA*: American Correctional Association, developed specifically for practitioners in the correctional profession. Create and refined standards that represent fundamental correctional practices that ensure staff and inmate safety and security; enhance staff morale; improve record maintenance and data management capabilities; assist in protecting the agency.
2. *Contractor*: A private provider organization, Connecticut(CT) State agency, or municipality that enters into a POS contract with the Department as a result of this RFP.
3. *Department*: For the purposes of this RFP, 'Department' shall mean the Connecticut Department of Correction.
4. *NCCHC*: National Commission on Correctional Healthcare establishes standards for health services in correctional facilities, operates a voluntary accreditation program for institutions that meet those standards, produces and disseminates resource publications, conducts educational conferences, and offers a certification program for correctional health professionals.
5. *Prospective respondent*: A private provider organization, CT State agency, or municipality that may submit a proposal to the Department in response to this RFP, but has not yet done so.
6. *Respondent*: A private provider organization, CT State agency, or municipality that has submitted a proposal to the Department in response to this RFP.
7. *Subcontractor*: An individual (other than an employee of the contractor) or business entity hired by a contractor to provide a specific health or human service as part of a contract with the Department as a result of this RFP.

■ **C. INSTRUCTIONS**

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

Name: Salina Hargrove
Address: Connecticut Department of Correction
 24 Wolcott Hill Road
 Wethersfield, CT 06109
Phone: 860-692-6837
Fax: 860 692-7576
E-Mail: DOC.RFP@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:

- State Contracting Portal: https://biznet.ct.gov/SCP_Search/
- CTDOC Web Site: <http://www.ct.gov/doc/cwp/view.asp?a=1492&q=270106>

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

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

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

- Total Funding Available: To be determined
- Number of Awards: 1 or more*
- Contract Cost: To be determined
- Contract Term: Six (6) months or less

* Department may contract with one or more Contractors to provide the services required. The Respondent may partner or subcontract with other entities to provide services under the RFP.

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

The Respondent's team should include professionals with correctional and or correctional healthcare knowledge or experience.

- 5. Minimum Qualifications of Respondents.** All submissions must comply with the requirements specified in this RFP. To be eligible for evaluation, submissions must have the following minimum qualifications:

- a. Received by the Official Contact on or before the due date and time;
- b. Meet the Submission Format requirements;
- c. Follow the required Submission Outline;
- d. Be complete.

Preference will be given to respondents with a proven history of providing the requested or substantially similar services in a Correctional institution.

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: July 12, 2019, 3:00 p.m. EST
- Letter of Intent (LOI) Due: July 26, 2019, 3:00 p.m. EST
- Deadline for Questions: August 2, 2019*, 3:00 p.m. EST
- Answers Released (tentative): August 9, 2019*, 3:00 p.m. EST
- Proposals Due: September 19, 2019, 3:00 p.m. EST
- Contract Execution: December 1, 2019*

8. **Letter of Intent.** A mandatory Letter of Intent (LOI) is **required** from each respondent intending to respond to this RFP. The LOI is non-binding and does not obligate the sender to submit a proposal. The LOI must be submitted to the Official Contact identified in Section C.1 of this RFP. LOI's may be submitted by US mail, or e-mail by the deadline established in the Procurement Schedule. The LOI must clearly identify the sender, including agency name, contact person, postal address, telephone number and e-mail address. It is the sender's responsibility to confirm the Department's receipt of the LOI. Failure to submit the required LOI in accordance with the requirements set forth herein shall result in disqualification from further consideration.

Respondents are to use the Letter of Intent form, in Attachment D, and email with LOI 2019DOC_RFPSH_IMSCON in the subject line by July 26, 2019 3:00 p.m. EST to: DOC.RFP@ct.gov

8. **Inquiry Procedures.** All questions regarding this RFP or the Department's procurement process must be directed, in writing, to the Official Contact before the deadline specified in the Procurement Schedule. The early submission of questions is encouraged. Questions will not be accepted or answered verbally – neither in person nor over the telephone. All questions received before the deadline will be answered. However, the Department will not answer questions when the source is unknown (i.e., nuisance or anonymous questions). Questions deemed unrelated to the RFP or the procurement process will not be answered. At its discretion, the Department may or may not respond to questions received after the deadline. If the Department chooses to answer questions received after the deadline, the question and the answer will be made available to all respondents or prospective respondents. The Department reserves the right to answer questions only from those who have submitted an LOI. The Department may combine similar questions and give only one answer. All questions and answers will be compiled into a written amendment to this RFP. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the amendment and duly noted as such. The Department will release the answers to questions on the 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 the Department's RFP Web Page.

9. **RFP Conference.** An RFP conference will **not** be held for this process.

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

- Due Date: **September 19, 2019**

- Time: **3:00 p.m. EST**

Faxed or e-mailed proposals will not be evaluated. The Department will not accept a postmark date as the basis for meeting the proposal due date and time. The Department suggests the Respondent use certified or registered mail, or a delivery service such as United Parcel Service (UPS) to deliver the proposal. When hand-delivering proposals by courier or in person, allow extra time due to building security procedures. Proposals received after the due date and time may be accepted by the Department as a clerical function, but they will not be evaluated. Proposals shall not be considered received until they are in the hands of the Official Contact or another representative of the Contracts Administration Office designated by the Official Contact. At the discretion of the Department, late proposals may be destroyed or retained for pick-up by the Respondents.

An acceptable submission must include the following:

- one (1) original proposal;
- five (5) conforming copies of the original proposal; and
- one (1) conforming identical electronic copy (which must be compatible with Microsoft Office Word) of the original proposal by email (preferred) to DOC.RFP@ct.gov, or on USB drive (which must be compatible with Microsoft Office Word) labeled with the Legal Name of the respondent and 2019DOC_RFPSH_IMSCON).

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 from the same respondent is an option with this procurement.

12. Declaration of Confidential Information. Respondents are advised that all materials associated with this procurement are subject to the terms of the Freedom of Information Act (FOIA), the Privacy Act, and all rules, regulations and interpretations resulting from them. If a respondent deems that certain information required by this RFP is confidential, the respondent must label such information as CONFIDENTIAL. In Section C of the proposal submission, the respondent must reference where the information labeled CONFIDENTIAL is located in the proposal. *EXAMPLE: Section G.1.a.* For each subsection so referenced, the respondent must provide a convincing explanation and rationale sufficient to justify an exemption of the information from release under the FOIA. The explanation and rationale must be stated in terms of (a) the prospective harm to the competitive position of the respondent that would result if the identified information were to be released and (b) the reasons why the information is legally exempt from release pursuant to C.G.S. § 1-210(b).

13. Conflict of Interest - Disclosure Statement.

Respondents must include a disclosure statement concerning any current business relationships (within the past three (3) years) that pose a conflict of

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

■ D. PROPOSAL FORMAT

1. **Required Outline.** All proposals must follow the required outline presented in Section IV, pages 25-26 of this RFP. Proposals that fail to follow the required outline will be deemed, at the discretion of the Department, non-responsive and will not be evaluated.
2. **Cover Sheet.** The Cover Sheet is Page 1 of the proposal. Respondents must complete and use the Cover Sheet form provided by the Department as Attachment A, in Section V. Attachments of this RFP.
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. **Executive Summary.** Proposals must include a high-level summary not exceeding one (1) page, of the main proposal and cost proposal. This summary should include a brief agency or individual work history and a summary of the services being offered.
5. **Attachments.** Attachments other than the required Appendices or Forms identified in Section IV are not permitted and will not be evaluated. Further, the required Appendices or Forms must not be altered or used to extend, enhance, or replace any component required by this RFP. Failure to abide by these instructions will result in disqualification.
6. **Style Requirements.** The original proposal and each of the five (5) conforming copies of the original proposal shall conform to the following specifications:
 - Binding Type: Loose Leaf, Bound with a Butterfly Clip
 - Dividers: No Dividers
 - Paper Size: Standard Letter
 - Print Style: 1-sided
 - Font Size: 12
 - Font Type: Times New Roman
 - Margins: One inch (1")
 - Line Spacing: Single Space
 - Page limit: 33 pages total for Main Proposal. Page limit per section as indicated.

7. **Pagination.** The Legal Name of the Respondent shall be displayed in the header of each page. All pages, from the Cover Sheet through the required Appendices and Forms, shall be numbered consecutively in the footer.
8. **Packaging and Labeling Requirements.** All proposals must be submitted in sealed envelopes, packages or boxes and must be addressed to the Official Contact. The Legal Name and Address of the respondent must appear in the upper left corner of the envelope, package or box. The RFP Name and Number must be clearly displayed on the envelope, package or box:

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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 will not be evaluated. At the discretion of the Department, such a proposal may be either destroyed or retained for pick up by the submitters.

■ E. EVALUATION OF PROPOSALS

1. **Evaluation Process.** It is the intent of the Department to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. When evaluating proposals, negotiating with successful Respondents, and awarding contracts, the Department will conform with its written procedures for POS procurements (pursuant to C.G.S. § 4-217) and the State's Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85).
2. **Evaluation Team.** The Department will designate an Evaluation Team to evaluate proposals submitted in response to this RFP. The contents of all submitted proposals, including any confidential information, will be shared with the Evaluation Team. Only proposals found to be responsive (that is, complying with all instructions and requirements described herein) will be reviewed, rated, and scored. Proposals that fail to comply with all instructions will be rejected without further consideration. Attempts by any respondent (or representative of any respondent) to contact or influence any member of the Evaluation Team may result in disqualification of the respondent.
3. **Minimum Submission Requirements.** All proposals must comply with the requirements specified in this RFP. To be eligible for evaluation, proposals must a) be received on or before the due date and time; b) meet the Submission Format requirements; c) follow the required Submission Outline; d) demonstrate the employment of a registered dietitian, as defined in Section I. B.6 of this RFP; and e) be complete. Proposals that fail to follow instructions or satisfy these minimum submission requirements will not be reviewed further. The Department will reject any proposal that deviates significantly from the requirements of this RFP.
4. **Evaluation Criteria (and Weights).** Proposals meeting the Minimum Submission Requirements will be evaluated according to the established criteria. The criteria are the objective standards that the Evaluation Team will use to evaluate the technical merits of the proposals. Only the criteria listed below will be used to evaluate proposals. The criteria are weighted according to their relative importance. The weights are disclosed:

Criteria	Possible Points
Organizational Requirements	10
Scope of Services	30
Staffing Plan	20
Work Plan	20
Budget Requirements	30
Appendices	5
Total Possible Point	115

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

5. **Respondent Selection.** Upon completing its evaluation of proposals, the Evaluation Team will submit the rankings of all proposals to the Department head. The final selection of a successful respondent is at the discretion of the Department head. Any respondent selected will be so notified and awarded an opportunity to negotiate a contract with the Department. Such negotiations may, but will not automatically, result in a contract. Pursuant to Governor M. Jodi Rell's Executive Order No. 3, any resulting contract will be posted on the State Contracting Portal. All unsuccessful respondents will be notified by e-mail or U.S. mail, at the Department's discretion, about the outcome of the evaluation and respondent selection process.
6. **Debriefing.** 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 post-mark date on the notification envelope will be considered "day one" of the thirty (30) days. Respondents may appeal any aspect the Department's competitive procurement; however, such Appeal must be in writing and must set forth facts or evidence in sufficient and convincing detail for the Department to determine whether during any aspect of the competitive procurement there was a failure to comply with the State's statutes, regulations, or standards concerning competitive procurement or the provisions of the RFP. Any such Appeal must be submitted to the Agency Head with a copy to the Official Contact. The respondent must include the basis for the Appeal and the remedy requested. The filing of an Appeal shall not be deemed sufficient reason for the Department to delay, suspend, cancel, or terminate the procurement process or

execution of a contract. More detailed information about filing an Appeal may be obtained from the Official Contact.

- 8. Contest of Solicitation or Contract Offer.** Pursuant to Section 4e-36 of the Connecticut General Statutes, “Any bidder or respondent 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 website at <https://www.ct.gov/scsb/site/default.asp>
- 9. Contract Execution.** Any contract developed and executed as a result of this RFP is subject to the Department’s contracting procedures, which may include approval by the Office of the Attorney General.

II. MANDATORY PROVISIONS

■ A. STANDARD CONTRACT, PARTS I AND II

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

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

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

Note:

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

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

■ B. ASSURANCES

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

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

the respondent to induce any other organization or competitor to submit, or not submit, a proposal for the purpose of restricting competition. The respondent further assures that the proposed costs have been arrived at independently, without consultation, communication, or agreement with any other organization or competitor for the purpose of restricting competition. Nor has the respondent knowingly disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor.

4. **Validity of Proposal.** The respondent certifies that the proposal represents a valid and binding offer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto. The proposal shall remain valid for a period of 180 days after the submission due date and may be extended beyond that time by mutual agreement. At its sole discretion, the Department may include the proposal, by reference or otherwise, into any contract with the successful respondent.
5. **Press Releases.** The respondent agrees to obtain prior written consent and approval of the Department for press releases that relate in any manner to this RFP or any resultant contract.

■ C. TERMS AND CONDITIONS

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

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

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

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

■ **D. RIGHTS RESERVED TO THE STATE**

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

1. **Timing Sequence.** The timing and sequence of events associated with this RFP shall ultimately be determined by the Department.
2. **Amending or Canceling RFP.** The Department reserves the right to amend or cancel this RFP on any date and at any time, if the Department deems it to be necessary, appropriate, or otherwise in the best interests of the State.
3. **No Acceptable Proposals.** In the event that no acceptable proposals are submitted in response to this RFP, the Department may reopen the procurement process, if it is determined to be in the best interests of the State.
4. **Contract Offer and Rejection of Proposals.** The Department reserves the right to offer in part, and/or reject any and all proposals in whole or in part for misrepresentation or if the proposal limits or modifies any of the terms, conditions, or specifications of this RFP. The Department may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. The Department reserves the right to reject the proposal of any respondent who submits a proposal after the submission date and time.
5. **Sole Property of the State.** All proposals submitted in response to this RFP are to be the sole property of the State. Any product, whether acceptable or unacceptable, developed under a contract awarded as a result of this RFP shall be the sole property of the State, unless stated otherwise in this RFP or subsequent contract. The right to publish, distribute, or disseminate any and all information or reports, or part thereof, shall accrue to the State without recourse.

6. **Contract Negotiation.** The Department reserves the right to negotiate or contract for all or any portion of the services contained in this RFP. The Department further reserves the right to contract with one or more respondent(s) for such services. After reviewing the scored criteria, the Department may seek Best and Final Offers (BFO) on cost from respondents. The Department may set parameters on any BFOs received.
7. **Clerical Errors in Award.** The Department reserves the right to correct inaccurate contract offers resulting from its clerical errors. This may include, in extreme circumstances, revoking the offer of a contract already made to a respondent and subsequently offering the contract to another respondent. Such action on the part of the State shall not constitute a breach of contract on the part of the State since the contract with the initial respondent is deemed to be void *ab initio* and of no effect as if no contract ever existed between the State and the respondent.
8. **Key Personnel.** When the Department is the sole funder of a purchased service, the Department reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The Department also reserves the right to approve replacements for key personnel who have terminated employment. The Department further reserves the right to require the removal and replacement of any of the respondent's key personnel who do not perform adequately, regardless of whether they were previously approved by the Department.

■ **E. STATUTORY AND REGULATORY COMPLIANCE**

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

1. **Freedom of Information, C.G.S. § 1-210(b).** The Freedom of Information Act (FOIA) generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). Respondents are generally advised not to include in their proposals any confidential information. If the respondent indicates that certain documentation, as required by this RFP, is submitted in confidence, the State will endeavor to keep said information confidential to the extent permitted by law. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The respondent has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While a respondent may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.
2. **Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive.** Connecticut statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to insure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected

class persons. Detailed information is available on CHRO's web site at [Contract Compliance](#)

IMPORTANT NOTE: The Respondent must complete and submit the Workplace Analysis Affirmative Action Report to the Department with the proposal.

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

IMPORTANT NOTE: The Respondent must complete and submit the Consulting Agreement Affidavit (OPM Ethics Form 5) to the Department with the proposal.

- 4. Limitation on Use of Appropriated Funds to Influence Certain Federal Contracting and Financial Transactions, 31 USC § 1352.** A responsive proposal shall include a Certification Regarding Lobbying form that is available in the following hyperlink; [Certification Regarding Lobbying](#), 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.

IMPORTANT NOTE: The Respondent must complete and submit the Certification Regarding Lobbying form to the Department with the proposal.

- 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 must fully disclose any gifts or lawful contributions made to campaigns of

candidates for statewide public office or the General Assembly. Municipalities and Connecticut State agencies are exempt from this requirement. The gift and campaign contributions certification (OPM Ethics Form 1) is available on OPM's website at http://www.ct.gov/opm/fin/ethics_forms

IMPORTANT NOTE: The selected Respondent shall upload the Gift and Campaign Contributions Certification (OPM E Form 1) through an automated system hosted by the Department of Administrative Services (DAS)/Procurement Division prior to contract execution, and the Department of Correction can review said document online. Create a BizNet account using the following hyperlink: <https://biznet.ct.gov/AccountMaint/Login.aspx>

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 must provide the Department with *written representation or documentation* that certifies the respondent complies with the State's nondiscrimination agreements and warranties. A nondiscrimination certification is required for all State contracts – regardless of type, term, cost, or value. Municipalities and Connecticut State agencies are exempt from this requirement. The nondiscrimination certification forms are available on OPM's website at http://www.ct.gov/opm/fin/nondiscrim_forms

IMPORTANT NOTE: The selected Respondent 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 Correction can review said document online. Create a BizNet account using the following hyperlink: <https://biznet.ct.gov/AccountMaint/Login.aspx>. BizNet is a central database and online informational tool for companies looking to do business with the State of Connecticut.

III. PROGRAM INFORMATION

■ A. DEPARTMENT OVERVIEW

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

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

The Department incarcerates approximately 13,010 offender inmates throughout fourteen (14) facilities in the State of Connecticut. CTDOC is responsible for incarceration of youth, male, and female sentenced and un-sentenced individuals, as well as ensuring appropriate community supervision for approximately 4,709 offender inmates residing in the community prior to completion of their criminal sentences. [Note: Respondents will not be responsible for the provision of healthcare to the individuals supervised in the community.] Inmates are classified in level 2 (minimum) through level 5 (maximum) security statuses. Most facilities house inmates in several levels, while the newer celled facilities house predominantly level 4 and 5 offender inmates. The number of persons supervised by CTDOC at any given time fluctuates and the number of facilities operated by CTDOC is subject to change.

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

Additional information regarding DOC and its facilities can be found at <http://portal.ct.gov/DOC>.

CTDOC Administrative Directives can be found on the DOC website at: <https://portal.ct.gov/DOC/Common-Elements/Common-Elements/Directives-and-Policies-Links>.

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

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

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

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

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

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

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

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

All 14 facilities have outpatient services, and most can accommodate some on-site specialty services such as orthopedic services, podiatry, infectious diseases including HIV, optometry, and chronic care. Five facilities have on-site infirmaries, which provide acute care services such as post-operative care, IV fluids and medications and wound care. When the medical needs cannot be met within our facilities offenders are referred to a local area hospital for specialty services including but not limited to: cardiology, pulmonology, endocrinology, neurology, rheumatology, urology, orthopedics, general surgery, neurosurgery, interventional radiology, hematology, oncology, radiation oncology, physical therapy, occupational therapy, speech therapy, dermatology, gastroenterology, urology, nephrology, ophthalmology, ENT and oral maxillofacial surgery. Certain other diagnostic tests and procedures provided at area hospitals include MRIs, CTs, ultrasounds, cardiac catheterizations, bronchoscopies, biopsies, endoscopies, colonoscopies, chemotherapy and radiation therapy.

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

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

Primary care is provided in each facility, mainly in the facility's medical department. Many facilities also have medical and mental health infirmaries housing acutely ill patients. Other care provided at the CTDOC facilities includes dental, behavioral health, obstetrics/gynecology, optometry and others. Pharmacy services and medication distribution to inmates also takes place in the facility. Currently outpatient services are largely centralized, although, inmates are transported to other outpatient services as medically indicated. Generally, inmate outpatient care is reimbursed at prevailing Medicaid rates. Transportation and supervision of the inmates are provided by DOC.

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

■ B. PROGRAM OVERVIEW

Through this RFP, the Department is seeking to procure a contract with a provider to assess the various areas of the Department's health services delivery as follows:

1. **Operational Assessment:** - the selected Contractor shall conduct and complete an Operational Assessment of the Connecticut Department of Correction's Inmate Medical Services delivery system.

The Contractor will review and assess the Department's health services organizational structure, staffing, policies and procedures, service delivery system and resources and resource allocation. In addition, the Contractor will, identify the strengths and weaknesses of the current health care delivery system and quality and resource allocation gaps, as well as identify areas requiring improvement and provide recommendations regarding strategies and actions to correct deficiencies and improve services delivery, patient outcomes and system efficiencies.

The Contractor shall also provide recommendations as to the best model for the department to employ to provide medical, mental health and dental care to the state's incarcerated population that meets or exceeds community standards and other standards of care such as National Commission on Correctional Health Care (NCHCC), American Correctional Association (ACA) and Medicaid/Medicare.

2. **Staffing Analysis:** - the selected Contractor will conduct an analysis of the Department's current medical staffing to identify gaps and areas of optimal staff utilization for inmate medical services, as well as review of policies and procedures relating to staffing workflow.

The Contractor shall, as part of their analysis, review and utilize state medical position specifications in their assessment of the appropriateness of the makeup of the agency's inmate medical services staffing compliment and utilize community standards and other standards of care such as National Commission on Correctional Health Care (NCHCC), American Correctional Association (ACA) and Medicaid/Medicare in determining gaps in the agency's inmate medical services workforce and staffing structure and deployment.

3. **Medical Case Audit**: - the selected Contractor shall conduct and complete clinical case reviews of the care provided by the Department of Correction from July 1, 2018 to present. An estimated total of 632 random samples will be taken from inmate health records assigned to one of the three (3) medical levels of care as follows:

Based on the Inmate population as of 7/12/2019, the following sample size will be used for the case review.

- a) M3 - Need predictable access to nursing care for 16 hours a day, 7 days a week (Any need for directly observed therapy at least once a day qualifies as M3).
- **Pop: 3,409 – Random Sample size of 345 cases to be reviewed**
- b) M4 - Need 24-hour access to nursing care, but most of the time don't actually access that care. There is a reasonable likelihood that from time to time they will need 24-hour actual nursing care (not just access to it).
- **Pop: 560 – Random Sample size of 228 cases to be reviewed**
- c) M5 - Need 24 hour nursing care, possibly for an extended time.
- **Pop: 69 – Random Sample size of 59 cases to be reviewed**

The Contractor shall provide Board certified medical staff to evaluate the level of care provided in comparison to NCHCC, ACA, and Medicaid/Medicare standards of care. Make recommendations to address areas of concerns that are not consistent with established standards, how the quality of care can be improved and how processes can be improved to areas where needed, and providing inmate medical care based on national trends and outcome data similar to services provided by other Correctional Systems that have proven to be successful or considered best practice or model systems.

4. **Medical Management Development** - utilizing the results of the Operational Assessment and the Medical Case Audit, the selected Contractor shall design a medical management system for the department that is based on NCHCC, ACA and Medicaid/Medicare standards of care and leverages the agency's Electronic Health Records system. The medical management system should look to optimize health care services by providing for, but not limited to, the following:
- Improved inmate health and inmate health outcomes;
 - Budgetary cost savings to the agency and to the state;
 - Improved access to and use of the inmate health services system;
 - Efficient allocation and utilization of resources; and
 - High quality health care at a cost comparable to national averages

The Contractor must provide a detailed report including the various components of a Correctional Health Services Unit in the areas of assessment and intake, on-site service delivery, off-site specialty care, treatment and special programs. The report must provide detailed instructions for the implementation of a medical management system to optimize the current health care delivery structure,

incorporate new evidence informed practices and the elimination of practices not consistent with best practices or generally accepted community and correctional standards of care. Areas to assess are as follows:

1. Early Detection and Assessment
 - Conducted to determine the extent of the acute, chronic, physical, mental and dental health needs of inmates and to prioritize treatment, prevention and educational interventions. Evaluation of incoming inmates also determines the need for case management, social services, family outreach workers, vocational support, specialized counseling and overall health and educational needs of inmates.
2. Treatment
 - Based on the initial evaluation, inmates with chronic or serious illness are provided appropriate treatment in accordance with individualized treatment plan.
3. Prevention
 - Screening to detect chronic, treatable conditions.
 - Instruction in managing chronic conditions to avoid serious complications.
 - Immunizations against communicable disease for at-risk inmates.
 - Facility-wide environmental policies and procedures that support disease prevention.
 - Cessation counseling and relapse prevention for dependence on substance such as tobacco and alcohol/drug use.
4. Health Education
 - Comprehensive inmate health education awareness, especially for infectious disease prevention, substance abuse prevention and control.
5. Discharge Planning, Case Management, and Continuity of Care
 - Extensive discharge planning and follow-up using community care providers and local health departments to deliver continuity of care after inmates are released from correctional institutions.
6. Evaluation/Quality Improvement
 - Utilize outcome-based research studies integrated into ongoing health care through collaborations with local schools of public health, nursing and social work to track system efficacy and effectiveness.

Please note that the respondent selected to negotiate a contract as a result of this RFP will be required to enter DOC Correctional facilities and must adhere to very specific standards of behavior. Security and background checks will be conducted on all individuals before access will be granted into CTDOC facilities. The complete guide is attached to this RFP as Attachment E., in Section V. Attachments.

■ C. MAIN PROPOSAL COMPONENTS

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

Throughout the RFP: If a Respondent is proposing subcontractor (s) to provide requirements of the Request for Proposals, information in regard to

the subcontractor(s) and those requirements must be provided in those appropriate sections.

1. Organizational Requirements (*Page Limit: 3 pages*)

- A. Purpose / Philosophy: Briefly describe the purpose and philosophy of the agency as it relates to the services requested in this RFP.
- B. Entity Type / Years of Operation: Please provide a brief history of the agency. If proposals are being submitted by an individual, please provide a brief history of prior provision of the services requested in this RFP.

Experience in Correction and or Correctional healthcare.

- C. Administrative Office Location: Please provide the location of the agency's administrative offices or the location the individual is based out of.
- D. Qualifications / Certification / Licensure: Please describe your agency or individual experience providing the kinds of services being requested through this RFP. In addition, please detail the qualifications, certification, accreditation and licensure held by key staff or the agency.
- E. References: A minimum of two (2) reference letters must be included in **Section H. Appendices** of the proposal to support the description of your agency or individual experience in providing these services (**excluded from page limit**). Letters must include the organization name, contact name, mailing address, phone number and email address of the writer. Letter must also include the nature of the writer's relationship with the respondent and the extent of the respondent's provision of services to the writer. This is **NOT** a Letter of Support. The writer must be able to detail a prior relationship of services provided.

2. Scope of Services (*Page Limit: 15 pages*)

Proposals should address each of the following areas.

- A. Operational Assessment: The proposal must include a detail description on how an Operational Assessment of the CTDOC's Inmate Medical Services delivery system will be conducted.
 - 1) The description must include methodologies, models, data gathering techniques and analysis that will be used to conduct a comprehensive operational assessment of the department's health services organizational structure.
 - 2) The description must describe the process and or strategies that will be used to determine gaps, weaknesses, strengths, areas of improvement.
 - 3) The respondent must provide rationale on how recommendations will be determined for the department to employ best practice approaches to provide medical, mental health and dental care to the state's incarcerated population that meets or exceeds National Commission on Correctional Healthcare (NCHCC), American Correctional Association (ACA) and

Medicaid/Medicare standards of care and does so in the most cost and resource efficient way possible.

- 4) The respondent must provide at least two (2) examples of their experience with identifying cost containment opportunities within an agency's, preferably a healthcare related operating structure and environment, to recommend appropriate cost containment strategies as well as strategies to maximize its current resources and operate within its existing and projected budgets.
- B. Staffing Analysis: - The proposal must include a detailed description on how a staffing analysis will be conducted.
- 1) The proposal must describe the process that will be used to gather staffing information, including any documentation, policies and procedures necessary to identifying current staffing requirements.
 - 2) The proposal must describe analysis techniques that will be used to determine optimal and suboptimal staffing utilization.
- C. Medical Case Audit: The proposal must include a description on how clinical case reviews will be conducted of an estimated 632 inmate health records of healthcare services provided by the Department of Correction from July 1, 2018 to present.
- 1) The respondent must provide a detail description on how they will conduct clinical case reviews based on National Commission on Correctional Healthcare (NCHCC), American Correctional Association (ACA) and Medicaid/Medicare standards of care, including standard citations.
 - 2) Description should include case review methodologies and techniques, forms or checklists to be used and or software used for data gathering and analysis.
- Medical case reviews are required to be conducted by medical professional with advance degree or credentials, the Respondent must include resume and credentials of professional conducting medical case reviews. The review should determine what care was provided and if such care met, exceeded or fell short of NCHCC, ACA and Medicaid/Medicare standards of care.
- D. Medical Management: The proposal must include a detail description on how results of the Operational Assessment and the Medical Case Audit will be utilized to develop medical management system for the department that is based on National Commission on Correctional Healthcare (NCHCC), American Correctional Association (ACA) and Medicaid/Medicare standards of care and leverages the agency's Electronic Health Records system.
- 1) The detail description must include methodologies, techniques and best practice models to influence medical management design
 - 2) Provide rationale on preferred methods used to analyze data to inform a robust medical management system.

- 3) The proposal must include a description of NCHCC, ACA and or Medicaid/Medicare standards of care and or best practices that would be beneficial to maximizing DOC resources to target.
 - 4) The description must include two (2) examples of medical/healthcare delivery models that the Respondent has had success implementing providing information regarding the following:
 - (a) Name and description of models
 - (b) Strengths and weaknesses of the models
 - (c) Average Implementation time
 - (d) Necessary organizational supports
 - (e) Tracking mechanisms
 - (f) Key outcomes
- E. Collaboration with Department Staff: The proposal must detail the level of staff engagement needed, including number and type of staff, frequency of meetings to assist in the assessment.
- 1) Describe what methods will be used to gather, organize and analyze qualitative data from Department staff.
 - 2) Include how this information will be incorporated into recommendations.
- The respondent will be required to designate a time to spend at each DOC facility and its Central office to acquire direct information from staff involved in key areas of the Department's inmate medical services.
- F. Date of Service Availability: The Department anticipates services to begin by November 1, 2019.
- G. Hours of Availability: The Department anticipates that services required under this RFP will be performed on a contractual basis, as required by the Inmate Medical Services Unit.
- 1) The proposal must provide estimated hours per week at DOC facilities and in respondent's place of business for each scope of service; Organizational Assessment, Staffing Analysis, Medical Case Review, and Medical Management Development services.

3. Staffing Requirements *(Page Limit: 5 pages)*

- A. The proposal must include a Staffing Plan with the following information:
- 1) The name and title of individuals to be assigned to this project.
 - 2) Job description including the extent to which they have the appropriate training and experience to perform assigned duties.
 - 3) Extent to which staff is multi-lingual and multi-cultural.
 - 4) Hours per week for each staff.
 - 5) Hourly wages for all staff assigned to this project.
- B. Resumes of all staff to be assigned included in **Section H. Appendices** of the proposal. *(excluded from page limit).*

4. Data and Technology Requirements *(Page Limit: 2 pages)*

- A. The proposal must indicate the Respondents capability to access the internet, send/receive outside email and view PDF documents.

- B. The proposal must indicate the Respondents capability to utilize data gathering and analysis software such as Microsoft Excel, Access Databases and Atlas TI.

5. Subcontractors (if applicable) (No page limitation)

- A. If Section III includes the use of any subcontractors for the provision or delivery of any part of required service under this RFP, the purpose of this section is to gather information about the administrative and operational capabilities of each such subcontractor. If the proposal includes the use of subcontractors, please detail the following:

- 1) Legal Name of Agency, Address, FEIN
- 2) Contact Person, Title, Phone, Fax, E-mail
- 3) Services to Be Provided Under subcontract
- 4) Staffing to be allocated by the subcontractor
- 5) Subcontract Cost and Term

Note: The contractor is permitted to make subcontract(s) with any other qualified party for furnishing any of the work or services in this Request. However, the State expects the contractor to have the necessary qualifications requested in the RFP, and if necessary, leverages subcontractor to augment their qualifications and capability to deliver effectively.

The contractor shall be solely responsible for performance of the entire contract whether or not subcontractors are used. The State shall not be involved in the relationship between the prime contractor and the subcontractor. Any issues that arise as a result of this relationship shall be resolved by the prime contractor. All references to the contractor shall be construed to encompass both the contractor and any subcontractors of the contractor.

6. Work Plan (Page Limit: 5 pages)

- A. To submit a responsive proposal, the respondent shall include a work plan that consists of the following:

- 1) Detail activities to be performed
- 2) Methods / strategies for activity completion
- 3) Responsible staff for activities
- 4) Start and End Date of activities
- 5) Location of activities, i.e. DOC facilities or Respondent place of business

D. COST PROPOSAL COMPONENT (Page Limit: 3 pages. Budget Forms excluded from page limit)

- 1. Budget Requirements – Respondent must use the budget forms provided in **Section V. Attachments, Attachment F.** of the proposal. Budgets forms must be included in **Section H. Appendices** of the proposal.

- A. Respondents must provide a budget for each of the following service components; Organizational Assessment, Staffing Analysis, Medical Case Review and Medical Management System using the budget template provided in.
 - B. Budget for the Medical Case Review must be broken out by medical level classification of M3, M4, M5. Each level must indicate if cost is based on estimated price per case review, flat fee rate and or staff hourly rate, as well as estimated average hours for case review in addition to the line item expenditures stated below.
 - C. Each budget per component must include total cost with the following line item expenditures:
 - 1) Staff name and title
 - 2) Staff hourly rates
 - 3) Estimated total number hours for each staff
 - 4) Total staff salary amount
 - 5) Mileage costs, including rates and estimated number of miles for each staff
 - 6) Administrative costs
2. Budget Justification – Respondent must include a justification of the budget line item expenditures as they relate to the ability to perform and execute the required activities of the RFP.

IV. PROPOSAL OUTLINE

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- A. Department.
 - 1. [Certification Regarding Lobbying](#)
This form must be completed
 - 2. **Addendum Acknowledgement(s)**
This form(s) must be completed
 - 3. **Consulting Agreement Affidavit** (OPM Ethics Form 5)
This form must be completed
 - 4. **Workforce Analysis**
This form must be completed
 - 5. **Contract Compliance** (Notification to Bidders), Parts I-V (CHRO)
This form must be completed

- B. Other.
 - 1. **Gift and Campaign Contribution Certification**
This form must be completed.

V. ATTACHMENTS

**REQUEST FOR PROPOSALS
RFP # 2019DOC_RFPSH_IMSCON
Department of Correction
June 2019**

- A. Letter of Intent**
- B. Cover Sheet**
- C. Forms 1 - 7**
- D. CTDOC Facility Listing**
- E. CTDOC Administrative Directive 8.10**
- F. CTDOC Guide for Contractors in the Correctional Environment**

ATTACHMENT A: Letter of Intent

Return to:

Name: Salina Hargrove
Address: Connecticut Department of Correction
24 Wolcott Hill Road
Wethersfield, CT 06109

Phone: 860-692-6837

Fax: 860 692-7576

Email: DOC.RFP@ct.gov

Include: LOI 2019DOC_RFPSH_IMSCON in the subject line

The organization below intends to submit a proposal in response to the above referenced RFP.

Note: This letter is a non-binding expression of interest and does not obligate the sender to submit a proposal.

Prospective Proposer:

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Legal Name Telephone Number

--	--	--

Mailing Address Town, State Zip Code

Contact Person:

--	--

Name Title

--	--	--

Mailing Address Town, State Zip Code

() -	() -	
-------	-------	--

Telephone Number FAX Number E-mail Address

Person Authorized to Sign Contract:

--	--

Name Title

--	--

Signature Date

ATTACHMENT B. COVER SHEET

**STATE OF CONNECTICUT
DEPARTMENT OF CORRECTION**

RFP NAME OR NUMBER:
**Inmate Medical Services Consultant
Request for Proposals
2019DOC_RFPSH_IMSCON**

Organization:

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

Contact Person (*Individual other than Authorized Official 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		



STATE OF CONNECTICUT GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

Certification to accompany a State contract with a value of \$50,000 or more in a calendar or fiscal year, pursuant to C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8, and No. 7C, Para. 10; and C.G.S. §9-612(g)(2), as amended by Public Act 07-1

INSTRUCTIONS:

Complete all sections of the form. Attach additional pages, if necessary, to provide full disclosure about any lawful campaign contributions made to campaigns of candidates for statewide public office or the General Assembly, as described herein. Sign and date the form, under oath, in the presence of a Commissioner of the Superior Court or Notary Public. Submit the completed form to the awarding State agency at the time of initial contract execution (and on each anniversary date of a multi-year contract, if applicable).

CHECK ONE: Initial Certification Annual Update (Multi-year contracts only.)

GIFT CERTIFICATION:

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

- 1) "Contract" means that contract between the State of Connecticut (and/or one or more of its agencies or instrumentalities) and the Contractor, attached hereto, or as otherwise described by the awarding State agency below;
- 2) If this is an Initial Certification, "Execution Date" means the date the Contract is fully executed by, and becomes effective between, the parties; if this is an Annual Update, "Execution Date" means the date this certification is signed by the Contractor;
- 3) "Contractor" means the person, firm or corporation named as the contractor below;
- 4) "Applicable Public Official or State Employee" means any public official or state employee described in C.G.S. §4-252(c)(1)(i) or (ii);
- 5) "Gift" has the same meaning given that term in C.G.S. § 4-250(1);
- 6) "Planning Start Date" is the date the State agency began planning the project, services, procurement, lease or licensing arrangement covered by this Contract, as indicated by the awarding State agency below; and
- 7) "Principals or Key Personnel" means and refers to those principals and key personnel of the Contractor, and its or their agents, as described in C.G.S. §§ 4-250(5) and 4-252(c)(1)(B) and (C).

I, the undersigned, am the official authorized to execute the Contract on behalf of the Contractor. I hereby certify that, between the Planning Start Date and Execution Date, neither the Contractor nor any Principals or Key Personnel has made, will make (or has promised, or offered, to, or otherwise indicated that he, she or it will, make) any **Gifts** to any Applicable Public Official or State Employee.

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

CAMPAIGN CONTRIBUTION CERTIFICATION:

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



**STATE OF CONNECTICUT
GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION**

Lawful Campaign Contributions to Candidates for Statewide Public Office:

<u>Contribution Date</u>	<u>Name of Contributor</u>	<u>Recipient</u>	<u>Value</u>	<u>Description</u>

Lawful Campaign Contributions to Candidates for the General Assembly:

<u>Contribution Date</u>	<u>Name of Contributor</u>	<u>Recipient</u>	<u>Value</u>	<u>Description</u>

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

Printed Contractor Name

Signature of Authorized Official

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

Commissioner of the Superior Court (or Notary Public)

For State Agency Use Only

_____ Awarding State Agency	_____ Planning Start Date
_____ Contract Number or Description	

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans,
and Cooperative Agreements

This applies to federally-funded contracts with a value of \$100,000 or more

The undersigned certifies, to the best of her/his knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person(s) for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person(s) 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 this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

3. The undersigned shall require that the language of this certification be included in the award documents for all* sub-awards at all tiers (including subcontracts, sub-grants and contracts under grants, loans, and cooperative agreements) and that all* sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Grantee/Contractor Organization

Program/Title

Name of Certifying Official

Signature

Date

Revised 5/8/2018

Acknowledgement of Contract Compliance
Notification To Bidders

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

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

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

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

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

The undersigned acknowledges receiving and reading a copy of the “Notification to Contractors” form.

Signature

Date



STATE OF CONNECTICUT
CONSULTING AGREEMENT AFFIDAVIT

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

INSTRUCTIONS:

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

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

This affidavit must be amended if the contractor enters into any new consulting agreement(s) during the term of the State contract.

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

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

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

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

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

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

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

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

Commissioner of the Superior Court or Notary Public

WORKFORCE ANALYSIS

Contractor Name:
Address:

Total number of CT employees: _____

Full-time: _____ Part-time: _____

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

JOB CATEGORIES	OVERALL TOTALS (SUM OF ALL MALE & FEMALE)	WHITE (NOT OF HISPANIC ORIGIN)	BLACK (NOT OF HISPANIC ORIGIN)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMER. INDIAN OR ALASKAN NATIVE	PEOPLE WITH DISABILITIES
Officials & Managers		/	/	/	/	/	/
Professionals		/	/	/	/	/	/
Technicians		/	/	/	/	/	/
Sales Workers		/	/	/	/	/	/
Office & Clerical		/	/	/	/	/	/
Craft Workers (skilled)		/	/	/	/	/	/
Operative (semi-skilled)		/	/	/	/	/	/
Laborer (unskilled)		/	/	/	/	/	/
Service Workers		/	/	/	/	/	/
TOTALS - ABOVE		/	/	/	/	/	/
TOTALS ONE YEAR AGO		/	/	/	/	/	/
FORMAL, ON-THE-JOB TRAINEES (Enter figures for the same categories as shown above.)							
Apprentices		/	/	/	/	/	/
Trainees		/	/	/	/	/	/
EMPLOYMENT FIGURES WERE OBTAINED FROM: _____ VISUAL CHECK; _____ EMPLOYMENT RECORDS; _____ OTHER:							

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

1a. Do you promise to develop and implement a successful Affirmative Action Plan?
Yes ___ No ___ Not Applicable ___ Explanation:

2. Have you successfully developed an apprenticeship program complying with Sec. 46a-68-1 to 46a-68-17 of the Connecticut Department of Labor Regulations, inclusive: Yes ___ No ___ Not Applicable ___ Explanation:

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

If you plan to subcontract, will you set aside a portion of the contract for legitimate minority business enterprises?
Yes ___ No ___ Explanation:

As part of the Department of Correction's commitment to Affirmative Action all contractors must provide the information necessary to evaluate them as part of the contract process. The criteria are established by law.

The Department will not knowingly do business with any contractor, subcontractor, bidder, grant applicant, or supplier of materials who does not actively support this commitment.

Contractor's Authorized Signature

Date

**Acknowledgement of Contract Compliance
Notification to Bidders**

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

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

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

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

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

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

Signature

Date

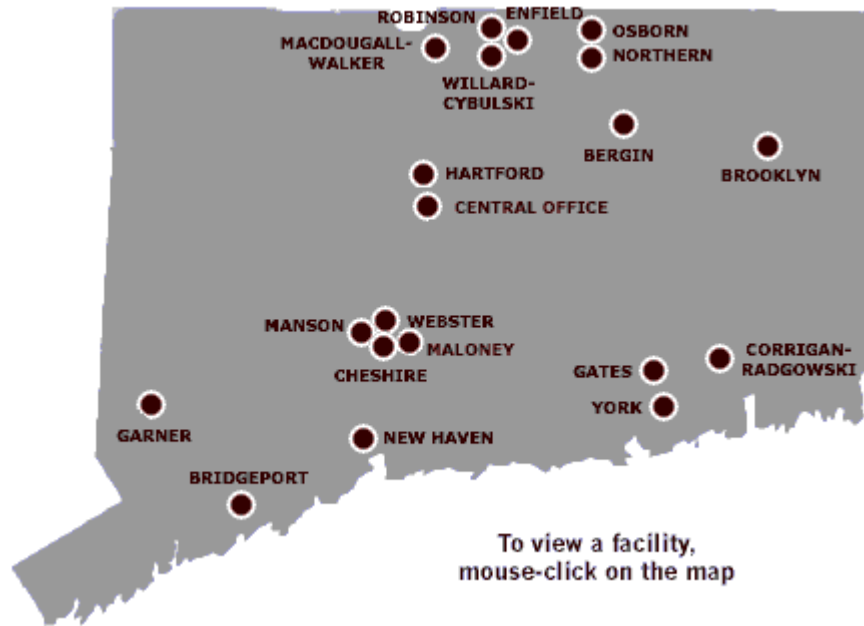
BUDGET FORM

PROVIDER NAME

COMPONENT

I. SALARIES & WAGES					
	Direct Staff – Name & Title	Number FTE's	Hourly Rate	Total Hours	Line Total Charged
1	Program Director				
2	Other:				
3	Other:				
4	Other :				
	Subtotal Salaries				
Subcontractors – Name & Title					
1	Program Director				
2	Other:				
3	Other:				
4	Other :				
	Subtotal Subcontractor Salaries				
	TOTALS				
II. INDIRECT COSTS					
		Qty	Price	Line Total	
1	Supplies (list)				
	1. i.e. pens				
2	IT Analysis Software				
3	Subcontractors				
4	Mileage Per Staff:				
	1. Program Director, X total mi @ federal rate				
	2. Other				
	3. Other				
	4. Other				
5	General & Administrative Costs (list)				
	1. Utilities (heat, water, light)				
	2. Office Rent				
	3. Insurance				
	Subtotal Indirect Costs	N/A	N/A		
	TOTAL COSTS	-	-		
	TOTAL EXPENSES	-	-		



ATTACHMENT D: Connecticut Department of Correction Facility Listing



Bergin, Enfield, Gates & Webster are closed facilities

FACILITY	ADDRESS	POPULATION AS OF 7/12/2019
Bridgeport CC	1106 North Avenue Bridgeport, CT 06604	723
Brooklyn CI	59 Hartford Road Brooklyn , CT 06234	440
Carl Robinson CI	285 Shaker Road, Enfield , CT 06082	1,444
Cheshire CI	900 Highland Avenue Cheshire , CT 06410	1,317
Corrigan-Radgowski CC	986 Norwich-New London Turnpike Uncasville, CT 06382	1,092
Garner CI	50 Nunnawauk Road, Newtown, CT 06470	583
Hartford CC	177 Weston Street Hartford, CT 06120	912
MacDougall-Walker CI	1153 East Street, South Suffield , CT 06080	2,008
Manson YI	42 Jarvis Street Cheshire, CT 06410	321
New Haven CC	245 Whalley Avenue, New Haven, CT 06511	720
Northern CI	287 Bilton Road, Somers, CT 06071	87
Osborn CI	335 Bilton Road, Somers, CT 06071	1,331
Willard-Cybulski CI	391 Shaker Road Enfield , CT 06082	1,133
York CI	201 West Main Street Niantic, CT 06357	899

ATTACHMENT E: Connecticut Department of Correction Administrative Directive 8.10

 <p>State of Connecticut Department of Correction</p> <p>ADMINISTRATIVE DIRECTIVE</p>	Directive Number 8.10	Effective Date 05/20/17	Page 1 of 5
<p>Approved By</p>  <p>Commissioner Scott Semple</p>	<p>Supersedes</p> <p>Quality Assurance and Improvement, dated 1/1/2008</p>		
		<p>Title</p> <p>Performance Monitoring of Healthcare and Healthcare Services</p>	

1. **Policy.** The Department of Correction (DOC) shall monitor the quality of health services provided to inmates.

2. **Authority and Reference.**

- a. Connecticut General Statutes, Sections 18-81, 21a-262 and 52a-174.
- b. Doe v. Meachum, Civil Action No. H-88-562 (PCD), November 2, 1990.
- c. Lareau v. Manson, Civil Action No. H-78-145, September 17, 1981.
- d. West v. Manson, Civil Action No. H-83-366 (AHN), April 23, 1987.
- e. Smith v. Meachum, Civil Action No. H-87-221 (JAC), August 8, 1989.
- f. American Correctional Association, Standards for Administration of Correctional Agencies, Second Edition, April 1993, Standard 2-CO-4E-01.
- g. American Correctional Association, Standards for Adult Correctional Institutions, Fourth Edition, January 2003, Standards 4-4409 and 4-4424.
- h. American Correctional Association, Performance-Based Standards for Adult Local Detention Facilities, Fourth Edition, June 2004, Standards 4-ALDF-7D-25 and 3-ALDF-7D-26.
- i. National Commission on Correctional Health Care, Standards for Health Care in Prisons, 2014, Standard P-A-06.
- j. National Commission on Correctional Health Care, Standards for Health Care in Jails, 2014, Standard J-A-06.
- k. Administrative Directives 1.9, Audits, 8.7, Health Records Management; and 10.11, Addiction Services.

3. **Definitions.** For the purposes stated herein, the following definitions apply:

- a. Benchmark. Defines the 100 percent mark on the measurement scale to gauge performance on a defined product or service against the best existing products or services of the same type.
- b. Clinical Performance Enhancement Review. The process of having a health professional's work reviewed by another professional of at least equal training within the same general discipline.
- c. Continuous Quality Improvement (CQI). A program model that supports the continuous review and improvement of services and corrective actions related to health care.
- d. Corrective Action Plan. A written detailed response that identifies the responsible party tasked with implementation, the steps that will be taken, and when a resolution will be completed.
- e. Evaluation. A health appraisal of an individual.
- f. Introduction-Situation-Background- Assessment-Request tool (ISBAR). A tool that identifies any area of concern that may impact the provision of healthcare and services to the inmate patient population.
- g. Local QA/QI Committee. A facility based multi-disciplinary team that represents the various types of care provided for that facility (e.g., laboratory, nursing,

psychology, custody, etc.).

- h. Monitoring. An ongoing systematically planned collection, organization, compilation and review of collected data.
- i. Monitoring Panel. A multi-disciplinary team composed of DOC employees that monitor the quality of care, develop action plans for improvement based on findings, and assesses the effectiveness of these plans after implementation.
- j. Outcome. The degree to which output meets the needs and expectations of the patient.
- k. Quality. A level of health care service intended to increase the probability of desired treatment outcome and reduce the opportunity of undesired outcome.
- l. Quality Assurance and Quality Improvement (QA/QI) Program. A process by which health care delivery is monitored and evaluated to assess the quality and appropriateness of care and to identify features of the health care delivery system requiring improvement. QA/QI Programs shall follow the CQI program model.
- m. Statewide QA/QI Committee. A multi-disciplinary team consisting of the members of the Monitoring Panel, members of the contracted healthcare provider's administrators, and least one (1) representative from the contracted healthcare provider's local QA/QI Committee.

4. Quality Assurance and Quality Improvement Program Management. The Director of Health and Addiction Services or designee shall supervise, provide oversight, and have reporting requirements regarding a QA/QI Program for health and addiction services in accordance with the provision of health and addiction services.

5. Components of the Quality Assurance and Quality Improvement Program. The QA/QI Program shall, at a minimum, contain the following components:

- a. Safety. To monitor the safety of the environment for the public, staff and inmates by recommending or implementing safeguards against accidents and injuries.
- b. Consent Decree Compliance. To direct compliance with court ordered consent decrees, identify areas of potential liability, and to make recommendations for corrective action.
- c. Infection Control. To prevent, identify and control infections.
- d. Health Care. To monitor all aspects of health care including admission, screening and evaluations of sick call services, chronic disease services, infirmary care, nursing services, pharmacy services, diagnostic services, psychiatric services, dental services, and adverse patient occurrences.
- e. Critical Incident Case Review. To conduct a review in the event of an inmate death or other serious clinical event as determined by the Director of Health and Addiction Services in order to determine if a pattern of symptoms exist, which if identified during the course of treatment, might have resulted in earlier diagnosis and intervention, and to examine events immediately surrounding each death or other serious clinical event to determine if appropriate interventions were applied.

6. Local Quality Assurance and Quality Improvement Committee. Each facility shall establish a QA/QI Committee to ensure that the provisions established by the QA/QI Program are adhered to in accordance with this Directive.

- a. Committee Members. Committee members shall include a designee(s) as determined by the Unit Administrator. Committee members from the contracted health services provider shall include a representative from various health disciplines and/or facility specific programs.
- b. Committee Duties. The local QA/QI Committee shall:
 - i. meet regularly, but quarterly at a minimum;
 - ii. ensure regular development and revision of the local QA/QI Program;
 - iii. review and assess collected data to identify patterns or trends within a given facility or facilities;
 - iv. plan for corrective action;

- v. monitor the resolution of identified problems;
 - vi. evaluate the effectiveness of the QA/QI Program;
 - vii. document QA/QI Program activities;
 - and,
 - viii. participate in Statewide QA/QI Committee activities as needed.
1. The local committee shall convene at least quarterly and submit minutes to the Director of Health and Addiction Services or designee.

7. Statewide Quality Assurance and Quality Improvement Committee. The Director of Health and Addiction Services shall ensure that a Statewide QA/QI Committee is established as follows:

- a. Committee Members. Committee members shall include representatives from the Monitoring Panel, members on the contracted health services provider, and ad hoc members as necessary.
- b. Committee Duties. The QA/QI Committee shall:
 - i. oversee and direct the overall QA/QI Program;
 - ii. review standards and monitoring systems;
 - iii. identify quality of care standards;
 - iv. review and assess collected data to identify patterns or trends;
 - v. identify needs for corrective action;
 - vi. monitor the resolution of identified problems;
 - vii. evaluate the effectiveness of the QA/QI Program;
 - and,
 - viii. document QA/QI Program activities and serve as a resource to local QA/QI Programs.
 1. The statewide committee shall convene at least quarterly and submit minutes to the Director of Health and Addiction Services or designee.

8. Accountability.

- a. On January 15th and July 15th of each year, the statewide QA/QI committee shall submit a report of QA/QI Program activity and outcomes to the Director of Health and Addiction Services.
- b. The CQI program shall be consistent with the quality standards established by the National Commission on Correctional Health Care (NCCHC).
- c. A local QA/QI Committee corrective action plan shall be developed, agreed upon and signed off by at least three (3) people from the local QA/QI Committee and submitted for review to the Director of Health and Addiction Services or designee.
- d. Continuous QA/QI studies shall be conducted in all facilities where health and addiction services are provided. Each facility may decide the necessary studies to provide quality care in that facility. QA/QI studies shall relate to the scope of services set forth in Chapter 8 of the Administrative Directives and with Administrative Directive 10.11, Addiction Services.

9. Clinical Performance Enhancement Reviews. The contracted health services provider shall conduct annual clinical performance enhancement reviews based on current NCCHC standards of all providers which include but are not limited to: psychiatrists, physicians and advanced practice registered nurses. These clinical performance enhancement reviews shall be submitted to the Director of Health and Addiction Services quarterly.

10. QA/QI Audits Health service audits shall be conducted in accordance with the following:

- a. Audit Requirements. The contracted health services provider shall appoint QA/QI liaison to work with the DOC Monitoring Panel to develop and/or improve compliance audit tools. Performance thresholds shall be established for each category.
 - i. Performance-based measures shall be conducted annually and may include any health care item from the scope of services that can be measured against nationally known evidence-based practices or internally developed benchmarks
 - ii. The contracted health services provider shall pilot test 'new' quality improvement instruments before use, including data collection, staff impact, sample size and feasibility of the data collection itself. The contracted health services provider shall train all staff performing QA/QI studies on the use of each instrument and shall provide the results of all pilot tests and proof of training to the Statewide QA/QI Committee and the DOC Director of Health and Addiction Services as requested.
- b. Audit Process. All relevant health information must be available in the health record on the day of the audit. Only approved DOC and/or contracted health services provider forms shall be permitted in the health record. Issues of legibility shall be addressed and documented on a case by case basis. Each site shall have a grace period of 14 days to resolve or correct service or documentation problems identified with any inmate health record. All documented corrections, alterations and late entries shall be consistent with the contracted health services provider policies and count as part of the audit.
- c. Audit Timetables. The Department of Correction Health and Addiction Services Unit shall, at a minimum, conduct an annual review of all available audit data submitted by the contracted healthcare provider to ensure compliance with all polices and applicable administrative directives.
- d. Trends analysis. The department shall conduct audits on healthcare and healthcare services of identified trends as deemed necessary by the Director of Health and Addiction Services.
- e. Corrective Action Plans. All audits shall require a corrective action plan for any deficiencies noted. A corrective action plan shall be required within 14 days of receiving the written results of the audit. The audit results and the corrective action plan shall be reviewed at the next local QA/QI Committee meeting. The contracted health services provider shall have three (3) months to implement the corrective action plan.

11. ISBAR.

- a. Overview. The ISBAR tool (CN81001) shall be utilized by the Director of Health and Addictions Services or designee to identify an area of concern by an identified responsible party within the Connecticut Department of Correction, the contracted healthcare provider and/or agency providing inmate healthcare services. Utilizing the initial generated CN81001, ISBAR, the identified responsible party must respond in to the originator. The response requirements for the identified responsible party to answer an CN 81001, ISBAR back to the document originator are identified by the following factors:
 - i. Scope: the measurement of the number of inmates that are potentially or actually affected by delivery of healthcare and/or services.
 1. Isolated. When one or a limited number of inmate patients are affected, and/or limited number of staff is involved, and/or the situation has occurred only occasionally or in a limited number of locations
 2. Pattern: When more than a limited number of inmate

patients are affected, and/or when more than a limited number of staff is involved, and/or the situation has occurred in several locations, and/or the same inmate patient population has been affected by repeated occurrence of practice.

3. **Widespread:** When the practices are pervasive in a facility or facilities and have affected or potentially will affect a large percentage of an identified inmate patient population and/or represents a systemic failure to adhere to established CTDOC administrative directives, contractual obligations, and/or community healthcare standards.

ii. **Severity:** The measurement of degree of impact on inmate patients.

1. **Level 1:** Conduct and/or practice that has resulted in a Minor negative impact on inmate patient(s), or has potential for such impact.

2. **Level 2:** Conduct and/or practice that has resulted in more than a minor negative impact on inmates patient(s), or has the potential for such impact.

3. **Level 3:** Conduct and/or practice that has resulted in a serious negative impact due to actual harm to the inmate patient(s), or has the potential for such harm.

4. **Level 4:** Immediate danger to patient(s) health, safety, and well-being that has or is likely to cause serious harm, injury, impairment, or death to inmate patient(s), and/or has threatened or may threaten the safe, secure, and orderly operation of the facility(s).

iii. **Timeframe:** The amount of time allotted by the originator on the CN81001 to respond and resolve the identified area of concern.

1. **Level 1:** Timeframe for response and corrective action plan: four (4) weeks

2. **Level 2:** Timeframe for response and corrective action plan: two (2) weeks

3. **Level 3:** Timeframe for response and corrective action plan: one (1) week

4. **Level 4:** Timeframe for response and corrective action plan: twenty-four (24) hours

iv. **Action requirements:** The recipient of the ISBAR shall provide a detailed corrective action plan to include the identification of a finalized resolution.

1. **Approved action requirements:** Once the ISBAR is finalized and approved by the Director of Health and Addiction Services, or designee, copies of the completed ISBAR shall be submitted to the local QA/QI committee and the CTDOC monitoring panel for review.

2. **Rejected action requirements:** If the original ISBAR is reviewed by the Director of Health and Addiction Services, or designee, and the proposed corrective action plans and identified resolutions are not approved, the Director of Health and Addiction Services, or designee, shall contact the contracted healthcare providers to establish acceptable corrective measures.

a. The ISBAR review process shall continue to occur utilize the

Director of Health and Addiction Services, or designee, approves the identified corrective action plan.

b. Administrative review. The Director of Health and Addiction Services or designee shall make any and all issued CN 81001, ISBAR's accessible to each facility specific Unit Administrators for review. On January 15th and July 15th of each year, the Director of Health and Addiction Services or designee shall submit a report to the Commissioner or designee and the administration of the Contracted Healthcare Service Provider regarding any previous CN 81001, ISBAR's that have occurred within the designated timeframe and/or any current CN 81001, ISBAR's that are pending action.

12. Forms and Attachments. The following forms and attachments are applicable to this Administrative Directive and shall be utilized for the intended function:

a. CN 81001, ISBAR

13. Exceptions. Any exceptions to the procedures in this Administrative Directive shall require prior written approval from the Commissioner

ATTACHMENT F. CTDOC Guide for Contractors in the Correctional Environment

CONNECTICUT DEPARTMENT OF CORRECTION Guide for Contractors in the Correctional Environment

Correctional contractors, due to the nature of the correctional environment, are expected to adhere to very specific standards of behavior. The work rules listed below are of a most basic nature and it is the Contractor's responsibility to become familiar with them. Violations of any of these rules may subject the Contractor to payment reduction, contract termination and/or criminal charges.

I. Entrance In/Out of a Facility

Contractors should always contact the facility prior to arriving in order to ensure that Operational needs will allow for entrance. Contractors should allow 20-30 minutes for entrance into the facility. All contractors and contractor employees shall be made to pass through a metal detector prior to entrance into a facility. Failure to clear the metal detector may require a physical search. To this end, items conveyed into the facility should be limited. Cell phones, video/audio recording devices, firearms, and tobacco products are strictly forbidden. Additionally, the following rules shall apply:

- A.** Contractors shall not convey any item onto facility premises with the intent of conveyance to an inmate without prior written approval of the Warden or his/her designee.
- B.** Contractors shall not convey any item received from or by an inmate off of facility premises without prior written approval of the Warden or his/her designee.
- C.** Contractors shall not convey mail or correspondence to or from an inmate without prior written approval of the Warden or his/her designee.
- D.** Contractors shall not, at any time, possess a firearm on facility property.
- E.** Contractors shall not possess any item that may be utilized as a weapon or contraband, such as: knives, files, hacksaw blades, metal cutting tools, cutting torches, drugs, narcotics, poisons, hair tonic, acids, shellac, and any liquids with alcoholic content.

If such items are needed to render the services provided under the contract, they shall be authorized by the Warden or his/her designee and stored in places secured against unauthorized access. Only the proper staff shall distribute such materials; quantities entrusted to inmates shall only be sufficient for the immediate purpose to be served and shall be used under careful supervision.

II. Conduct Within a Facility

It is important for contractors to understand that a correctional facility can be a dangerous environment. To that end, contractors should be cognizant of their surroundings at all times and adhere to the following rules:

- A.** Dress appropriately. Pocket books and knotted ties are discouraged, and may be disallowed. Clothing should not be provocative or revealing in any way. Excessive jewelry is discouraged. Shoes should be low heeled with closed toes.

- B. Refrain from using signs of affection as they may be misinterpreted.
- C. Contractors shall not leave their work area, for any reason, without a CTDOC escort.
- D. Contractors shall conduct themselves professionally at all times. Profane, indecent or humiliating language will not be tolerated.
- E. Contractors shall not affix any signs or posters to facility property without prior written approval of the Warden or his/her designee.
- F. Contractors shall not take photographs while on facility premises without prior written approval of the Warden or his/her designee.
- G. Contractors shall not report to the facility while under the influence of drugs or alcohol. Medication containing any narcotic or controlled substance shall not be allowed on facility premises without prior written approval of the Warden or his/her designee.
- H. Contractors shall remain fully attentive to their surroundings while on facility premises.
- I. Contractors shall report sickness, accidents or unusual behavior of inmates to a CTDOC staff member immediately.
- J. Contractors shall report sickness or accident of/by themselves to a CTDOC staff member immediately.
- K. Contractors shall report loss of keys or personal items to a CTDOC staff member immediately.

III. Inmate Contact

Any individual entering a facility will have contact with inmates. Regardless of how limited the interaction, it is imperative for contractors entering the facility to understand certain rules for interaction with inmates.

- A. Do not give or receive any item, gift or loan from an inmate without prior written authorization from the Warden or his/her designee.
- B. Do not engage in any form of business venture with an inmate.
- C. Do not discuss other contractors, inmates or CTDOC staff with any inmate.
- D. Treat inmates in a civil and professional manner at all times. Never show preferential treatment, and remain objective.
- E. Keep your word! Do not make promises you are unable to keep.
- F. Avoid undue familiarity with inmates.

Do not divulge any personal information about yourself, another inmate, or CTDOC staff. While not all inmates are manipulative, possession of such information will make the contractor vulnerable.

Do not become personally involved with any inmates' private or family matters (except for specific professional reasons). Do not accommodate any requests for favors.

Whenever possible, use formal titles such as, Mr., Ms., Sir, Captain, etc. Do not accept excessive compliments from inmates.

- G. Show discernment, some inmates survive on manipulation. Always check the facts.
- H. If an inmate becomes hostile, back off and remain calm. If alone, slowly move to where CTDOC staff can see you.

IV. Miscellaneous Rules

- A. Contractors shall not release information relative to services provided to CTDOC without prior written approval of CTDOC.
- B. Contractors shall notify the Warden or his/her designee immediately, in writing, if next of kin, known relative or personal friend of the Contractor or employee of the Contractor becomes incarcerated at the facility the Contractor is providing services to. Such notification shall be held confidential by CTDOC.
- C. Contractors shall notify the Warden or his/her designee immediately, in writing, if Contractor or employee of the Contractor is arrested. Such notification shall be held confidential by CTDOC. At the discretion of CTDOC, the arrested individual may be barred from entering the facility.
- D. Confidentiality of CTDOC and inmates shall be adhered to at all times.

V. Safety and Security

In the event of an emergency situation, it is important for Contractors to adhere to the following guidelines.

- A. If there is doubt as to a course of action, consult CTDOC staff.
- B. Adhere to the directions of CTDOC staff at all times. In the event of an emergency, the Contractor may be directed to leave the area they are working in. Do so in an orderly and timely fashion.
- C. If there is an incident in the Contractor's immediate area, allow CTDOC staff to follow procedures for reporting such. If CTDOC staff is unable to report the problem, utilize the nearest phone to call the facility control center to report the issue. The facility will notify you of the appropriate number prior to entrance. If it is impractical to utilize the phone, simply knock the receiver off the hook. This will notify the facility control center that there is a problem in your area, and staff will be dispatched appropriately.
- D. If an inmate becomes hostile, back off and remain calm. If alone, slowly move to where CTDOC staff can see you. Do not attempt to be a hero, and do not confront the inmate directly. Doing so may compromise your safety.

It is important to realize that this guide does not address every situation and is not all encompassing. It does represent basic requirements necessary to perform the duties effectively and safely within the correctional setting. Failure to adhere to these standards of performance and personal conduct is unacceptable and will be handled accordingly.

Where conflict between this document and language contained in the body of the contract, the contract language shall apply.