

**PROCUREMENT NOTICE**

The Connecticut Department of Public Health (DPH or the Department) is seeking proposals for three separate Children and Youth with Special Health Care Needs (CYSHCN) services: 1. Care Coordination; 2. Family Professional Partnership; and 3. Respite and Extended Service Funds. All RFP funding will be for a five year period beginning July 1, 2020 through June 30, 2025.

**Component 1: Care Coordination** is to provide coordinated, culturally sensitive, developmentally appropriate, statewide Care Coordination services in community-based pediatric practice settings for CYSHCN determined eligible under the State CYSHCN Program guidelines. Services are to include: outreach, primary care, mental/behavioral health, and health promotion/education. A total of up to \$7,092,230 of State and Federal Maternal Child Health Block Grant (MCHBG) funding is expected to be available to support up to five contracts to provide services on either a statewide or regional basis.

The intent of the request is to fund a community-based medical home system of care for CYSHCN, with a focus on the uninsured/underinsured. This will be accomplished by implementing (1) Care Coordination services for the most medically and behaviorally complex CYSHCN that receive and access family-centered, coordinated care through community-based health care systems; (2) technical assistance on a regional basis to practices and providers implementing a medical home model of primary care based on either the National Committee for Quality Assurance or The Joint Commission standards, and (3) organization of, or participation in existing, regional care coordination collaboratives.

Contractors will apply for funding to hire care coordinator(s) who will work in partnership with pediatric primary care clinicians in their region who are using a medical home model of services for CYSHCN and families/caregivers in their practice.

The Request For Proposals is available in electronic format on the State Contracting Portal at [https://biznet.ct.gov/scp\\_Search/](https://biznet.ct.gov/scp_Search/) or from the Department's Official Contact:

Name: Selma Alves, Health Program Associate  
Address: 410 Capitol Avenue, PO Box 340308, MS#11MAT  
Hartford, CT 06134-0308  
Phone: 860-509-8220  
Fax: 860-509-7720  
E-Mail: Selma.Alves@ct.gov

The RFP is available on the Department's website at <http://www.ct.gov/dph/rfp>. A printed copy of the RFP can be obtained from the Official Contact upon request. Deadline for submission of proposals is noon, October 31, 2019.

**TABLE OF CONTENTS: Component 1 – Care Coordination**

	Page
Procurement Notice . . . . .	1
<b>Section I – GENERAL INFORMATION . . . . .</b>	<b>3</b>
A. Introduction . . . . .	3
B. Abbreviations / Acronyms / Definitions . . . . .	4
C. Instructions . . . . .	6
D. Proposal Format . . . . .	8
E. Evaluation of Proposals . . . . .	9
<b>Section II – MANDATORY PROVISIONS . . . . .</b>	<b>12</b>
A. PSA Standard Contract . . . . .	12
B. Assurances . . . . .	12
C. Terms and Conditions . . . . .	13
D. Rights Reserved to the State . . . . .	14
E. Statutory and Regulatory Compliance . . . . .	14
<b>Section III – PROGRAM INFORMATION . . . . .</b>	<b>16</b>
A. Department Overview . . . . .	16
B. Program Overview . . . . .	16
C. Main Proposal Components . . . . .	19
D. Cost Proposal Components . . . . .	22
<b>Section IV – PROPOSAL OUTLINE . . . . .</b>	<b>24</b>
<b>Section V – ATTACHMENTS . . . . .</b>	<b>25</b>
A. Application Forms	
1. Cover Sheet . . . . .	26
2. Applicant Information Form (continuation) . . . . .	27
3. Budget Summary Instructions . . . . .	28
4. Budget Summary 1 Form . . . . .	30
5. Budget Justification Schedule B Form . . . . .	31
6. Position Schedule #2a Form . . . . .	32
7. Subcontractor Schedule A-Detail Form . . . . .	33
8. Work Plan Form. . . . .	34
9. OPM Consulting Agreement Affidavit . . . . .	35
10. Affirmative Action Contract Compliance Policy Statement . . . . .	36
11. Notification of Bidders. . . . .	37
12. Workforce Analysis . . . . .	38
B. Informational Attachments. . . . .	39
1. Nondiscrimination Certification Instructions . . . . .	40
2. Nondiscrimination Certification . . . . .	41
3. False Claims Act Notification . . . . .	42
4. False Claims Act Policy . . . . .	43
5. False Claims Act Procedure . . . . .	46
6. SEEC Form 11- Campaign Contribution and Solicitation Limitations. . . . .	49
7. CYSHCN Screener/Complexity Index . . . . .	51
8. Town Listing by Region . . . . .	54
9. Preliminary Review Team Technical Criteria Worksheet . . . . .	55

## I. GENERAL INFORMATION

*This section of the RFP provides general information about the Department's procurement and, most importantly, gives instructions to proposers and prospective proposers about how to comply with the RFP process and how to submit an acceptable proposal for review. Failure to comply with the RFP process or instructions may deem a proposal non-responsive and subject to rejection without further consideration.*

### A. INTRODUCTION

#### 1. RFP Name or Number. RFP#2021-0901: Component 1 - Care Coordination (CYSHCN)

- 2. Summary.** The Connecticut Department of Public Health (DPH or the Department) is seeking proposals to provide coordinated, culturally sensitive, developmentally appropriate, statewide Care Coordination services in community-based pediatric practice settings for Children and Youth with Special Health Care Needs (CYSHCN) determined eligible under the State Children and Youth with Special Health Care Needs Program guidelines. Services are to include: outreach, primary care, mental/behavioral health, and health promotion/education. A total of up to \$7,092,230 of State and Federal Maternal Child Health Block Grant (MCHBG) funding is expected to be available to support up to five contracts to provide services on either a statewide or regional basis. Funding will be for a five year period beginning July 1, 2020 through June 30, 2025, subject to the availability of funds and satisfactory program performance.

The intent of the request is to fund a community-based medical home system of care for CYSHCN, with a focus on the uninsured/underinsured. This will be accomplished by implementing (1) Care Coordination services for the most medically and behaviorally complex CYSHCN that receive and access family-centered, coordinated care through community-based health care systems; (2) technical assistance on a regional basis to practices and providers implementing a medical home model of primary care based on either the National Committee for Quality Assurance or The Joint Commission standards, and (3) organization of, or participation in existing, regional care coordination collaboratives.

Contractors will apply for funding to hire care coordinator(s) who will work in partnership with pediatric primary care clinicians in their region who are using a medical home model of services for CYSHCN and families/caregivers in their practice.

It is expected that the following funding will be available each year:

Service Region	Annual Allocation
Southwest	\$270,457
South Central	\$275,367
North Central	\$418,001
Northwest	\$269,827
Eastern	\$184,794
<b>Total</b>	<b>\$1,418,446</b>

- 3. Synopsis.** Contractor(s) identified will provide regionally based medical home care coordination services for Children and Youth with Special Health Care Needs (CYSHCN) and their families. Within each of five state regions, contractors will provide: 1) regionally based availability to coordinate care for the most medically and behaviorally complex CYSHCN; 2) technical assistance to practices and providers implementing a medical home model of primary care based on either the National Committee for Quality Assurance or The Joint Commission standards regarding coordinating care and linkages to services for the most complex CYSHCN and 3) organization of, or participation in existing, regional care coordination collaboratives. The contractor(s) will work with an identified collaborative evaluator. Contracts will be for five years.

The successful Care Coordination applicants will provide services for CYSHCN utilizing three key components: (1) supporting the Affordable Care Act (ACA) in CT through enrollment in Access HealthCT

(CT’s Health Insurance Exchange) or the state Medicaid program to ensure uninsured/underinsured CYSHCN access and receive Care Coordination services; (2) improve availability of programmatic and health care service data on CYSHCN from which to evaluate the system to develop quality improvement programs, utilizing a Results Based Accountability Report Card methodology; (3) integrate Primary Care and Behavioral Health services for CYSHCN in the quest for comprehensive, family-centered, culturally effective, coordinated holistic care.

Care coordination contractors chosen through this proposal will operate as the Connecticut Medical Home Initiative (CMHI) for CYSHCN that provide care coordination services in support of pediatric practices that service CYSHCN within the state. Contractors continue to identify pediatric practices to work with regarding the provision of care coordination and ensuring linkages to specialized services such as medical technology, equipment, creating a network of providers, specialists and specialty centers and community resources for CYSHCN and their families. Other responsibilities include promoting care that is culturally appropriate, accessible and family-centered. The system provides care coordination services in collaboration with pediatric and/or family practices throughout that state and provides care coordination services for more than 8,000 families annually.

The main goals of the DPH funded community-based medical home system of care for CYSHCN are:

- Increase the number of CYSHCN that receive family-centered, coordinated care through community-based health care systems; and,
- Improve availability of programmatic and health care service data on CYSHCN from which to evaluate the system and develop quality improvement programs.

**Funding Restrictions:** Funds are for CYSHCN services and may be used for personnel, fringe benefits, staff travel, contractual services, and other direct and indirect costs associated with Care Coordination and allowed in the budget. Other examples of allowable costs include purchase of equipment or supplies.

Funds cannot be used to pay for or replace hospital or clinic personnel (such as nurses, counselors, social workers), capital improvement projects, or vehicles.

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

- 0098: Medical Services or Medical Testing Services
- 0600: Services (Professional, Support, Consulting and Misc. Services)
- 1000: Healthcare Services
- 2000: Community and Social Services
- 3000: Education and Training

**B. ABBREVIATIONS / ACRONYMS / DEFINITIONS**

AAP	American Academy of Pediatrics
BFO	Best and Final Offer
C.G.S.	Connecticut General Statutes
CHRO	Commission on Human Rights and Opportunity (CT)
CMHI	CT Medical Home Initiative
CT	Connecticut
CYSHCN	Children and Youth with Special Health Care Needs
DAS	Department of Administrative Services (CT)
DPH	Department of Public Health (CT)
ESF	Extended Service Funds
FOIA	Freedom of Information Act (CT)
IRS	Internal Revenue Service (US)
LOI	Letter of Intent
MHAC	Medical Home Advisory Council
OAG	Office of the Attorney General
OPM	Office of Policy and Management (CT)
OSC	Office of the State Comptroller (CT)
POS	Purchase of Service
PSA	Personal Services Agreement
P.A.	Public Act (CT)

RBA	Results Based Accountability
RFP	Request For Proposal
SEEC	State Elections Enforcement Commission (CT)
U.S.	United States

- *contractor*: a private provider organization, CT State agency, or municipality that enters into a contract with the Department as a result of this RFP.
- *proposer or applicant*: a private provider organization, CT State agency, or municipality that has submitted a proposal to the Department in response to this RFP.
- *prospective proposer*: a private provider organization, CT State agency, or municipality that may submit a proposal to the Department in response to this RFP, but has not yet done so.
- *subcontractor*: an individual (other than an employee of the contractor) or business entity hired by a contractor to provide a specific health or human service as part of a POS contract with the Department as a result of this RFP.
- *Care Coordination*: process that links children and youth with special health care needs and their families/care-givers to services and resources beyond the primary care site and even beyond health care, ensuring collaboration with schools, mental health services, social services, and other community based programs. Care coordination for CYSHCN is complicated because there is no single entry point to multiple systems of care, and complex criteria determine the availability of funding and services among public and private payers.
- *Medical Homes*: are the foundation of the system of care for CYSHCN. DPH will support the training and education of primary care practices to develop more medical homes for CYSHCN and their families/care-givers by working with the Connecticut Chapter of the American Academy of Pediatrics. Medical Homes are pediatric and family practices that provide family- centered care through developing a trusting partnership with families, respecting their diversity, and recognizing that they are the constant in a child's life.
- *Children and Youth with Special Health Care Needs (CYSHCN)*: Children and youth less than twenty-one years of age with special health care needs are those who have, or are at increased risk for, a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.
- *Respite Services*: Respite is care provided in or out of the home for the purpose of providing relief to the family/caregiver from the daily responsibilities of care provision for a CYSHCN. These services will be family/care-giver-directed with provider and location of the respite services of the family's/caregiver's choice. Expenditures for each family are limited and adhere to guidelines developed by the Department's CYSHCN Program and administered by the Department's approved contractor.
- *Extended Services*: Extended services are services deemed medically necessary and appropriate and can include durable medical equipment and other DPH approved extended services/goods for families of clients whose income is less than or equal to 400% of the federal poverty guidelines (FLP) and who are not eligible for the Medicaid and HUSKY Programs.
- *Family/Care-giver Support*: Family/Care-giver support services are services that provide assistance and education to families/care-givers of CYSHCN that will enable families/care-givers to acquire the skills necessary to access needed medical and related support services.
- *Maven: CYSHCN*: The Department's web-based reporting portal for CYSHCN. This web-based internet platform is an automated system that successful contractor will utilize to enable collection, storage and transmission of data electronically to DPH.

- *Access and Safety Net Programs:* Programs that provide accessible, affordable medical and behavioral health services in communities (i.e. School Based Health Centers, Federally Qualified Health Centers).
- *Results Based Accountability (RBA) methodology:* a management tool that can facilitate collaboration among human service agencies, as a method of decentralizing services, and as an innovative regulatory process. Expected results (also known as goals) are clearly articulated, and that data are regularly collected and reported to address questions of whether results have been achieved.

### C. INSTRUCTIONS

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

Name: Selma Alves, Health Program Associate  
Address: Department of Public Health, Family Health Section  
410 Capitol Avenue, MS #11MAT, P.O. Box 340308  
Hartford, CT 06134-0308  
Phone: (860) 509- 8220  
Fax: (860) 509- 7720  
E-Mail: Selma.Alves@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, amendments to the RFP, and other information associated with this procurement are available in electronic format from the Official Contact or from the Internet at the following locations:

- Department's RFP Web Page <http://www.ct.gov/dph/rfp>
- State Contracting Portal [https://biznet.ct.gov/scp\\_Search/](https://biznet.ct.gov/scp_Search/)

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

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

3. **Contract Awards.** The award of any contract pursuant to this RFP is dependent upon the availability of funding to the Department. The Department anticipates the following:

- Total Funding Available: \$7,092,230
- Number of Awards: 1 (statewide) up to 5 (regional)
- Contract Cost: To be negotiated with successful proposers
- Contract Term: Five (5) years

4. **Eligibility.** Applications will be accepted from public and private provider organizations, and community-based agencies are eligible to submit proposals in response to this RFP. Private provider organizations are defined as non-state entities that are either nonprofit or proprietary corporations or partnerships. Individuals who are not a duly formed business entity are ineligible to participate in this procurement.

**5. Minimum Qualifications of Proposers.** To qualify for a contract award, a proposer must have the following minimum qualifications: Applicants will be accepted from public and private organizations, community-based agencies and individuals. Proposals will be screened for completeness and compliance with the requirements specified in the RFP. Applicants who fail to follow instructions or to include all required elements will be deemed incomplete and removed from further review. **In addition, applicants with long-standing, significant, outstanding, unresolved issues on current and prior year contracts with the Department may be removed from consideration for additional funding.**

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

- RFP Planning Start Date: July 1, 2019
- RFP Released: September 10, 2019
- Letter of Intent Due: October 1, 2019
- Deadline for Questions: October 4, 2019
- Answers Released: October 17, 2019
- RFP Conference: Not Applicable
- Proposals Due: October 31, 2019 Noon
- (\*) Proposer Selection: December 16, 2019
- (\*) Start of Contract Negotiations: December 16, 2019
- (\*) Start of Contract: July 1, 2020

**7. Letter of Intent.** A Letter of Intent (LOI) is recommended, but not required by this RFP. The LOI is non-binding and does not obligate the sender to submit a proposal. The LOI can be submitted to the Official Contact by US mail, fax, or e-mail by the deadline established in the Procurement Schedule. The LOI must clearly identify the sender, including name, postal address, telephone number, fax number, and e-mail address. It is the sender's responsibility to confirm the Department's receipt of the LOI.

**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. Questions submitted via e-mail must indicate in the e-mail subject line: RFP#2021-0901 Component 1: Care Coordination. The early submission of questions is encouraged. Questions will not be accepted or answered verbally – neither in person nor over the telephone. All questions received before the deadline(s) will be answered. However, the Department will not answer questions when the source is unknown (i.e., nuisance or anonymous questions). Questions deemed unrelated to the RFP or the procurement process will not be answered. At its discretion, the Department may or may not respond to questions received after the deadline. The Department may combine similar questions and give only one answer. All questions and answers will be compiled into a written amendment to this RFP. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the amendment and duly noted as such. The agency will release the answers to questions on the date(s) established in the Procurement Schedule. The Department will publish any and all amendments to this RFP on the State Contracting Portal and, if available, on the Department's RFP Web Page. At its discretion, the Department may distribute any amendments to this RFP to prospective proposers who submitted a Letter of Intent.

**9. RFP Conference.** An RFP conference will not be held.

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

- Due Date: October 31, 2019
- Time: 12:00 Noon

Faxed or e-mailed proposals will not be evaluated. When hand-delivering proposals by courier or in person, allow extra time due to building security procedures. The Department will not accept a postmark

date as the basis for meeting the submission due date and time. Proposals received after the due date and time may be accepted by DPH as a clerical function, but late proposals will not be evaluated. At the discretion of the Department, late proposals may be destroyed or retained for pick up by the submitters.

An acceptable submission must include the following:

- one (1) original proposal;
- five (5) conforming copies of the original proposal; and
- one (1) conforming electronic (email, disc or flash drive) copy of the original proposal.

**The original proposal must carry original signatures and be clearly marked on the cover as "Original." Unsigned proposals will not be evaluated.** The original proposal and each conforming copy of the proposal must be complete, properly formatted and outlined, and ready for evaluation by the Screening Committee. The electronic copy of the proposal must be compatible with **Microsoft Office Word 2013**. For the electronic copy, required forms and appendices may be scanned and submitted in Portable Document Format (PDF) or similar file format. The electronic version may be mailed to [Selma.Alves@ct.gov](mailto:Selma.Alves@ct.gov) or copied to a disc or flash drive and included with the submitted proposal original and five copies.

**11. Multiple Proposals.** The proposer may submit only one (1) proposal per RFP component (Component 1: Care Coordination, Component 2: Family Professional Partnerships, and Component 3: Respite and Extended Service Funds. Proposals for Component 1: Care Coordination may include more than one region.

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

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

#### **D. PROPOSAL FORMAT**

**1. Required Outline.** All proposals must follow the required outline presented in Section IV – Proposal Outline. Proposals that fail to follow the required outline will be deemed non-responsive and not evaluated.



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

- 2. Cover Sheet.** The Cover Sheet is Page 1 of the proposal. Proposers must complete and use the Cover Sheet form provided by DPH in Section V. A. 1. Attachments.

*Legal Name* is defined as the name of private provider organization, CT State agency, or municipality submitting the proposal.

*Contact Person* is defined as the individual who can provide additional information about the proposal or who has immediate responsibility for the proposal.

*Authorized Official* is defined as the individual empowered to submit a binding offer on behalf of the proposer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto.

- 3. Table of Contents.** All proposals must include a Table of Contents that conforms to the required proposal outline. (See Section IV.)
- 4. Executive Summary.** Proposals must include a high-level summary, not exceeding 2 (two) pages, of the main proposal and cost proposal.
- 5. Attachments.** Attachments other than the required Appendices or Forms identified in Section V are not permitted and will not be evaluated. Further, the required Appendices or Forms must not be altered or used to extend, enhance, or replace any component required by this RFP. Failure to abide by these instructions will result in disqualification.
- 6. Style Requirements.** Submitted proposals must conform to the following specifications:
- Binding Type: Unbound, but fastened with binder clips
  - Dividers: None specified
  - Paper Size: 8.5" x 11"
  - Page Limit: Not to exceed 25 pages, excluding Budget
  - Print Style: 2-sided
  - Font Size: 12 Point type
  - Font Type: Easily Readable (e.g. Arial, Times New Roman or Verdana)
  - Margins: 0.5" top, bottom, left and right margins
  - Line Spacing: 1.5 line spacing
- 7. Pagination.** The proposer's name must be displayed in the header of each page. All pages, including the required Appendices and Forms, must be clearly and consecutively numbered at the bottom center of each page.
- 8. Packaging and Labeling Requirements.** All proposals must be submitted in sealed envelopes or packages and be addressed to the Official Contact. The Legal Name and Address of the proposer must appear in the upper left corner of the envelope or package. The RFP Name or Number must be clearly displayed on the envelope or package. Any received proposal that does not conform to these packaging or labeling instructions will be opened as general mail. Such a proposal may be accepted by DPH as a clerical function, but it will not be evaluated. At the discretion of the Department, such a proposal may be destroyed or retained for pick up by the submitters.

## **E. EVALUATION OF PROPOSALS**

- 1. Evaluation Process.** It is the intent of the Department to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. When evaluating proposals, negotiating with successful proposers, and awarding contracts, the Department will conform with its written procedures for

PSA procurements (pursuant to C.G.S. § 4-217) and the State's Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85).

- 2. Screening Committee.** The Department will designate a Screening Committee to evaluate proposals submitted in response to this RFP. The contents of all submitted proposals, including any confidential information, will be shared with the Screening Committee. Only proposals found to be responsive (that is, complying with all instructions and requirements described herein) will be reviewed, rated, and scored. Proposals that fail to comply with all instructions will be rejected without further consideration. Attempts by any proposer (or representative of any proposer) to contact or influence any member of the Screening Committee may result in disqualification of the proposer.
- 3. Minimum Submission Requirements.** All proposals must comply with the requirements specified in this RFP. To be eligible for evaluation, proposals must (1) be received on or before the due date and time; (2) meet the Proposal Format requirements; (3) follow the required Proposal Outline; and (4) be complete. Proposals that fail to follow instructions or satisfy these minimum submission requirements will not be reviewed further. The Department will reject any proposal that deviates significantly from the requirements of this RFP.

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

- 4. Evaluation Criteria (and Weights).** Proposals meeting the Minimum Submission Requirements will be evaluated according to the established criteria. The criteria are the objective standards that the Screening Committee will use to evaluate the technical merits of the proposals. Only the criteria listed below will be used to evaluate proposals. The criteria are weighted according to their relative importance. The weights are disclosed below:
  - Organizational Profile (5%)
  - Scope of Services (25%)
  - Staffing Plan (10%)
  - Work Plan (10%)
  - Technical Assistance (15%)
  - Community Collaboratives (15%)
  - Access Experiences (5%)
  - Financial Profile (5%)
  - Budget and Budget Narrative (10%)

Note:

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

- 5. Proposer Selection.** Upon completing its evaluation of proposals, the Screening Committee will submit the rankings of all proposals to the Department head. The final selection of a successful proposer is at the discretion of the Department head. Any proposer 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 proposers will be notified by e-mail or U.S. mail, at the Department's discretion, about the outcome of the evaluation and proposer selection process.
- 6. Debriefing.** Within ten (10) days of receiving notification from the Department, unsuccessful proposers may contact the Official Contact and request information about the evaluation and proposer selection process. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the ten (10) days. If unsuccessful proposers still have questions after receiving this information, they may contact the Official Contact and request a meeting with the Department to discuss the

evaluation process and their proposals. If held, the debriefing meeting will not include any comparisons of unsuccessful proposals with other proposals. The Department will schedule and hold the debriefing meeting within fifteen (15) days of the request. The Department will not change, alter, or modify the outcome of the evaluation or selection process as a result of any debriefing meeting.

- 7. Appeal Process.** Proposers may appeal any aspect the Department’s competitive procurement, including the evaluation and proposer selection process. Any such appeal must be submitted to the Department head. A proposer may file an appeal at any time after the proposal due date, but not later than thirty (30) days after an agency notifies unsuccessful proposers about the outcome of the evaluation and proposer selection process. The e-mail sent date or the postmark date on the notification envelope will be considered “day one” of the thirty (30) days. The filing of an appeal shall not be deemed sufficient reason for the Department to delay, suspend, cancel, or terminate the procurement process or execution of a contract. More detailed information about filing an appeal may be obtained from the Official Contact.
- 8. Contract Execution.** Any contract developed and executed as a result of this RFP is subject to the Department’s contracting procedures, which may include approval by the Office of the Attorney General.

## II. MANDATORY PROVISIONS

*This section of the RFP provides information about the State's mandatory procurement and contracting requirements, including, the standard Purchase of Service contract, proposer assurances, the terms and conditions of this RFP, the rights reserved to the State, and compliance with statutes and regulations. The Department is solely responsible for rendering decisions in matters of interpretation of all mandatory provisions.*

### A. PERSONAL SERVICES AGREEMENT (PSA)

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

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

Note:

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

The PSA may be amended by means of a written instrument signed by the Department, the selected proposer (contractor), and, if required, the Office of Policy and Management and the Attorney General's Office.

### B. ASSURANCES

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

- 1. Collusion.** The proposer represents and warrants that the proposer did not participate in any part of the RFP development process and had no knowledge of the specific contents of the RFP prior to its issuance. The proposer further represents and warrants that no agent, representative, or employee of the State participated directly in the preparation of the proposer's proposal. The proposer also represents and warrants that the submitted proposal is in all respects fair and is made without collusion or fraud.
- 2. State Officials and Employees.** The proposer certifies that no elected or appointed official or employee of the State has or will benefit financially or materially from any contract resulting from this RFP. The Department may terminate a resulting contract if it is determined that gratuities of any kind were either offered or received by any of the aforementioned officials or employees from the proposer, contractor, or its agents or employees.
- 3. Competitors.** The proposer assures that the submitted proposal is not made in connection with any competing organization or competitor submitting a separate proposal in response to this RFP. No attempt has been made, or will be made, by the proposer to induce any other organization or competitor to submit, or not submit, a proposal for the purpose of restricting competition. The proposer further assures that the proposed costs have been arrived at independently, without consultation, communication, or agreement with any other organization or competitor for the purpose of restricting competition. Nor has the proposer knowingly disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor.
- 4. Validity of Proposal.** The proposer certifies that the proposal represents a valid and binding offer to provide services in accordance with the terms and provisions described in this RFP and any amendments

or attachments hereto. The proposal shall remain valid for a period of 180 days after the submission due date and may be extended beyond that time by mutual agreement. At its sole discretion, the Department may include the proposal, by reference or otherwise, into any contract with the successful proposer.

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

### C. TERMS AND CONDITIONS

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

1. **Equal Opportunity and Affirmative Action.** The State is an Equal Opportunity and Affirmative Action employer and does not discriminate in its hiring, employment, or business practices. The State is committed to complying with the Americans with Disabilities Act of 1990 (ADA) and does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities.
2. **Preparation Expenses.** Neither the State nor the Department shall assume any liability for expenses incurred by a proposer in preparing, submitting, or clarifying any proposal submitted in response to this RFP.
3. **Exclusion of Taxes.** The Department is exempt from the payment of excise and sales taxes imposed by the federal government and the State. Proposers are liable for any other applicable taxes.
4. **Proposed Costs.** No cost submissions that are contingent upon a State action will be accepted. All proposed costs must be fixed through the entire term of the contract.
5. **Changes to Proposal.** No additions or changes to the original proposal will be allowed after submission. While changes are not permitted, the Department may request and authorize proposers to submit written clarification of their proposals, in a manner or format prescribed by the Department, and at the proposer's expense.
6. **Supplemental Information.** Supplemental information will not be considered after the deadline submission of proposals, unless specifically requested by the Department. The Department may ask a proposer to give demonstrations, interviews, oral presentations or further explanations to clarify information contained in a proposal. Any such demonstration, interview, or oral presentation will be at a time selected and in a place provided by the Department. At its sole discretion, the Department may limit the number of proposers invited to make such a demonstration, interview, or oral presentation and may limit the number of attendees per proposer.
7. **Presentation of Supporting Evidence.** If requested by the Department, a proposer must be prepared to present evidence of experience, ability, data reporting capabilities, financial standing, or other information necessary to satisfactorily meet the requirements set forth or implied in this RFP. The Department may make onsite visits to an operational facility or facilities of a proposer to evaluate further the proposer's capability to perform the duties required by this RFP. At its discretion, the Department may also check or contact any reference provided by the proposer.
8. **RFP Is Not An Offer.** Neither this RFP nor any subsequent discussions shall give rise to any commitment on the part of the State or the Department or confer any rights on any proposer unless and until a contract is fully executed by the necessary parties. The contract document will represent the entire agreement between the proposer and the Department and will supersede all prior negotiations, representations or agreements, alleged or made, between the parties. The State shall assume no liability for costs incurred by the proposer or for payment of services under the terms of the contract until the successful proposer is notified that the contract has been accepted and approved by the Department and, if required, by the Attorney General's Office.

#### **D. RIGHTS RESERVED TO THE STATE**

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

- 1. Timing Sequence.** The timing and sequence of events associated with this RFP shall ultimately be determined by the Department.
- 2. Amending or Canceling RFP.** The Department reserves the right to amend or cancel this RFP on any date and at any time, if the Department deems it to be necessary, appropriate, or otherwise in the best interests of the State.
- 3. No Acceptable Proposals.** In the event that no acceptable proposals are submitted in response to this RFP, the Department may reopen the procurement process, if it is determined to be in the best interests of the State.
- 4. Award and Rejection of Proposals.** The Department reserves the right to award in part, to reject any and all proposals in whole or in part, for misrepresentation or if the proposal limits or modifies any of the terms, conditions, or specifications of this RFP. The Department may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. The Department reserves the right to reject the proposal of any proposer who submits a proposal after the submission date and time.
- 5. Sole Property of the State.** All proposals submitted in response to this RFP are to be the sole property of the State. Any product, whether acceptable or unacceptable, developed under a contract awarded as a result of this RFP shall be the sole property of the State, unless stated otherwise in this RFP or subsequent contract. The 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 proposer for such services. After reviewing the scored criteria, the Department may seek Best and Final Offers (BFO) on cost from proposers. The Department may set parameters on any BFOs received.
- 7. Clerical Errors in Award.** The Department reserves the right to correct inaccurate awards resulting from its clerical errors. This may include, in extreme circumstances, revoking the awarding of a contract already made to a proposer and subsequently awarding the contract to another proposer. Such action on the part of the State shall not constitute a breach of contract on the part of the State since the contract with the initial proposer is deemed to be void *ab initio* and of no effect as if no contract ever existed between the State and the proposer.
- 8. Key Personnel.** When the Department is the sole funder of a purchased service, the Department reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The Department also reserves the right to approve replacements for key personnel who have terminated employment. The Department further reserves the right to require the removal and replacement of any of the proposer's key personnel who do not perform adequately, regardless of whether they were previously approved by the Department.

#### **E. STATUTORY AND REGULATORY COMPLIANCE**

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

- 1. Freedom of Information, C.G.S. § 1-210(b).** The Freedom of Information Act (FOIA) generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b).

Proposers are generally advised not to include in their proposals any confidential information. If the proposer indicates that certain documentation, as required by this RFP, is submitted in confidence, the State will endeavor to keep said information confidential to the extent permitted by law. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The proposer has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While a proposer may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.

- 2. Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive.** CT statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to insure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.
- 3. Consulting Agreements, C.G.S. § 4a-81.** Proposals for State contracts with a value of \$50,000 or more in a calendar or fiscal year, excluding leases and licensing agreements of any value, shall include a consulting agreement affidavit attesting to whether any consulting agreement has been entered into in connection with the proposal. As used herein "consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information or (C) any other similar activity related to such contract. Consulting agreement does not include any agreements entered into with a consultant who is registered under the provisions of C.G.S. Chapter 10 as of the date such affidavit is submitted in accordance with the provisions of C.G.S. § 4a-81. The Consulting Agreement Affidavit (OPM Ethics Form 5) is available on OPM's website at [http://www.ct.gov/opm/fin/ethics\\_forms](http://www.ct.gov/opm/fin/ethics_forms)  
IMPORTANT NOTE: A proposer must complete and submit OPM Ethics Form 5 to the Department with the proposal.
- 4. Gift and Campaign Contributions, C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8 and No. 7C, Para. 10; C.G.S. § 9-612(g)(2).** If a proposer is awarded an opportunity to negotiate a contract with an anticipated value of \$50,000 or more in a calendar or fiscal year, the proposer must fully disclose any gifts or lawful contributions made to campaigns of candidates for statewide public office or the General Assembly. Municipalities and CT State agencies are exempt from this requirement. The gift and campaign contributions certification (OPM Ethics Form 1) is available on OPM's website at [http://www.ct.gov/opm/fin/ethics\\_forms](http://www.ct.gov/opm/fin/ethics_forms)  
IMPORTANT NOTE: The successful proposer must complete and submit OPM Ethics Form 1 to the Department prior to contract execution.
- 5. Nondiscrimination Certification, C.G.S. §§ 4a-60(a)(1) and 4a-60a(a)(1).** If a proposer is awarded an opportunity to negotiate a contract, the proposer must provide the Department with *written representation* or *documentation* that certifies the proposer complies with the State's nondiscrimination agreements and warranties. A nondiscrimination certification is required for all State contracts – regardless of type, term, cost, or value. Municipalities and CT State agencies are exempt from this requirement. The nondiscrimination certification forms are available on OPM's website at [http://www.ct.gov/opm/fin/nondiscrim\\_forms](http://www.ct.gov/opm/fin/nondiscrim_forms)  
IMPORTANT NOTE: The successful proposer must complete and submit the appropriate nondiscrimination certification form to the awarding Department prior to contract execution.

### III. PROGRAM INFORMATION

#### A. DEPARTMENT OVERVIEW

The Connecticut Department of Public Health (DPH) is the state's leader in public health policy and advocacy. The agency is the center of a comprehensive network of public health services, and, is a partner to local health departments for which it provides advocacy, training and certification, technical assistance and consultation, and specialty services such as risk assessment that are not available at the local level. The agency is a source of accurate, up-to-date health information to the Governor, the Legislature, the federal government and local communities. This information is used to monitor the health status of Connecticut's residents, set health priorities and evaluate the effectiveness of health initiatives. The agency is a regulator focused on health outcomes, maintaining a balance between assuring quality and administrative burden on the personnel, facilities and programs regulated. The DPH is a leader on the national scene through direct input to federal agencies and the United States Congress.

The mission of the Connecticut Department of Public Health is to protect and improve the health and safety of the people of Connecticut by:

- Assuring the conditions in which people can be healthy;
- Promoting physical and mental health, and;
- Preventing disease, injury, and disability.

#### B. PROGRAM OVERVIEW

Children and youth less than twenty-one years of age with special health care needs are those who have, or are at increased risk for, a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.

DPH's mandate for services provided to CYSHCN is through the Title V MCH block grant, which emphasizes capacity building and care coordination activities to support infrastructure development. CYSHCN are served by other state agencies including the Department's of Social Services, Developmental Services, Children and Families, Mental Health and Addiction Services, Education and programs such as Healthcare for Uninsured Kids and Youth (HUSKY), Connecticut Birth-to-Three System, Help Me Grow, Preschool Special Education, and Care 4 Kids.

The 2016/2017 National Survey of CYSHCN estimated there are approximately 157,677 children in Connecticut, ages 0-17 that have a special health care need. This represents approximately 21% of all children in Connecticut who are in the 0-17 age range.

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

##### Care Coordination

Care Coordination is a process that links children and youth with special health care needs and their families/caregivers to services and resources beyond the primary care site and even beyond health care, ensuring collaboration with schools, mental health services, social services, and other community based programs. Care coordination for CYSHCN is complicated because there is no single entry point to multiple systems of care, and complex criteria determine the availability of funding and services among public and private payers.

##### Medical Homes

Medical Homes are the foundation of the system of care for CYSHCN. DPH supports the training and education of primary care practices to develop more medical homes for CYSHCN by working with the Connecticut Chapter of the American Academy of Pediatrics. Medical Homes are pediatric and family practices that provide family-centered care through developing a trusting partnership with families, respecting their diversity, and recognizing that they are the constant in a child's life.

##### Respite Services



Respite is care provided in or out of the home for the purpose of providing relief to the family/caregiver from the daily responsibilities of care provision for a CYSHCN. These services will be family/caregiver-directed with provider and location of the respite services of the family's/caregiver's choice. Expenditures for each family are limited and adhere to guidelines developed by Department's CYSHCN Program.

#### Extended Services

Extended services are services deemed medically necessary and appropriate and can include medical equipment and other Department approved extended services/goods for families whose income is less than 400% of the Federal Poverty Level and do not qualify for HUSKY Programs.

#### Family/Caregiver Support

Family support services are services that provide assistance and education to families of CYSHCN that will enable families to acquire the skills necessary to access needed medical and related support services.

#### CYSHCN Family/Caregiver Support Network

The CYSHCN Family/caregiver Support Network consists of groups of families/caregivers of CYSHCN whose responsibilities include to expand the level of support, information, referral and networking available to families/caregivers.

#### United Way of Connecticut/2-1-1 Infoline Child Development Infoline

United Way of Connecticut/2-1-1 Infoline Child Development Infoline (CDI) is the primary intake source for CYSHCN. CDI caseworkers help callers assess their situation, and make referrals to the Connecticut Birth to Three System, Help Me Grow, Preschool Special Education and CYSHCN Program. Parents of children not already identified at birth who are in need of specialty services may also be directed to CDI where the same referral process may be initiated. CDI will refer appropriate CYSHCN and their families to care coordinators located in primary care settings responsible in which the family resides to begin the process of care coordination with the medical home and specialists as needed.

#### Connecticut Medical Home Advisory Council

The DPH is supported in decision-making and project guidance by a statewide Medical Home Advisory Council (MHAC) which includes representation from state agencies, health care plans, hospitals, existing medical home contractors, community-based organizations and parent/caregiver representatives, among others. MHAC meets four times per year. The contractor(s) identified as a result of this RFP will participate in the MHAC and relevant workgroup meetings.

#### Quality Assurance

Quality assurance activities by the medical home contractors include, but are not limited to, development of a quality assurance plan including components of CYSHCN / family/caregiver satisfaction, Quality Assurance data reporting to DPH, institution of quality improvement initiatives as directed by DPH and data collection from DPH requested focus group or surveys. Quality Assurance activities will be coordinated with a Results Based Accountability report card format to be reported by the successful respondent.

### **Community-Based System of Care**

DPH currently funds five (5) care coordination contractors that provide care coordination services in support of pediatric practices that service CYSHCN within the state. The expectation is that each network identifies pediatric practices to work with regarding the provision of care coordination and ensuring linkages to specialized services such as medical technology, equipment, creating a network of providers, specialists and specialty centers and community resources for CYSHCN and their families. Other responsibilities include promoting care that is culturally appropriate, accessible and family-centered. The system provides care coordination services in collaboration with primary care pediatric and/or family practices throughout that state and provides care coordination services for more than 8,000 families annually.

The main goals of the DPH funded community-based medical home system of care for CYSHCN are:

- Increase the number of CYSHCN that receive family-centered, coordinated care through community-based health care systems; and,

- Improve availability of programmatic and health care service data on CYSHCN from which to evaluate the system and develop quality improvement programs.

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

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

### **Patient Protection and Affordable Care Act (ACA)**

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

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

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

### **Access and Safety Net Programs**

#### Community Health Centers (CHCs)

The centers are community-based organizations that provide comprehensive primary care and preventive care, including health, oral, and mental health/substance abuse services to persons of all ages, regardless of their ability to pay or health insurance status. In addition, the health centers provide supportive services such as translation, transportation, case management, health education, social services and culturally-sensitive healthcare. Depending on the availability, many offer dental care, mental health and addiction services, school based health care and outreach programs. The FQHCs accept all patients, with particular focus on poor, underserved, persons at risk for poor health, Medicaid beneficiaries, migrant and seasonal farmworkers, the homeless, or the uninsured.

The FQHCs are licensed as outpatient facilities in Connecticut and serve as the medical home for many of the poor, underserved, vulnerable, and at risk for poor health status people who live in communities through the state and are considered a critical component of the health care safety net.

School Based Health Centers (SBHCs)

School Based Health Centers (SBHCs) are comprehensive primary care facilities located in or on the grounds of schools. They are licensed by DPH as outpatient or hospital satellite clinics. SBHCs assure that students, particularly those that are uninsured and underinsured have access to comprehensive health and preventative services needed to be healthy, in school, and ready to learn. SBHCs help schools do their job of educating by improving the health and well-being of students and addressing the health issues that interfere with learning.

SBHCs provide outreach, primary care, mental/behavioral health services and health promotion, health education and risk reduction activities. Primary care and mental/behavioral services are provided in accordance with nationally recognized standards.

Primary care services include, but are not limited to: health assessments, including comprehensive physical exams, health screenings and risk appraisals, individual and group health counseling, diagnosis and treatment of acute illness and injury, management and monitoring of chronic diseases including, but not limited to asthma, obesity and diabetes, administering immunizations, providing reproductive health care as appropriate, laboratory testing and prescribing and administering medications, follow-up and referral to community based health providers or medical home for needed services outside the scope of SBHC practice.

Mental/behavioral health services include, but are not limited to: assessment, diagnosis and treatment of psychological, social and emotional problems, crisis intervention, individual/group/family counseling, psycho social education, advocacy and case management, outreach to students at risk and referral to community based providers/organizations to address needs outside the scope of SBHC practice.

**C. MAIN PROPOSAL COMPONENTS**

**Please Note: The Proposal Format components Section D.1-4 detailed on pages 8 and 9 must precede the Main Proposal Components.**

**1. Applicant Organizational Requirements and Profile** (Two page limit)

The proposer must provide an overview of the history and structure of the organization. Information provided for the organization profile may include its purpose, mission or vision; entity type; parent organization; years of operation; location of clinics/satellites, governance system. The proposer must explain how the proposal will fit into the organization's overall mission and meet the intent of this RFP to provide coordinated, culturally sensitive, developmentally appropriate, statewide Care Coordination services in support of community-based pediatric practice settings for CYSHCN determined eligible under the State Children and Youth with Special Health Care Needs Program guidelines. Include a description of the range of services provided, and experience or qualifications relevant to this application, including discussion of success and challenges in serving these populations. Services are to include: outreach, coordination of primary care, mental/behavioral health, and health promotion/education. Define any organizational accreditations, certifications, or licensure and National Committee for Quality Assurance (NCQA) application status.

Provide the name, title, address, telephone and FAX number of staff persons responsible for the completion and submittal of:

1. Contract and legal documents/forms
2. Program progress reports
3. Financial expenditure reports

Please indicate whether or not the agency is incorporated, the type of agency applying for funding, the fiscal year for the applicant agency, the agency's federal employer ID number and/or town code number, the applicant's Medicaid provider status and Medicaid number, if any, and if the applicant agency is registered as a Connecticut Minority Business Enterprise and/or Women Business Enterprise.

Applications will be accepted from public and private organizations, community-based agencies, and individuals.

Office location needed to support a statewide system of services.

## **2. Service Requirements – Scope of Services**

The proposal must describe the project(s) in its entirety. Submitted proposals must clearly describe services and activities that will be provided in response to a specific need, and how the funding for the project will increase or improve the

The contractor must provide the following services and the contractor's approach must be addressed in the proposal:

### **Care Coordination**

Successful applicants will clearly describe experience in the following criteria:

- working with CYSHCN and their families.
- providing care coordination as requested by CYSHCN and their families/caregivers or providers to include: CYSHCN and family/caregiver assessments, care plan development and monitoring and periodic evaluation of care plans.
- providing technical assistance and training to primary care providers in the proposed region. This will include support in implementation of the medical home model in the practice and in developing expertise in identifying community resources for CYSHCN.
- coordinating interagency activities such as: Facilitating communication linkages among care providers; increase communication and information sharing among providers and CYSHCN and their families/caregivers; assisting pediatric and family primary care providers in accessing services for CYSHCN; identifying and reducing overlap and duplication of assessment and treatment activities by multiple agencies or organizations that provide services for CYSHCN and their families/caregivers.
- developing and maintaining linkages with specialists and other health care resources.
- developing and maintaining linkages with statewide and community resources.
- collaborating with other community-based organizations working in support of CYSHCN.
- developing and implementing strategies to integrate Primary Care and Behavioral Health services.
- providing CYSHCN and family/caregiver assistance and education in the following:
  - Monitoring the impact of living with CYSHCN on other family member(s)/caregivers
  - Helping with referrals to specialists and arranging appointments.
  - Coordinating and helping CYSHCN and families/caregivers to navigate systems to obtain needed services.
  - Helping primary care givers and CYSHCN and their families/caregivers to identify and access available resources.
  - Empowering CYSHCN and their families/caregivers to become good supporters/advocates for their needs.

### **Transition Plan**

Successful applicants will clearly describe the process to establish a regionally based system of support. This may include a transition plan to move from a current embedded care coordination model to a separate model of systemic practice support on a regional basis. This transition plan is to be followed in order to avoid duplication of services with the Connecticut Medicaid Administrative Services Organization (ASO) and others providing similar support. The transition plan, if applicable and timeframes must be clearly delineated in the Workplan.

### **Data/Information Management**

Successful applicants will clearly describe experience in the following criteria:

1. Ability and experience in collecting, storing, and reporting data about CYSHCN and their families/caregivers.
2. Quality Assurance/Assurance/Performance Improvement Plan: Describe your organization's plan to measure quality, including benchmarks for participation and outreach. The plan should include, but

not be limited to, addressing customer satisfaction, cultural competency, effectiveness of care coordination services and outreach to pediatric practices.

3. Developing a Results Based Accountability Report Card based on current service provision that presents expected results (also known as goals) clearly articulated, and that data that has been regularly collected and reported addresses questions of whether results have been achieved.
4. Successful applicants must have hardware and software to serve families of children and youth with special health care needs and the capability to report data using a web-based platform as directed by the Department of Public Health. Proposers must have e-mail and internet capabilities. Chosen contractors must be available for specific training to utilize the DPH's web-based reporting portal for CYSHCN (Maven) and train data entry personnel in a Train-the-Trainer format. Data requirements will include, but not be limited to, establishment of an automated system to enable collection, storage and transmission of data electronically to DPH (Maven); and capacity to develop reports per DPH specifications, which support documentation of delivered services. Applicants must have conference call capabilities, computer hardware and software for collecting, storing, and managing data.

### **3. Staffing Requirements – Staffing Plan**

The proposal must describe the staff assigned to this project including job descriptions, number of hours of week, and hourly rates must be provided for all staff assigned to this project. The proposal must include the extent to which staff has the appropriate training and experience to perform assigned duties. Resumes must be provided for all professional staff assigned to this project. The profile of staff who will be working on this project is clear and adequate time is allocated to manage the services to be provided.

#### **a. Key Personnel/Managers/Staff Assigned**

The proposer must describe the administrative structure and oversight for the project. Identify the Project Manager and the individuals that will comprise the Project team responsible for managing the project(s) and the staff assigned to this project, including the extent to which they have the appropriate training and experience to perform assigned duties. Job descriptions, hours per week, and hourly rates must be provided for all staff assigned to this project. The Proposer must complete and attach the Position Schedule 2a, Attachments Section V. A. 6.

#### **b. Staffing Levels and Demographics of Organization Work Force**

The proposer must complete and attach an organizational Work Force Analysis in Attachments Section V. A. 12. Also: Evidence that the applicant will utilize small and minority businesses whenever feasible and appropriate in the purchase of supplies and services.

#### **c. Staff Qualifications/Experience**

The proposer must describe staff qualifications and experience including any credentials or licensure. Describe the Project Team's ability to manage risk and take corrective action as necessary. Resumes must be provided for all professional staff assigned to this project.

#### **d. Organizational Chart**

The proposer must include an organizational chart in Proposal Outline Section V. H. c. Appendices.

#### **e. Subcontractors**

If subcontractors will be used in the proposed project, specify the following information for each one:

- Legal Name of Agency, Address, FEIN
- Contact Person, Title, Phone, Fax, E-mail
- Services Currently Provided
- Services To Be Provided Under Subcontract
- Subcontractor Oversight
- Subcontract Cost and Term
- Subcontractor Qualifications (see Staffing Requirements above)

**NOTE:** The proposal must include a completed Subcontractor Schedule A—Detail Form for each subcontractor proposed (see Attachments Section V. A. 7).

#### **4. Workplan**

The proposal must contain a comprehensive and realistic work plan with measurable SMART objectives, describing the proposed project(s), activities, expected outcomes, measures of success and timelines using the Work Plan form provided. (See Section V. 8. Application Forms). SMART objectives are objectives that are Specific, Measurable, Achievable, Realistic, and Time-bound. The work plan must be consistent with the RFP and the project's goals and objectives.

The Project/Work Plan shall include a comprehensive description of the:

- Statement of Need
- Goals and measurable objectives
- Activities (include staff responsible)
- Evaluation Plan (include staff responsible)
- Significance and impact of the project
- Timetable

The detailed Project/Work Plan form shall be completed in Landscape format, single spacing, and 10 point Arial type. Abbreviations and acronyms must be spelled out the first time they appear. Complete sentences should be used.

#### **5. Technical Assistance**

The proposer must demonstrate successful experience:

- assisting consumers access health care financing through provisions of the Affordable Care Act, and
- providing assistance to providers managing the most complex CYSHCN in support of acquiring NCQA, The Joint Commission or other Medical Home related certification and/or accreditation.

#### **6. Community Collaboratives**

The proposer must demonstrate:

- participation in community and statewide collaboratives working to eliminate duplication of services and to improve service delivery, and
- plans to continue to participate in new collaborative opportunities to be offered during contract period.

#### **7. Access Experiences**

The proposer must demonstrate successful experience:

- facilitating linkages and/or coordinated services and referrals with other Access and Safety Net Programs (e.g. SBHCs, FQHCs) in order to improve service delivery, and
- plans to continue facilitation of linkages and referrals to other Access and Safety Net Programs.

### **D. COST PROPOSAL**

#### **1. Financial Requirements – Profile**

The contractor's approach must be addressed as to the extent to which a cost effective budget correlates to the services provided in each line item and follows eligibility guidelines.

##### **Fiscal Competitiveness**

The Proposer must describe how the proposal is fiscally competitive, including how staffing and service delivery costs are competitive with similar organizations in order to attract and maintain qualified staff and provide services in a cost efficient manner. The proposer must also define fiscal stability as indicated in the organization's most recent fiscal audit. The proposer must have financial control procedures in place and documented. Must provide periodic financial status reports and year-end final reports as per Department provided reporting format. The Contractor will be responsible for funding for audits.

#### **2. Budget Requirements – Budget and Budget Narrative**

The proposal must contain an itemized budget with justification for each line item on the budget forms included in the Application. All costs (travel, printing, supplies, etc.) must be included in the contract price. Competitiveness of the budget will be considered as part of the proposal review process.

Please complete and attach the budget summary and budget justification forms in Attachments Section V. A. 4. and 5. Application Forms. Add pages to the required forms as needed.

The State of Connecticut is exempt from the payment of excise, transportation and sales taxes imposed by the Federal and/or state government. Such taxes must not be included in contract prices.

The maximum amount of the bid may not be increased after the proposal is submitted. All cost estimates will be considered as "not to exceed" quotations against which time and expenses will be charged.

The proposed budget is subject to change during the contract award negotiations.

The selected Contractor must provide DPH with five copies of the subcontract. All information required of the contractor must be applied to the subcontractor as well.

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

Total available funding is \$7,092,230 for a five-year period, beginning July 1, 2020 through June 30, 2025. Third party reimbursement, either through public or private entities, should be actively pursued.

**IV. PROPOSAL OUTLINE**

This section presents the **required** outline that must be followed when submitting a proposal in response to this RFP. Proposals must include a Table of Contents that exactly conforms to the required proposal outline (below). Proposals must include all the components listed below, in the order specified, using the prescribed lettering and numbering scheme. Incomplete proposals will not be evaluated.

	Page
<b>A. Cover Sheet</b> . . . . .	<b>1</b>
<b>B. Table of Contents</b> . . . . .	<b>2</b>
<b>C. Declaration of Confidential Information</b> (Per instructions: Section I. C.12.) . . . . .	<b>Etc.</b>
<b>D. Conflict of Interest - Disclosure Statement</b> (Per instructions: Section I. C.13.) . . . . .	
<b>E. Executive Summary</b> (Per instructions: Section I. D. 4.). . . . .	
<b>F. Main Proposal</b> . . . . .	
<b>1. Organizational Profile</b> . . . . .	
<b>2. Scope of Services</b> . . . . .	
<b>3. Staffing Plan</b> . . . . .	
<b>4. Work Plan</b> . . . . .	
a. Narrative . . . . .	
b. Work Plan Form . . . . .	
<b>5. Technical Assistance</b> . . . . .	
<b>6. Community Collaboratives</b> . . . . .	
<b>7. Access Experiences</b> . . . . .	
<b>G. Cost Proposal</b> . . . . .	
<b>1. Financial Profile</b> . . . . .	
<b>2. Budget and Budget Narrative</b> . . . . .	
a. Narrative . . . . .	
b. Budget Summary 1 Form . . . . .	
c. Budget Justification Schedule B . . . . .	
<b>H. Appendices</b> . . . . .	
a. Job Descriptions . . . . .	
b. CV/Resumes . . . . .	
c. Organizational Chart . . . . .	
d. References . . . . .	
<b>I. Forms</b> . . . . .	
a. Attachments per Section V. A. page 25 . . . . .	
b. Information Attachments per Section V. B. page 39 . . . . .	



## V. ATTACHMENTS

*Reserved for Department use. Section V is not standard and will vary by RFP, depending of the Department's procurement requirements.*

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

1. Cover Sheet . . . . .	26
2. Applicant Information Form (continuation) . . . . .	27
3. Budget Summary Instructions . . . . .	28
4. Budget Summary 1 Form . . . . .	30
5. Budget Justification Schedule B Form . . . . .	31
6. Position Schedule #2A Form . . . . .	32
7. Subcontractor Schedule A- Detail Form . . . . .	33
8. Work Plan Form . . . . .	34
9. OPM Consulting Agreement Affidavit . . . . .	35
10. Affirmative Action Contract Compliance Policy Statement . . . . .	36
11. Notification to Bidders. . . . .	37
12. Workforce Analysis . . . . .	38

**APPLICATION FORMS**

**COVER SHEET**

**REQUEST FOR PROPOSAL  
RFP DPH Log# 2021-0901**

**Children and Youth with Special Health Care  
CONNECTICUT DEPARTMENT OF PUBLIC HEALTH  
Community, Family Health, and Prevention Section**

**Applicant Information**

Applicant Agency: \_\_\_\_\_

Legal Name

\_\_\_\_\_

Address

\_\_\_\_\_

City/Town

State

Zip Code

\_\_\_\_\_

Telephone No.

FAX No.

Email Address

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone No: \_\_\_\_\_

**TOTAL PROGRAM COST:** \$ \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Authorizing Official: Date

\_\_\_\_\_  
Typed Name and Title

-----  
The applicant agency is the agency or organization, which is legally and financially responsible and accountable for the use and disposition of any awarded funds. Please provide the following information:

- Full legal name of the organization or corporation as it appears on the corporate seal and as registered with the Secretary of State
- Mailing address
- Main telephone number
- Fax number, and email address, if any
- Principal contact person for the application (person responsible for developing application)
- Total program cost

The funding application and all required submittals must include the signature of an officer of the applicant agency who has the legal authority to bind the organization. The signature, typed name and position of the authorized official of the applicant agency must be included as well as the date on which the application is signed.

**Applicant Information Form (continuation)**

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

**Contract and Legal Documents/Forms:**

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

**Program Progress Reports:**

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

**Financial Expenditure Reporting Forms:**

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

Incorporated:  YES  NO

Agency Fiscal Year:

Type of Agency:  Public  Private  Other,  
Explain: Profit  Non-Profit

Federal Employer I.D. Number:

Town Code No:

Medicaid Provider Status:  YES  NO

Medicaid Number:

Minority Business Enterprise (MBE):  YES  NOWomen Business Enterprise (WBE):  YES  NO

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

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

**2. Personnel (lines #1 - #2)**

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

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

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

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

- a. Are defined as those costs that have been incurred for the overall executive and administrative offices of the organization or other expenses of a general nature that do not relate solely to any major cost objective of the overall organization. Examples of A&G costs include salaries of executive directors, administrative & financial personnel, accounting, auditing, management information systems, proportional office costs such as building occupancy, telephone, equipment, and office supplies. Please review the OPM website on Cost Standards for more information at: [http://www.opm.state.ct.us/finance/pos\\_standards/coststandards.htm](http://www.opm.state.ct.us/finance/pos_standards/coststandards.htm).
- b. **Administrative and General Costs** must be itemized on the Budget Justification Schedule. Costs that have a separate line item in the Budget Summary may not be duplicated as an Administrative and General Cost. For example, if the Budget Summary includes an amount for telephone costs, this cannot also be included as an Administrative and General Cost.

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

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

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

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

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

**C. Subcontractor Schedule A--Detail**

1. All subcontractors used by each program must be included, if it is not known who the subcontractor will be, an estimated amount and whatever budget detail is anticipated should be provided. (Submit the actual detail when it is available). A separate subcontractor schedule must be completed for each program included in the contract. For example: The contract is providing both a Needle Exchange program and an AIDS Prevention Education Program and Subcontractor "A" is providing services to both program there must be a separate budget for Subcontractor "A" for each.
2. Detail of Each Subcontractor:
  - a. Choose a category below for each subcontract using the basis by which it is paid:
 

A. Budget Basis       B. Fee for Service       C. Hourly Rate.
  - b. Choose whether the subcontractor is a minority or woman owned a business:
  - c.  MBE       WBE       Neither
  - d. Provide the detail for each subcontract just as for the primary contract budget referencing the corresponding program of the contract. Detail must be provided for each subcontractor listed in the Summary.
 

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

**Contractor Name, Contract Number**

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

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

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

\*\*Complete Sub-contractor Schedule A



**Contractor Name, Contract Number**

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

**Contract Period: Contract Start Date to Contract End Date**

**Position Schedule #2a**

**Program/Fund**

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

**\*Attach resumes and job descriptions for all Professional Staff**



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

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

**Contract Period: Contract Start Date to Contract End**

#1

Subcontractor Name:

Address:

Telephone: (    ) (    -    )

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

Indicate One:     MBE     WBE     Neither

	Program:	Name		Name		Total
	Fund:	SID 1	SID 2	SID 1	SID 2	
Line Item(s)						
<b>Total Subcontract Amount:</b>						

#2

Subcontractor Name:

Address:

Telephone: (    ) (    -    )

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

Indicate One:     MBE     WBE     Neither

	Program:	Name		Name		Total
	Fund:	SID 1	SID 2	SID 1	SID 2	
Line Item(s)						
<b>Total Subcontract Amount:</b>						

#3

Subcontractor Name:

Address:

Telephone: (    ) (    -    )

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

Indicate One:     MBE     WBE     Neither

	Program:	Name		Name		Total
	Fund:	SID 1	SID 2	SID 1	SID 2	
Line Item(s)						
<b>Total Subcontract Amount:</b>						

**Work Plan (make as many blank pages as needed)**

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



**STATE OF CONNECTICUT  
CONSULTING AGREEMENT AFFIDAVIT**

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

**INSTRUCTIONS:**

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

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

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

**AFFIDAVIT:** [Number of Affidavits Sworn and Subscribed On This Day: \_\_\_\_\_]

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

\_\_\_\_\_  
Consultant's Name and Title

\_\_\_\_\_  
Name of Firm (if applicable)

\_\_\_\_\_  
Start Date

\_\_\_\_\_  
End Date

\_\_\_\_\_  
Cost

Description of Services Provided: \_\_\_\_\_

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

If YES: \_\_\_\_\_  
Name of Former State Agency

\_\_\_\_\_  
Termination Date of Employment

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

\_\_\_\_\_  
Printed Name of Bidder or Vendor

\_\_\_\_\_  
**Signature of Chief Official or Individual**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Printed Name (of above)

\_\_\_\_\_  
Dept. of Public Health

\_\_\_\_\_  
Awarding State Agency

**Sworn and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ .**

\_\_\_\_\_  
**Commissioner of the Superior Court  
or Notary Public**

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.  
Commissioner



Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

### AFFIRMATIVE ACTION CONTRACT COMPLIANCE POLICY STATEMENT

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

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

DPH considers bidders success in these factors in reviewing the bidder's qualifications under the Contract Compliance requirements. Accordingly, any individual or organization that desires to do business with DPH shall not:

- Discriminate or permit discrimination against any protected class person or protected group in the performance of contracts'
- Engage in discriminatory practices or permit discriminatory practices in their workplace;

And shall:

- Cooperate with the Connecticut Commission on Human Rights and Opportunities in all activities
- In all contract solicitations or advertisements state that they are an "affirmative action-equal opportunity employer"
- Sign a Notification to Bidders Form, and complete a workforce analysis questionnaire necessary for the contract award process



Phone: (860) 509-7220 • Fax: (860) 509-7111  
410 Capitol Avenue, P.O. Box 340308  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)  
Affirmative Action/Equal Opportunity Employer



**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 awarding agency is the state, Section 46a-71(d) of the Connecticut General Statutes. There are Contract Compliance Regulations codified at Section 4-114a 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 enterprise; and (3) who are members of a minority, as such term is defined in subsection (a) of Section 32-9n." "Minority" groups are defined in Section 32-9n of the Connecticut General Statutes as "(1) Black Americans...(2) Hispanic Americans...(3) Women...(4) Asian Pacific Americans and Pacific Islanders; or (5) American Indians..." The above definitions apply to the contract compliance requirements by virtue of Section 4-114a-1 (10) of the Contract Compliance Regulations.

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

- a) the bidder's success in implementing an affirmative action plan;
- b) the bidder's success in developing an apprenticeship program complying with Sections 46a-68-1 to 46a-68-17 of the Connecticut General Statutes, inclusive;
- c) the bidder's promise to develop and implement a successful affirmative action plan;
- d) the bidder's submission of EEO-1 data indicating 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 bidder's promise to set aside a portion of the contract for legitimate minority business enterprises. See Section 4-114a-3 (10) of the Contract Compliance Regulations.

**INSTRUCTION:** Bidder must sign acknowledgment form below and return signed page to Awarding Agency along with bid proposal. Please retain a copy for your files.

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

Signature	Date
on behalf of:	
	Contract No.: #
	Letter of Award: _____

**WORKFORCE ANALYSIS**

Contractor Name:  
Address:

Total Number of CT employees:  
Full Time: Part Time:

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

Job Categories	Overall Totals (sum of all cols. male & female)	White (not of Hispanic Origin)		Black (not of Hispanic Origin)		Hispanic		Asian or Pacific Islander		American Indian or Alaskan Native		People with Disabilities	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Officials & Managers													
Professionals													
Technicians													
Office & Clerical													
Craft Workers (skilled)													
Operatives (semi-skilled)													
Laborers (unskilled)													
Service Workers													
Totals Above													
Totals 1 year Ago													
FORMAL ON-THE-JOB TRAINEES (Enter figures for the same categories as are shown above)													
Apprentices													
Trainees													
EMPLOYMENT FIGURES WERE OBTAINED FROM:							Visual Check:		Employment Records		Other:		

1. Have you successfully implemented an Affirmative Action Plan?  YES  NO  
Date of implementation: \_\_\_\_\_ If the answer is "No", explain.

1. a) Do you promise to develop and implement a successful Affirmative Action?  
 YES  NO  Not Applicable Explanation:

2. Have you successfully developed an apprenticeship program complying with Sec. 46a-68-1 to 46a-68-18 of the Connecticut Department of Labor Regulations, inclusive:  YES  NO  Not Applicable Explanation:

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:

4. If you plan to subcontract, will you set aside a portion of the contract for legitimate minority business enterprises?  
 YES  NO Explanation:

\_\_\_\_\_  
Contractor's Authorized Signature

\_\_\_\_\_  
Date

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

1. Nondiscrimination Certification Instructions . . . . .	40
2. Nondiscrimination Certification . . . . .	41
3. False Claims Act Notification . . . . .	42
4. False Claims Act Policy . . . . .	43
5. False Claims Act Procedure . . . . .	46
6. SEEC Form 11 . . . . .	49
7. CYSHCN Screener/Complexity Index . . . . .	51
8. Town Listing by Region . . . . .	54
9. Preliminary Review Team Technical Criteria Worksheet . . . . .	55

The remainder of this page is intentionally blank

**Nondiscrimination Certification Instructions**

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

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

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

**IMPORTANT**

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

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

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

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

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

\*\*\* We can supply additional forms if necessary.






**FALSE CLAIMS ACT**  
**COMPLIANCE NOTIFICATION**

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

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


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

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

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

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

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

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

**1.0 Purpose**

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

**2.0 Scope**

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

**3.0 Definitions and Acronyms**

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

**3.1 Acronyms**

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

**3.2 Definitions**

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

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

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

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

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

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

#### 4.0 Compliance

##### 4.1 False Claim Act

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

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

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


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

##### 4.2 State False Claim Related Acts

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

##### 4.3 Compliance Reporting


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

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

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

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

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

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

### 1.0 Purpose

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

### 2.0 Scope

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

### 3.0 Definitions and Acronyms

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

#### 3.1 Acronyms

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

#### 3.2 Definitions

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

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


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

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

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

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

Subcontractor – See "Contractor or Agent" above.

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

#### 4.0 Process

##### 4.1 Dissemination to the Department's New Employees

- 4.1.1** The Department's Human Resources staff shall present and provide all newly hired Department employees with a copy of the False Claims Act Policy and Procedure during the new employee orientation.
- 4.1.2** Each new Department employee must acknowledge receipt of the False Claims Act Policy and Procedure by signing an acknowledgement that they received it. The acknowledgement shall be maintained in their personnel file.

##### 4.2 Dissemination to the Department's Existing Employees

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

##### 4.3 Dissemination to Contractors and Qualified Providers

- 4.3.1** CGMS shall include the Department's False Claims Act Policy and Procedure in all POS contracts between the Department and its contractors and agents.
- 4.3.2** Contractors and agents shall inform all employees providing services funded by the contract of the policy and procedure and obtain acknowledgement of receipt.
- 4.3.3** Execution of the contract by a contractor or agent, via authorized signature, shall indicate acceptance of and compliance with the Department's False Claims Policy and Procedure in accordance with Part II, Section C.4, (Terms and Conditions, Contractor Obligations, Federal Funds) of the POS Contract.
- 4.3.4** Contractors and agents under contract with the Department shall inform all subcontractors, providing services funded by the contract, of the policy and procedure and obtain acknowledgement of receipt either via inclusion of a contract term/condition in the sub-contractual agreement as in 4.3.3 above, and execution of such subcontract, or via separate acknowledgement.

#### 5.0 Records

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

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



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

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

### CAMPAIGN CONTRIBUTION AND SOLICITATION LIMITATIONS

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

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

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

### DUTY TO INFORM

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

### PENALTIES FOR VIOLATIONS

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

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

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

### CONTRACT CONSEQUENCES

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

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

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

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

**DEFINITIONS**

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

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

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

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

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

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

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

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

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

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



**Connecticut Medical Home Initiative for Children & Youth with Special Health Care Needs\***

**Screener and Complexity Index Tool**



\*The Connecticut Medical Home Initiative for Children and Youth with Special Health Care Needs is a program supported by the State of Connecticut Department of Public Health. Information is available on their website at [www.ct.gov/dph](http://www.ct.gov/dph).

<b>Pediatric Primary Care Provider Name Address Phone number Fax Email To be inserted here</b>	Child's Name (first)		(last)		Date of Birth:	
	Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Race/Ethnicity:		Primary Diagnosis:	
	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian:		Phone:			
	Address:			Town:		Zip:
	Referrer:			Primary Care Physician:		
	Child's Insurance:					
	Other Comments:					
<b>Children and Youth with Special Health Care Needs (CYSHCN) Screener@FACCT</b>		No	Yes (If yes, answer these questions) →	Is this because of ANY medical, behavioral or other health condition?	Is this a condition that has lasted or is expected to last for <u>at least</u> 12 months?	
		<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
1	Does your child currently need or use <u>medicine prescribed by a doctor</u> (other than vitamins)?		<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Does your child need or use more <u>medical care, mental health or educational services</u> than is usual for most children of the same age?		<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Is your child <u>limited or prevented</u> in any way in his or her ability to do the things most children of the same age can do?		<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Does your child need or get <u>special therapy</u> , such as physical, occupational or speech therapy?		<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Does your child have any kind of emotional, developmental or behavioral problem for which he or she needs or gets <u>treatment or counseling</u> ?		<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Connecticut Medical HOMES CYSHCN Complexity Index</b> Adapted from a similar tool developed by Exeter Pediatric Associates and the Center for Medical Home Improvement						
<b>Category</b>		<b>Criteria (Score each Category 0, 1 or 2)</b>				<b>Score</b>
<u>Hospitalizations, ER Usage and Specialty Visits</u> (in last year)		0 = No service, activity or concern 1 = 1 hospitalization, ER or specialist visits for <b>complex condition</b> 2 = 2 or more hospitalizations, ER or specialist visits				
<u>Office Visits and/or Phone Calls</u> (in last year, over and above well-child visits)		0 = No service, activity or concern 1 = 1-2 Office Visits or MD/RN/care coordinator phone calls related to <b>complex condition</b> 2 = 3 or more office visits or MD phone calls				
<u>Medical Condition(s):</u> One or more diagnoses		0 = No service, activity or concern 1 = 1-2 conditions, no complications related to diagnosis 2 = 1-2 conditions with complications or 3 or more conditions				
<u>Extra Care &amp; Services at PCP office, home, school or community setting</u> (see <i>Services</i> )		0 = No service, activity or concern 1 = One service from list below 2 = Two or more services from list below ( <i>Services: medications/medical technologies/therapeutic assessments/treatments/procedures and care coordination activities</i> )				
<u>Social Concerns</u>		0 = No service, activity or concern 1 = "At risk" family/school/social circumstances 2 = Current/urgent complex circumstances				
<b>Total Complexity Score</b>						
<b>Date:</b>		<b>Completed by:</b>				

### **Using the Children and Youth with Special Health Care Needs Screener**

The Children and Youth with Special Health Care Needs (CYSHCN) Screener is a set of five consequences-based questions used to identify children with chronic or special health care needs. The questions are designed to be self-administered or telephone administered as part of a parent/caretaker survey.

#### **Screening Criteria**

The theoretical framework used by the CYSHCN Screener is based on the Questionnaire for Identifying Children with Chronic Conditions (QuICCC) (Stein, et al.,1997). Like the QuICCC, the criteria used by the CYSHCN Screener to determine whether a child has a chronic or special health care need are independent of a specific diagnostic or a formally recorded etiology.

The CYSHCN Screener uses health-related consequences to identify children with chronic or special health care needs. The following must all be present for a child to qualify:

- The child must currently experience a specific consequence.
- The consequence is due to a medical, behavioral, or other health condition.
- The duration or expected duration of the condition is 12 months or longer.

The first part of CYSHCN Screener question asks whether a child experiences one of five different health consequences:

- Use or need of prescription medication
- Above average use or need of medical, mental health or educational services
- Functional limitations compared with others of same age
- Use or need of specialized therapies (OT, PT, speech, etc.)
- Treatment or counseling for emotional, behavioral or developmental problems

The second and third parts of each question ask those responding "yes" to Part 1 of the question whether the consequence is due to a specific health condition and if so, whether that condition has lasted or is expected to last for at least 12 months.

**All three parts of at least one screener question (or in the case of question 5 there are two parts) must be answered "yes" for a child to meet the CYSHCN Screener criteria for having a chronic condition.**

**COMPLEXITY INDEX GLOSSARY**

*A complexity score for each identified child will help providers/staff prepare and budget time more effectively for each child. It will also help administrators justify essential extra time spent by the practice in the care and support of the children and their families.*

**Medical Home:** Community-based primary care provided by the practice which is: accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally competent (American Academy of Pediatrics definition).

**Children and Youth with Special Health Care Needs (CYSHCN) / (Complex Condition):** Children and youth with special health care needs are defined by the US Maternal and Child Health Bureau as those children who have, or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions. The condition must be present for at least one year. These children require health and related services of a type or amount beyond that generally required by children.

**Specialist Visit:** Includes visits to MD's, audiologists, feeding specialists and similar others.

**MD Phone Calls:** Includes time on phone with family, physicians, agencies/organizations, schools & others.

**Complications:** Medical, emotional, or social concerns related to the complex condition. For example, conditions which prove particularly difficult to manage, like depression or behavioral issues secondary to the complex condition, or learning difficulties and/or falling behind in school as a result of the condition (missed school or missed parent work days).

**Medical Technologies:** Some examples include G-tubes, infusions, tracheotomies, communication devices, or the need for other medical equipment and supportive technologies.

**Therapeutic Treatments:** Some examples include physical, occupational or speech therapies, Respiratory treatments such as postural drainage or regular nebulizer use, counseling or other therapeutic interventions.

**Care Coordination Activity Examples:**

- Providing assessments and monitoring of child and family needs.
- Participating in parent/professional practice improvement activities.
- Offering supportive services including counseling, education and listening.
- Link family to community-based and other resources.
- Facilitating communication among PCP, family and others.
- Developing, monitoring, updating and following up with care planning and care plans organizing wrap around teams with families.
- Supporting meeting recommendations and follow-up.
- Coordinating inter-organizationally.
- Advocating with and for the family (e.g. to school, daycare, or health care settings).
- Finding, coordinating and promoting effective and efficient use of current resources.
- Monitoring outcomes for child, family and practice and other activities needed and/or requested by the child and family.

**"At risk" circumstances:** Children/adolescents living in poverty, in a foster home, with parents or guardians who are alcohol or drug dependent, depressed or ill, or living with domestic violence. Also at risk are pregnant teenagers and teens who demonstrate health risk behaviors (e.g. smoking, drugs, alcohol, firearms, dangerous driving habits, etc.).

### Connecticut Medical Home Initiative for Children and Youth with Special Health Care Needs Regional Town Listings

SOUTHWEST REGION	SOUTH CENTRAL REGION	EASTERN REGION	NORTH CENTRAL REGION	NORTHWEST REGION
Stamford Health Systems	Family Centered Services of CT	United Community and Family Services	Connecticut Children's Medical Center	St. Mary's Hospital
Stamford	New Haven	Norwich	Hartford	Waterbury
Toll Free 866-239-3907	Toll Free 877-624-2601	Toll Free 866-923-8237	Toll Free 877-835-5768	Toll Free 866-517-4388
BRIDGEPORT DARIEN EASTON FAIRFIELD GREENWICH MONROE NEW CANAAN NORWALK STAMFORD STRATFORD TRUMBULL WESTON WESTPORT WILTON	ANSONIA BETHANY BRANFORD CHESTER CLINTON CROMWELL DEEP RIVER DERBY DURHAM EAST HADDAM EAST HAMPTON EAST HAVEN ESSEX GUILFORD HADDAM HAMDEN KILLINGWORTH LYME MADISON MERIDEN MIDDLEFIELD MIDDLETOWN MILFORD NEW HAVEN NORTH BRANFORD NORTH HAVEN OLD LYME OLD SAYBROOK ORANGE PORTLAND SEYMOUR SHELTON WALLINGFORD WEST HAVEN WESTBROOK WOODBRIDGE	ASHFORD BOZRAH BROOKLYN CANTERBURY CHAPLIN COLCHESTER COLUMBIA COVENTRY DANIELSON EAST LYME EASTFORD FRANKLIN GRISWOLD GROTON HAMPTON KILLINGLY LEBANON LEDYARD LISBON MANSFIELD MONTVILLE MOOSUP NEW LONDON NIAN TIC NORTH STONINGTON NORWICH PLAINFIELD POMFRET PRESTON PUTNAM SALEM SCOTLAND SPRAGUE STERLING STONINGTON THOMPSON UNCASVILLE UNION VOLUNTOWN WATERFORD WILLINGTON WILLIMANTIC WINDHAM WOODSTOCK	ANDOVER AVON BERLIN BLOOMFIELD BOLTON BRISTOL BURLINGTON CANTON EAST GRANBY EAST HARTFORD EAST WINDSOR ELLINGTON ENFIELD FARMINGTON GEORGETOWN GLASTONBURY GRANBY HARTFORD HEBRON MANCHESTER MARLBOROUGH NEW BRITAIN NEWINGTON PLAINVILLE PLYMOUTH ROCKY HILL SIMSBURY SOMERS SOUTH WINDSOR SOUTHTON STAFFORD SUFFIELD TOLLAND VERNON WEST HARTFORD WETHERSFIELD WINDSOR WINDSOR LOCKS	BARKHAMSTED BEACON FALLS BETHEL BETHLEHEM BRIDGEWATER BROOKFIELD CANAAN CHESHIRE COLEBROOK CORNWALL DANBURY GOSHEN HARTLAND HARWINTON KENT LITCHFIELD MIDDLEBURY MORRIS NAUGATUCK NEW FAIRFIELD NEW HARTFORD NEW MILFORD NEWTOWN NORFOLK NORTH CANAAN OXFORD PROSPECT REDDING RIDGEFIELD ROXBURY SALISBURY SHARON SHERMAN SOUTHBURY THOMASTON TORRINGTON WARREN WASHINGTON WATERBURY WATERTOWN WINCHESTER WOLCOTT WOODBURY

7.2019

**PRELIMINARY REVIEW TEAM TECHNICAL CRITERIA WORKSHEET**  
**Component 1: Care Coordination**

Applicant: \_\_\_\_\_

**Criteria:****Maximum Points    Bidders Points**

<p><b>Organizational Profile:</b> The extent to which the applicant has provided and/or demonstrated:</p> <ul style="list-style-type: none"> <li>• Complete Cover Sheet and Applicant Information Form.</li> <li>• Organization purpose, mission or vision, entity type, parent organization, years of operation.</li> <li>• How the proposal will fit into the organization’s overall mission and meet the intent of this RFP to provide coordinated, culturally sensitive, developmentally appropriate, statewide Care Coordination services in community-based pediatric practice settings for Children and Youth with Special Health Care Needs (CYSHCN) determined eligible under the State Children and Youth with Special Health Care Needs Program guidelines.</li> <li>• Range of services provided, information on the client population inclusive of unmet needs.</li> <li>• Organizational accreditations, certifications, or licensure and NCQA application status.</li> </ul>	<b>5</b>	
<p><b>Services Requirements - Scope of Services:</b> The extent to which the applicant has provided and/or demonstrated successful experience:</p> <p><b>Care Coordination</b></p> <ul style="list-style-type: none"> <li>• working with CYSHCN and their families.</li> <li>• providing care coordination as requested by CYSHCN and their families/caregivers or providers to include: CYSHCN and family/caregiver assessments, care plan development and monitoring and periodic evaluation of care plans.</li> <li>• providing technical assistance and training to primary care providers in the proposed region. This will include support in implementation of the medical home model in the practice and in developing expertise in identifying community resources for CYSHCN.</li> <li>• coordinating interagency activities such as: Facilitating communication linkages among care providers; increase communication and information sharing among providers and CYSHCN and their families/caregivers; assisting pediatric and family primary care providers in accessing services for CYSHCN; identifying and reducing overlap and duplication of assessment and treatment activities by multiple agencies or organizations that provide services for CYSHCN and their families/caregivers.</li> <li>• developing and maintaining linkages with specialists and other health care resources.</li> <li>• developing and maintaining linkages with statewide and community resources.</li> <li>• collaborating with other community-based organizations working in support of CYSHCN.</li> <li>• developing and maintaining linkages with specialists and other health care resources.</li> <li>• providing CYSHCN and family/caregiver assistance and education in the following situations: <ul style="list-style-type: none"> <li>-Monitoring the impact of living with CYSHCN on other family member(s) and/or caregivers</li> <li>-Helping with referrals to specialists and arranging appointments</li> <li>-Coordinating and helping CYSHCN and families/caregivers to navigate systems to obtain needed services</li> <li>-Helping primary care givers and CYSHCN and their families/caregivers to identify and access available resources</li> <li>-Empowering CYSHCN and their families/caregivers to become good supporters/advocates for their needs</li> </ul> </li> </ul> <p><b>Transition Plan</b></p> <ul style="list-style-type: none"> <li>• clearly describe the process to establish a regionally based system of support. This may include a transition plan to move from a current embedded care coordination model to a separate model of systemic practice support on a regional basis. This transition plan is to be followed in order to avoid duplication of services with the Connecticut Medicaid Administrative Services Organization (ASO) and others providing similar support. The transition plan, if applicable, and timeframes must be clearly delineated in the Workplan.</li> </ul> <p><b>Data Information Management</b></p> <ul style="list-style-type: none"> <li>• Ability and experience in collecting, storing and reporting data about CYSHCN and their families/caregivers.</li> <li>• Quality Assurance/Assurance/Performance Improvement Plan: Describe your organization’s plan to measure quality, including benchmarks for participation and outreach. The plan should include, but not be limited to, addressing customer satisfaction, cultural competency, effectiveness of care coordination services and outreach to pediatric practices.</li> <li>• developing a Results Based Accountability Report Card based on current service provision that presents expected results (also known as goals) clearly articulated, and</li> </ul>	<b>25</b>	

<p>that data that has been regularly collected and reported addresses questions of whether results have been achieved.</p> <ul style="list-style-type: none"> <li>available for specific training to utilize the DPH’s web-based reporting portal for CYSHCN (Maven) and train data entry personnel in a Train-the-Trainer format.</li> </ul>		
<p><b>Staffing Requirements – Staffing Plan:</b> The extent to which the applicant has obtained and/or demonstrated:                  Key personnel/project managers/staff assigned; staffing levels and demographics of organization work force; staff qualifications and experience; organizational chart; job descriptions, hours per week and hourly rates for all staff; and Position Schedule 2A and Workforce Analysis form.                  If Subcontractors will be used include:</p> <ul style="list-style-type: none"> <li>Legal name of agency, address, FEIN; contact person, title, phone, fax, email; services currently provided; services to be provided under subcontract; subcontractor oversight; subcontract cost and term; and subcontractor qualifications.</li> </ul>	<b>10</b>	
<p><b>Work Plan:</b> The extent to which the applicant demonstrates a:</p> <ul style="list-style-type: none"> <li>Work Plan with measureable objectives describing tasks to be performed, deliverables, and timelines, including a project start date, utilizing <b>SMART</b> objectives (<b>S</b>pecific, <b>M</b>easurable, <b>A</b>chievable, <b>R</b>ealistic, and <b>T</b>ime-bound).</li> <li>Statement of Need; Goals and measurable objectives; Activities (including staff responsible); Evaluation Plan (include staff responsible); Significance and impact of the project; Timetable; clinic population at risk that may benefit from the proposed project.</li> </ul>	<b>10</b>	
<p><b>Technical Assistance:</b> The extent to which the applicant has demonstrated successful experience:</p> <ul style="list-style-type: none"> <li>assisting consumers access health care financing through provisions of the Affordable Care Act.</li> <li>provided assistance to providers managing the most complex CYSHCN in support of acquiring NCQA, The Joint Commission or other Medical Home related certification and/or accreditation.</li> </ul>	<b>15</b>	
<p><b>Community Collaboratives:</b> The extent to which applicant has demonstrated:</p> <ul style="list-style-type: none"> <li>participation in community and statewide collaboratives working to eliminate duplication of services and to improve service delivery</li> <li>plans to continue to participate in new collaborative opportunities to be offered during contract period.</li> </ul>	<b>15</b>	
<p><b>Access Experiences:</b> The extent to which the applicant has demonstrated successful experience:</p> <ul style="list-style-type: none"> <li>facilitating linkages and/or coordinated services and referrals with other Access and Safety Net Programs (e.g. SBHCs, FQHCs) in order to improve service delivery</li> <li>plans to continue to participate in new collaborative opportunities to be offered during contract period.</li> </ul>	<b>5</b>	
<p><b>Financial Profile:</b> The extent to which the applicant demonstrates and/or describes:</p> <ul style="list-style-type: none"> <li>Annual operating budget, revenues, and sources of funding.</li> <li>Fiscal competitiveness and evidence that the applicant will utilize small and minority businesses whenever feasible and appropriate in the purchase of supplies and services.</li> </ul>	<b>5</b>	
<p><b>Budget Requirements – Budget and Budget Narrative:</b> The extent to which the applicant provides and demonstrates:</p> <ul style="list-style-type: none"> <li>Completed, required budget detail forms including, where applicable, subcontractor(s) budgets, and budget narratives.</li> <li>Funding sources, sustainability, impact.</li> </ul>	<b>10</b>	
<b>TOTAL</b>	<b>100</b>	

Applicant:

---