LEGAL NOTICE
Request for Proposals (RFP)
Title: FY 2017 Public to Private Conversion Homes #3

The State of Connecticut, Department of Developmental Services (DDS) seeks proposals from qualified DDS residential providers to assume the administrative oversight of twenty-eight (28) Community Living Arrangements (CLA) currently operated by DDS in the West, North and South Regions.

The scheduled Request for Proposal Conference is at **The Meriden Public Library** on Tuesday, August 30th at 2:30 PM, for the homes located in DDS South Region (201 thru 213) and on Wednesday August 31st, 2016, at 9:00 am to 1:00 pm, for the homes located in DDS North Region (101 thru 112) and DDS West Region (301 thru 303) in Meriden, CT at **105 Miller Street, Meriden CT 06450**. Bidders must be DDS Qualified Providers, in good standing, to provide residential supports.

The Request for Proposal is available in electronic format on the State Contracting Portal at http://www.biznet.ct.gov/scp_search/BidResults.aspx?groupid=276 or from the Department's Official Contact:

Name: Cindy Lewis and Julie Bouchard
Address: DDS, 35 Thorpe Avenue, 3rd Floor, Wallingford, CT 06492
Telephone: (203) 294-5164
E-Mail: DDS.Conversion@CT.GOV
Fax: (860) 622-4985

The RFP link is also available on the Department's website at http://www.ct.gov/dds under the "Business Opportunities (RFPs)" link. A printed copy of the RFP can be obtained from the Official Contact upon request. Deadline for submission of proposals is 4:00 p.m. on Monday, October 17, 2016.

REQUEST FOR PROPOSALS (RFP)
BY THE STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL SERVICES

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BY THE STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL SERVICES

I. GENERAL INFORMATION

A. INTRODUCTION

1. **RFP Name: FY 2017 Public to Private Conversion Homes # 3–** Assumption of the administrative oversight of twenty-eight (28) Community Living Arrangements (CLA) currently operated by DDS in the West (proposals 301 thru 303), North (proposals 101 thru 112) and South Regions (proposals 201 thru 213).

2. **Number Homes Per Town –** South Windsor -1, Bloomfield -1, Simsbury -1, Newington -3, Storrs -1, Columbia -1, Griswold -1, North Haven -3, East Haven -1, Middletown -2, Waterford -1, Hamden -2, Norwalk -1, Cheshire -2, Putnam -1, East Hartford -1, Manchester -2, Colchester -2, Cromwell -1.

3. **RFP Summary -** The State of Connecticut, Department of Developmental Services (DDS) seeks proposals to provide residential supports for individuals with intellectual disabilities living in twenty-eight publicly operated Community Living Arrangements (CLAs) in Norwalk, Cheshire, New Haven, East Haven, North Haven, Hamden, Bloomfield, Simsbury, Griswold, Middletown, Colchester, Waterford, Cromwell, Newington and Manchester, CT. The CLA program assists individuals with the acquisition, retention, or improvement in skills related to activities of daily living, such as the preparation of food, personal grooming and household chores, and the social and adaptive skills necessary to enable the individual to reside in a home in the community and participate in community life.

   DDS seeks proposals from private non-profit and for-profit organizations to transfer supervision and administrative duties associated with the operation of one or more of the homes. The successful proposer will provide support and guidance to individuals of the Department, maintaining the health and safety of the residents, acquire and maintain a CLA license, safeguard the individual funds of the residents, and follow the policies and procedures of DDS. The department encourages providers to maintain continuity of care in the homes by employing DDS staff. DDS will provide the successful bidders with opportunities to recruit former and current staff members of the homes. The successful proposer shall obtain a development agreement from the Connecticut Department of Social Services to establish a room and board rate.

   The due date for proposals is 4:00 p.m. on Monday, October 17, 2016. Return all proposals with the required packaging and labeling to the DDS South Regional Office, 35 Thorpe Avenue- 3rd Floor, Wallingford, CT 06492 no later than the deadline. We will not accept late submissions. We will not accept faxed or e-mailed proposals.

   DDS has authorization in accordance with Section 17a-210 of the Connecticut General Statutes. We will award the requested services through a competitive procurement process funded by State dollars.

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

- 1000: Healthcare Services
- 2000: Community and Social Services

We use these commodity codes when posting the RFP on the State Contracting Portal.

B. ABBREVIATIONS / ACRONYMS / DEFINITIONS

BFO	Best and Final Offer
CCH	Community Companion Home
C.G.S.	Connecticut General Statutes
CHRO	Commission on Human Rights and Opportunity (CT)
CLA	Community Living Arrangement
CRS	Continuous Residential Supports
CT	Connecticut
DAS	Department of Administrative Services (CT)
DDS	Department of Developmental Services (CT)
EEO	Equal Employment Opportunities
FOIA	Freedom of Information Act (CT)
HIPAA	Health Insurance Portability and Accountability Act
LOI	Letter of Intent
OPM	Office of Policy and Management (CT)
OSC	Office of the State Comptroller (CT)
POS	Purchase of Service
P.A.	Public Act (CT)
RFP	Request For Proposal
SEEC	State Elections Enforcement Commission (CT)
U.S.	United States

- ***Administrator:*** The person responsible for overall management, operation and provision of services within the Connecticut licensed community living arrangement.
- **Community Companion Home (CCH)** – a home licensed by the DDS to provide participants with residential supports in a family setting.
- ***Community Living Arrangement:*** A residential facility in which the licensee provides residential services to 15 or fewer individuals with intellectual disabilities.
- ***CLA Licensure:*** A review based on the CLA regulations that evaluate developmental and clinical services provided to individuals living in licensed "group homes". Review also identifies environmental issues that could affect health and safety and gauge compliance with DDS policy.
- ***Continuous Residential Supports***: A non-licensed setting other than a family home with readily available third shift staff awake or asleep, supports available throughout non-work hours though some time alone as approved by the team would be allowed.
- ***Contractor****: A* private provider organization, CT State agency, or municipality that enters into a POS contract with the Department as a result of this RFP.

- ***Health Insurance Portability and Accountability Act:*** Administrative, technical, and physical safeguards required to prevent unauthorized access to protected health care information.
- ***Official Agency Contact****:* The only authorized contact for this procurement and, as such, who will handle all related communications on behalf of the Department.
- ***Principal of the Entity***: The designated person primarily responsible for the overall management, operation and provision of services within the entity.
- ***Proposer****:* A private provider organization, CT State agency, or municipality whom submitted a proposal to the Department in response to this RFP.
- ***Proposer's Authorized Representatives****:* The authorized employees of the contractor to communicate and discuss the merits of the proposal with the Department.
- ***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.
- ***Qualified Provider****:* A private agency whom, submitted a complete application packet and received approval approved by DDS documenting they met the minimum standards for providing supports to individuals with intellectual disabilities.
- ***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.

C. INSTRUCTIONS

1. **Official Agency Contact.** The Department 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. Contact by proposers, with any Department employee(s) (including appointed officials) or personnel under contract to the Department about this RFP is strictly prohibited. Prospective proposers, and other interested parties who violate this instruction may risk disqualification from further consideration. Please ensure that e-mail screening software (if used) recognizes and accepts e-mails from the Official.

   The Official Agency Contact for the purpose of this RFP is:

   Name: Julie Bouchard and Cindy Lewis
   Address: DDS South Regional Office, 35 Thorpe Avenue, 3rd Floor, Wallingford, CT 06492
   Telephone: (203) 294-5164
   E-Mail: DDS.Conversion@ct.gov
   Fax: 860-622-4985

   DDS reserves the right to appoint an alternate Official Agency Contact if necessary. Should an alternate official become necessary DDS will issue a formal amendment with updated contact information. Proposers shall be required to limit their contact regarding the RFP to the person named therein. Amendment information is located on the State Contracting Portal at http://www.biznet.ct.gov/scp_search/BidResults.aspx?groupid=276.

   Proposers may also access the "Business Opportunities (RFPs)" link on the State of Connecticut Department of Developmental Services web site at www.ct.gov/dds to view the amendment.

2. ***Proposer's Authorized Representatives*. (Form 1)** Proposers must designate an authorized representative and one (1) alternate. The form location is at www.ct.gov/dds under the "Business Opportunities (RFPs)" link. Only forms signed by the organization's Chief Executive Officer or another official with signatory authority for Attachment A shall be accepted. Providers must submit a Proposer's Authorized Representative Form along with the Letter of Intent to enable other staff to communicate with the Department during the open submission period. The provider may submit a new Proposer's Authorized Representative Form wishes to make.

3. ***RFP Information.*** This RFP, amendments to this RFP, and other information associated with this procurement is available in hard copy, upon request, from the Official Agency Contact or in electronic format from the Internet at the following locations:

   - State Contracting Portal
     http://www.biznet.ct.gov/scp_search/BidResults.aspx?groupid=276
   - Department of Developmental Services Web Page
     http://www.ct.gov/dds

   We recommend 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 is a courtesy service 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.

4. ***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 Maximum Funding Available: Not to exceed $21,297,952.00
   - Start up and cash advance funds will be provided.
   - Initial award is for a six month period. A new contract will begin as of July 1, 2017

5. ***Eligibility*.** Qualified DDS residential providers have eligibility to submit proposals in response to this RFP. An agency on Enhanced Monitoring may not be eligible in accordance with the Enhanced Monitoring Policy.

6. ***Minimum Qualifications of Proposers.*** To qualify for a contract award, a proposer must have the following minimum qualifications:

   a) The organization or the executive management team must have at least three years of experience administering residential supports to individuals residing in Community Living Arrangements or Continuous Residential Support settings.
   b) The principal of the entity must be knowledgeable of the nature, needs, development and management of programs for individuals with intellectual disabilities and must have at least one (1) year of experience in an administrative capacity for an organization that provides or provided residential supports to individuals residing in a CLA, CRS, or CCH or a similar setting

c) Only approved qualified DDS providers shall receive consideration.
d) The organization is not on enhanced monitoring as of the date the proposals are due to DDS.

7. ***Timeline***. Only an official amendment to this RFP shall change dates the following timeline, up to and including the deadline for submitting proposals. Dates after the submittal deadline for proposals are target dates only.

August 19, 2016	RFP Released
August 30, 2016	Letter of Intent submitted at the start of the first proposers' conference. 2:30 PM.
August 30 and 31, 2016	Proposers' Conference requires proposers' attendance. Consumer packet release occurs after the Proposer's Conference or through the agency contact after August 30, 2016.
Sept 1st-Sept.28, 2016	Scheduled site visits
September 28, 2016	Deadline for Inquiries
October 5th, 2016	Anticipated Release of Official Answers to Inquiries
October 17, 2016	Proposals Due at 4:00 PM
October 31, 2016	Meetings with Proposers to begin
November 30, 2016	Anticipated Date to Submit Recommendation to the Commissioner
December 8th, 2016	Anticipated Selection of Contractor
January 8th, 2017	Anticipated Date of the transfer of CLA oversight

8. ***Letter of Intent***. Any proposer intending to respond to this RFP must submit a Letter of Intent (LOI), a Non-Disclosure Form and a Proposer's Authorized Representative Form to the Official Agency Contact by U.S. mail, facsimile, or e-mail not later than 2:30 p.m. on August 30, 2016. The LOI must clearly identify the sender, including name, postal address, telephone number, fax number, and e-mail address. The Non-Disclosure Form **(Form 2)** will be posted on the State Contracting Portal at http://www.biznet.ct.gov/scp_search/BidResults.aspx?groupid=276. Proposers may also access the "Business Opportunities (RFPs)" link on the State of Connecticut DDS web site at www.ct.gov/dds to view the Non-Disclosure Form. The LOI is non-binding in that the proposer has no requirement to submit a proposal. It is the sender's responsibility to confirm the Department's receipt of the LOI. The purpose of the LOI is to enable the agency to send interested proposers to the Proposer's Conference and receive any new information concerning this RFP. Interested proposers may submit a LOI to the designated DDS staff prior to the start of the Proposer's Conference. Failure to submit the required LOI in accordance with the requirements set forth herein will result in disqualification from further consideration. The Department will communicate only with the authorized official signing the Non-Disclosure Form on behalf of the organization or the Authorized Representatives.

9. ***Inquiry Procedures.*** All questions regarding this RFP must be directed, in writing via email, to the Official Agency Contact by 12:00 p.m. on September 28, 2016. **Submit questions early**. Only written questions received prior to the deadline with receive an answer. Questions received either verbally in person or over the telephone are unacceptable. However, the Department will not answer questions when the source is unknown (i.e., nuisance or anonymous questions). No questions deemed unrelated to the RFP or the procurement process will receive an answer. At its discretion, the Department may or may not respond to questions received after the deadline. The Department reserves the right to answer questions only from those who submitted such a Letter of Intent. The Department may combine similar questions and give only one answer. All questions and answers that the Department considers to be HIPPA protected shall receive an answer separately through a secured email to proposers that submitted an LOI. All other questions and answers compiled will receive an answer as a 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. A formal amendment to this RFP with answered questions has an anticipated issuance no later than October 5, 2016 to provide answers to questions. The amendment is available on the State Contracting Portal at http://www.biznet.ct.gov/scp_search/BidResults.aspx?groupid=276. Proposers may also access the "Business Opportunities (RFPs)" link on the State of Connecticut DDS web site at www.ct.gov/dds to view the amendment. A notice of amendment is also sent to interested proposers who submit a letter of intent by August 30, 2016.

10. ***Proposers' Conference.*** A Proposers' Conference will be held on:

Date and Time: Tuesday, August 30th at 2:30 PM and Wednesday August 31st, 2016 at 9:00AM
Location: Meriden Public Library, 105 Miller Street, Meriden, CT 06450

For advance registration, please contact the Official Agency Contact. There is an attendance is requirement. Proposers failing to submit an LOI, the Non-Disclosure Form, and the Proposer's Authorized Representative's Form by August 30, 2016 in accordance with the requirements set forth herein shall result in disqualification from further consideration and not be allowed admission to the Proposer's Conference. Prospective proposers should bring a copy of the RFP to the conference. Attendees shall receive information regarding the individuals residing in the requested CLA and allowed to ask oral questions at the conference that Department representatives may answer verbally. Oral answers given at the conference are tentative and not binding on the Department. All questions asked at the conference once compiled shall form the issuance of a written amendment to the RFP. If any answer to any question constitutes a material change to the RFP, the question and answer shall be placed at the beginning of the amendment and duly noted as such. The written amendment will serve as the Department's official response to questions asked at the conference. A formal amendment to this RFP is anticipated to be issued not later than October 5, 2016, to provide answers to questions**. Should Information specific to the individuals supported in the CLA be deemed to be HIPAA protected it will not part of the amendment? A separate document with the HIPAA protected questions and answers will be sent to the proposers through the secure email.**

When available, the posting for the amendment is available on the State Contracting Portal at http://www.biznet.ct.gov/scp_search/BidResults.aspx?groupid=276. Proposers may also

access the "Business Opportunities (RFPs)" link on the State of Connecticut DDS web site at www.ct.gov/dds to view the amendment. Proposers will receive a notice of amendment if they submitted a Letter of Intent by August 30, 2016.

Prospective proposers must attend the conference and submit a LOI, the Non-Disclosure Form, and the Proposer's Authorized Representative's Form by August 30, 2016, in accordance with the requirements set forth herein.

11. ***Proposals Due.*** Proposal must be received no later than 4:00 p.m. on October 17, 2016. Proposals must be received in the required packaging and labeling not later than the deadline. Late submissions will not be accepted. When hand-delivering proposals by courier or in person, allow extra time due to parking and building security procedures. Faxed or e-mailed proposals will not be accepted. **Postmark date will not be considered the basis for meeting any submission deadline.** Proposals received after the due date and time may be accepted by the Department 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.

Proposals are to be submitted to:

Name: Cindy Lewis
Address: DDS South Regional Offices, 35 Thorpe Avenue, 3rd Floor,
Wallingford, CT 06492
Telephone: (203) 294-5164
E-Mail: DDS.Conversion@CT.GOV
Fax: 860-622-4985

An acceptable submission must include the following:

- one (1) original proposal;
- six (6) conforming copies of the original proposal; and

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.

12. ***Multiple Submissions*.** Proposers must submit a separate proposal for each home or grouping. If submitting separate proposals for multiple homes or groupings and the proposer would achieve a cost savings to the Department, the proposal should include a separate page detailing the cost savings that would result if awarded more than one home or grouping. There must be no reference to multiple submissions within the proposal (including table of contents, reference letters, project descriptions, etc.). References to the award of more than one home shall only be detailed in the multiple submission documents. This document must be clearly labeled as **Attachment N** and be placed at the end of the RFP so it can be easily separated from what the Screening Committee will evaluate for a single home or grouping. The Screening Committee will evaluate each home or grouping separately without regard to any savings derived from the awarding of multiple homes. Any proposal that includes the cost savings from being awarded multiple proposals in the CLA budget may be disqualified from the RFP. A separate and independent process will review multiple submission proposals. The process will analyze the total homes awarded to one

bidder and review cost savings, if any, realistic timeline, capacity of the bidder to administer the number of homes, geographic limitations and the needs of the department.

13. ***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).

14. ***Conflict of Interest - Disclosure Statement*** **(Form 5).** 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.

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.

2. ***Cover Sheet.*** The proposer must develop a Cover Sheet that includes the information below. The definition of *Legal Name* is the name of private provider organization, CT State Agency or municipality submitting the proposal. The definition of *authorized representative, as it applies to the provider,* is the individual who can provide additional information about the proposal or who has immediate responsibility for the proposal. The definition of *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.

- RFP Name
- CLA # of the Proposal
- If the proposal is for multiple homes, marked Bundled Proposal and list the CLA #'s
- Legal Name:
- FEIN:

- Street Address:
- Town/City/State/Zip:
- Authorized representatives:
- Title:
- Phone Number:
- FAX Number:
- E-Mail Address:
- Authorized Official:
- Title:
- Signature:

3. ***Table of Contents.*** Proposers must include a Table of Contents that lists sections and subsections with page numbers that follow the organization outline and sequence for this proposal are required. (See Section IV.)

4. ***Executive Summary*.** Proposals must include a high-level executive summary of the main proposal and budget summary, not exceeding 2 pages.

5. ***Attachments*. Only submit the required appendices and forms identified in Section IV. No other attachments shall be permissible or evaluated.** Attachments other than the required Appendices or Forms identified in Section IV are not permitted and will not be evaluated. Further, the required appendices or Forms must not be altered or used to extend, enhance, or replace any component required by this RFP. Failure to abide by these instructions will result in disqualification.

6. ***General Requirements.***
   - All required forms must be submitted with the proposal as attachments.
   - Do not use material dependent on color distinctions, animated electronics, and the like, in proposals.
   - Do not place proposals in notebooks or binders. Metal clips may be used to bind pages together.

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

   Binding Type: None specified
   Dividers: None
   Paper Size: 8 ½ x 11, Portrait
   Page Limit: None specified
   Print Style: All pages **except** Financial Statement(s) must be numbered and double-sided.
   Font Size: None specified
   Font Type: Times New Roman
   Margins: 1” minimum on the top, bottom, and sides of all pages
   Line Spacing: None specified

8. ***Pagination*.** The proposer’s name must be displayed in the header of each page. All pages, including the required appendices and forms, must be numbered in the footer. The RFP and all attachments must be paginated in sequential order from beginning to end, even if some attachments have their own pagination system. (e. g. the financial audit, annual reports, etc.)

9. ***Packaging and Labeling Requirements****.* All proposals must be submitted in sealed packages. All proposals must be addressed to the Official Agency Contact. The name and address of the proposer must appear in the upper left hand corner of the envelope or package. The title of the RFP, as indicated on the first page of this RFP, must appear in the lower left hand corner of the envelope or package. An original (clearly identified as such) and six (6) copies of the proposal must be submitted. The proposal must be duly executed by signing Cover Sheet and Agreements and Assurances form (**Form 3**). Unsigned proposals may be rejected. Proposals transmitted by facsimile or e-mail will not be accepted or reviewed. Any received proposal that does not conform to these packaging or labeling instructions will be opened as general mail. Such a proposal may be accepted by the Department as a clerical function, but it will not be evaluated. At the discretion of the Department, such a proposal may be destroyed or retained for pick up by the submitters.

E. EVALUATION OF PROPOSALS

1. ***Evaluation Process****.* It is the intent of the Department to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. When evaluating proposals, negotiating with successful proposers, and awarding contracts, the department will conform to its written procedures for POS procurements (pursuant to C.G.S. § 4-217) and the State's Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85). Only proposals found to be responsive (that is, complying with all instructions listed herein) to this RFP will be evaluated, rated, and scored. The Screening Committee will reject any proposal if the components required by this RFP are not submitted as directed.

2. ***Screening Committee*****.** The Department will designate a Screening Committee to evaluate proposals submitted in response to this RFP. The Screening Committee will be composed of individuals, families, DDS staff or other designees as deemed appropriate. The contents of all submitted proposals, including any confidential information, will be shared with the Screening Committee. The Screening Committee shall evaluate all proposals that meet the Minimum Submission Requirements and make recommendations. The Commissioner of the DDS will make the final selection. 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.

   e) ***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 and conform to the style, packaging and labeling requirements; (3) follow the required Proposal Outline; (4) proposed budget must be no more than the maximum financial amount identified for each grouping and (5) be complete. Proposals that fail to follow instructions or satisfy these minimum submission requirements will not be reviewed further. The Department will reject any proposal that deviates significantly from the requirements of this RFP.

3. ***Quality Reviews*****.** Proposals that meet the minimum submission requirements will then be reviewed for quality. The quality review includes the demonstrated commitment to

individualized supports for people with disabilities, affirmative action, organizational profile, statement of work, personnel resources, and proposed cost.

4. ***Review Criteria (and Weights).*** The review criteria are the objective standards that the Screening Committee will use to evaluate the merits of the proposals submitted in response to this RFP. Only the criteria listed below will be used to evaluate proposals. Depending on the number of proposals, the Screening Committee may rank the proposals to limit the number of interviews. The top candidates, as determined by the scoring of the Selection Committee, will be interviewed. The criteria are weighted according to their relative importance.

Organization:	15%
Agency Performance:	15%
Support Strategies:	15%
Preferences & Relationships:	15%
Proposed Time Frames:	10%
Staffing Patterns:	15%
Budget/ Cost Effectiveness:	15%

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).

a. ***Meetings with Proposers.*** The Screening Committee will convene meetings with proposers in order to gain a fuller understanding of their proposals. The meetings may involve demonstrations, interviews, presentations or review of sample clinical support plans. The Official Agency Contact will contact proposers to make an appointment. Any such meetings are tentatively scheduled to begin October 31, 2016. During such meetings, proposals may not be supplemented, changed or corrected in any way. No comments about other proposers or proposals will be permitted. Any and all costs associated with such meetings will be entirely at the proposer's expense. The criteria listed below will be used to evaluate the proposal to determine the top-ranking proposers.

Support Strategies:	20%
Preferences & Relationships:	20%
Staffing Patterns:	20%
Budget/ Cost Effectiveness:	20%
Proposed Time Frames:	20%

5. ***Site Visits:*** At the discretion of the Screening Committee, committee members may visit a facility of the proposers in order to gain a better understanding of the agency. All site visits will be scheduled through the Official Agency Contact. At the discretion of the Screening Committee, committee members may visit a facility of the proposers in order to gain a better understanding of the agency. All site visits will be scheduled through the Official Agency Contract. DDS reserves the right to limit the number of visitors per agency in order to avoid any unnecessary disruptions to the individuals' routines.

6. ***Contractor Selection.*** Upon completing its review of proposals, the Screening Committee will recommend the top ranking proposers to the Commissioner. The final selection of a successful proposer is at the discretion of the Commissioner. 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. It is DDS's intention to notify the successful proposer by December 8th, 2016 and to initiate this engagement as soon as possible thereafter.

7. ***Debriefing.*** Within ten (10) days of receiving notification from the Department, unsuccessful proposers may contact the Official Agency 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 Agency 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.

8. ***Appeal Process.*** Proposers may appeal any aspect of 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 Agency Contact.

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

II. MANDATORY PROVISIONS

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. POS STANDARD CONTRACT, PARTS I AND II

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

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

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

Note:
Included in Part II of the standard contract is the State Elections Enforcement Commission's 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.

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

B. ASSURANCES

By submitting a proposal in response to this RFP, a 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. All amendments to this RFP will be posted on the State Contracting Portal found at http://www.biznet.ct.gov/scp_search/BidResults.aspx?groupid=276. Proposers may also access the "Business Opportunities (RFPs)" link on the State of Connecticut DDS's web site at www.ct.gov/dds to view the posted amendments. Failure to adapt a proposal in accordance with the instructions contained in the amendments may result in a proposal not being considered.

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. Consideration will be given to proposals that include recruitment and retention of former DDS employees for continuity of care. All assets, tagged or

not, that are currently part of the CLA will remain with the home as it transfers to (new agency/company). Specifically tagged items will be listed and attached to these documents for audit purposes.

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 rights 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.** (**Form 6**) Proposals for State contracts with a value of $50,000 or more in a calendar or fiscal year, excluding leases and licensing agreements of any value, shall include a consulting agreement affidavit attesting to whether any consulting agreement has been entered into in connection with the proposal. As used herein "consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information or (C) any other similar activity related to such contract. Consulting agreement does not include any agreements entered into with a consultant who is registered under the provisions of C.G.S. Chapter 10 as of the date such affidavit is submitted in accordance with the provisions of C.G.S. § 4a-81. The Consulting Agreement Affidavit (OPM Ethics Form 5) is available on OPM's website at http://www.ct.gov/opm/fin/ethics_forms.

   IMPORTANT NOTE: A proposer must complete and submit OPM Ethics Form 5 to the Department with the proposal. (**Attachment L**)

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).** (**Form 7**) 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.

   IMPORTANT NOTE: A proposer must complete and submit OPM Ethics Form 1 to the Department with the proposal. (**Attachment M**)

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.

   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

Mission Statement

The Department of Developmental Services (DDS) Mission Statement is to partner with the individuals we support and their families, to support lifelong planning and join with others to create and promote meaningful opportunities for individuals to fully participate as valued members of their communities.

DDS expects all caretakers to uphold the principles of the mission for all those served and their families. The proposer should look to incorporate the following principles into the supports provided to the residents of the identified group homes:

- Presence and participation in Connecticut life
- Opportunities to develop and exercise competence
- Opportunities to make choices in pursuit of a personal future
- Good relationships with family members and friends
- Respect and dignity

DDS Services and Supports

DDS serves children and adults with both autism and intellectual disabilities in a variety of settings. These include:

- Extensive in-home services
- Out of home placement
- Community Companion Home
- Individualized Home Supports
- Continuous Residential Supports
- Community Living Arrangement
- ICF/ID facilities
- Employment
- Competitive Employment
- Individual Supported Employment
- Group Supported Employment
- Work Crew
- Individual Enterprise or Entrepreneurship
- Business Enterprise
- Day Support Options
- Community Experience (CEP)
- Opportunities for Older Adults(OOA)
- Retirement Options
- Individualized Day Supports
- Blended programs

- Prevocational Supports

The Department's services are also designed to reflect the principles and practices of self-determination. Self-determination is a national movement about rights and personal freedom. It is an approach to service delivery that supports people with disabilities to live the lives they desire. Self-determination helps people, their families and friends determine their future, design their own support plans, choose the assistance they need to live full lives and control a personal budget for their supports. Individuals may use their individual budgets to hire their own staff, to purchase supports from a traditional agency or from an Agency with Choice, or may select a combination of these approaches.

B. PROPOSAL OVERVIEW

1. DDS is seeking proposals from private non-profit and for-profit organizations to transfer supervision and administrative duties associated with the operation of one or more of the eight Community Living Arrangements. The successful proposer will be responsible for providing support and guidance to individual consumers of the Department, maintaining the health and safety of the individuals residing in the CLA setting, acquiring and maintaining a CLA license, safeguarding the individual funds of the residents, and following the policies and procedures of DDS.

2. All current assets (furniture, adaptive equipment, fixed and controllables) excluding IT equipment in the home will remain a part of the transition for continuity of support. The region will work collaboratively with the proposer to establish such list and properly address all inventory matters and in accordance with existing protocols.

3. Should a property included in this RFP not meet the requirements of the Center for Medicaid Services (CMS) Settings Rule, the selected provider agrees to work with DDS to transition to a different property that will meet such requirements.

4. Preference will be given to proposers that are willing and able to: 1) assume responsibility of the CLA(s) within the proposed timelines; and 2) provide the required supports for the identified CLA in a cost effective manner and within the maximum financial amount.

5. Proposers must have (1) experience and demonstrated success working with individuals who have intellectual disabilities; (2) sufficient managerial and administrative support staff to implement the proposed service; (3) sufficient resources to operate the proposed CLA; (4) the capacity to supervise staff in a community setting; (5) the ability to provide their staff with access to training; (6) a continuous improvement process to ensure quality services.

6. Proposers must develop a work plan to address transitional and operational activities for the development of this home. The plan should address administrative, clinical, transition planning, housing development, and other organizational tasks. The plan should identify the tasks to be completed in the first 30, 60, 90, 120, 180 and 365 days of the first year of the award. The timeline for the work plan may be amended if mutually agreed upon between the successful proposer and the DDS. The following items should be included in the plan:

    - Agency will need to work collaboratively with North, South and West Regions and DSS to submit an application to DSS for Room and Board.

- Formally communicate and meet with the individual, the individual's parents, guardian, and/or other representatives.
- Recruit and hire staff.
- Direct support staff in the residence will meet the individuals and receive training regarding life safety, first aid, CPR, individualized approaches for behavioral support, program issues specific to the individual, and medication concerns.
- Medication administration certificates awarded.
- Develop and implement transition plan for all the individuals of the home that details the activities that will occur prior to the change in the individual's life and specifies who will carry out each activity.
- Specific services and consultants (i.e. behaviorist, nurse, general practitioner, pharmacist, psychologist, psychiatrist, etc.) are identified for the individual and the necessary agreements and arrangements are in place.
- Emergency back-up plans for behavior response have been developed. Plans specify person's responsible, location of services, and interventions to be used describing the least to most intrusive intervention methods.
- Secure vehicle.
- Plan to coordinate with day program and to provide transportation to and from day program where applicable.
- Submit an application to DDS Quality Management Services and receive a two year CLA license
- DDS transfers the supervision and administrative duties associated with the home to the proposer.
- Proposer will prepare reports and participate in the Individual Planning process for all the individuals living in the home within 30 days of the date of the transition of administrative oversight by the proposer.
- Oversight of utilities and services.
- Organizational systems are in place to safeguard people's finances and benefits. The proposer will identify the individual and/or department that will ensure entitlements are received without interruption.

6. The successful proposer will be notified on or around December 8th, 2016.

7. Supports and Services - Outcomes and Measures

The successful proposer shall implement the programs and services described herein to result in the following outcomes on behalf of the individuals they support. Such outcomes shall be measured in the manner described herein. The Department through the CLA licensing and quality service review process will monitor outcome results achieved pursuant to these terms and conditions. The successful proposer will be required to take immediate actions to address any identified deficiencies. If the successful proposer fails to address identified deficiencies in a timely manner or develops a pattern of receiving one-year CLA licenses, the successful proposer may be placed on enhanced monitoring in accordance with the Enhanced Monitoring Policy.

***Contracted Programs with* Residential Services**

Outcomes	Measures
1. Individual needs are addressed in the person's place of residence.	100% of the people living in a CLA have a current Individual Plan that is being implemented at his or her residence.
2. People live in environments that are maintained in a safe and sanitary manner.	100% of the people living in a CLA have a home that is maintained in safe and sanitary repair. Any structural damage or unsanitary conditions have been reported and are being addressed.
3. Peoples' medical needs are addressed in a prompt and adequate manner.	100% of the people living in a CLA receive adequate medical treatment as indicated by the physician and dentist, including periodic checkups and prompt treatment of any acute illness, injury or symptoms or over medication.

8. Successful Proposers will receive a 30-day Cash Advance as well as funding for startup costs in accordance with DDS policies and procedures. Proposers must provide a budget outline for start-up projections. The amount of the cash advance and start up awards will be based on the successful bidders' proposals.

9. Initial award is for a six month period. A new contract will begin as of July 1, 2017.

C. PROPOSAL COMPONENTS

CLA – ID # 101

ADDRESS: South Windsor, CT

DDS REGION: NORTH

Type: CLA

- Two story colonial style home.
- 3,584 square feet
- 4 bedrooms
- 2.5 bathrooms
- Attached 2 car garage
- Sitting on a 1.0 acre wooded lot.

Number and names of Individuals that reside in the home: 5 individuals live in this home.

Ages: Range from 38 to 67.

Gender: All individuals who live in this home are men.

LON Scores: 4 – 7

Occupancy Requirements: This home is licensed for 5 and it is owned by the State of Connecticut.

SUPPORT REQUIREMENTS: This home maintains a 3:5 direct care staffing ratio on all shifts for an overall total of 459 hours in coverage. Additionally it requires 21 hours a week of supervisory time not in coverage.

Day Programs: 2 individuals attend program in Windsor; one individual attends program in West Hartford and another individual attends program in West Hartford. All four individuals are transported to their day programs by the residential staff. The fifth individual is in the process of transitioning to this home and day services have currently not been identified.

CLINICAL REQUIREMENT: Nursing and behavioral services are needed. Details will be available on the secure website.

DATA and TECHNOLOGY REQUIREMENTS: E-Mail/Internet Capabilities.

Funding Range: $68,260.00 to $ 126,527.00

Vehicle Needs: Two 7 passenger vans.

FINANCIAL REQUIREMENTS:

- The total residential funding amount for this home is $ 704,515.00
- The maximum annual transitional funding amount is $ $54,635.00. This amount will be exempted from the rate transition for three years.
- Maximum funding amount for this home is $ 759,150.00

CLA – ID # 102

ADDRESS Bloomfield, CT

DDS REGION: NORTH

Type: CLA

- Single story rambling ranch style home.

- 3,600 square feet
- 5 bedrooms
- 3 bathrooms comprising.
- Sits on a half-acre lot

Number of Individuals that reside in the home: There are 5 individuals who live in this home.

Ages: Range from 52 to 60.

Gender: All 5 individuals are men.

LON Scores: 5 – 6

Funding Range: $80,688.00 to $98,504.00

Day Programs: 3 individuals attend day program in Hartford. One individual attends program in South Windsor and one individual attends program in Berlin. Transportation is provided by the residential program staff.

Vehicle Needs: One 7 and one 8 passenger van.

SUPPORT REQUIREMENTS: This CLA requires a staffing ratio of 3:5 and first and second shifts and 1.5:5 on third shift. It has a weekly total of 305.5 hours of direct support in addition to 16 supervisory hours a week (not in coverage). Proposer will be expected to transport residents to day programs/jobs.

CLINICAL REQUIREMENT: Clinical supports include nursing, behavioral and O.T/P.T. Details will be available on the secure website.

OCCUPANCY REQUIREMENTS: The home is licensed for 5 and it is owned by the State of Connecticut.

DATA and TECHNOLOGY REQUIREMENTS: E-Mail/Internet Capabilities.

FINANCIAL REQUIREMENTS:

- The total residential funding amount for this home is $ 549,612.00. .
- The maximum annual transitional funding amount is $ 47,488.00. This amount will be exempted from the rate transition for three years.
- Maximum funding amount for this home is $ 597,100.00

CLA – ID # 103

ADDRESS: Simsbury, CT

DDS REGION: NORTH

Type: CLA

- 2 story Dutch colonial style home.
- 4,890 square feet
- 7 bedrooms
- 4 bathrooms
- Sits on 5.5 acre rural lot.

Number of Individuals that reside in the home: Currently 6 individuals live in this home.

Ages: Range from 46 to 74.

Gender: All of the individuals living in this home are men.

LON Scores: 5 to 7

Funding Range: $77,690.00 to $122,930.00.

Day Programs: One individual attends a program in Hartford. One individual attends a program in Simsbury and another attends in Avon. One individual attends a program in Enfield and one individual attends a program in Hartford. Four out of the 6 individuals in this home are transported by residential staff. Another provider transports two individuals to their program in Enfield.

Vehicle Needs: One 7 passenger van and one 8 passenger van.

SUPPORT REQUIREMENTS: The home requires a staffing ratio of 3:6 for first and second shifts and 2:6 for third. This home requires 381 hours per week of direct staff support in addition to 17.5 hours of weekly supervisory time not in coverage.

CLINICAL REQUIREMENTS: Clinical supports include nursing, behavioral, and OT/PT. Details will be available on the secure website.

OCCUPANCY REQUIREMENTS: This home is licensed for 6 and it is owned by the State of Connecticut.

DATA and TECHNOLOGY REQUIREMENTS: E-Mail/Internet Capabilities.

FINANCIAL REQUIREMENTS:

- The total residential funding amount for this home is $399,425.00.
- The maximum annual transitional funding amount is $ 37,322.00. This amount will be exempted from the rate transition for three years.
- Maximum funding amount funding for this home is $ 436,747.00

CLA: ID # 104

ADDRESS: Putnam, CT

DDS REGION: NORTH

Type: CLA

- Colonial style home
- 2,880 square feet
- 5 bedrooms
- 2.5 bathrooms
- Detached Carriage Barn
- Sitting on a two-acre wooded lot

Number of Individuals that reside in the home: There are 5 individuals living in this home.

Ages: Range from 44 to 59.

Gender: Four women and one man.

LON Scores: 5 to 6

Funding Range: $80,688.00 to $98,504.00

Day Programs: Two individuals attend a program in Dayville. Two individuals attend a program in Danielson and one person attends a program in Brooklyn. Four out of five individuals are transported by residential staff.

Vehicle Needs: One 7 passenger van.

SUPPORT REQUIREMENTS: This home requires 3:5 staffing on 1st; 2:5 on 2nd shift and on 3rd shift. This home requires a total of 318.5 hours per week of direct staff support. Additionally, there are 20 hours a week of supervisory time – not in coverage in the home. The day programs are provided by 3 private agencies. Proposer will be expected to transport four residents to day programs/jobs.

CLINICAL REQUIREMENTS: Clinical supports include nursing, behavioral, and OT/PT. Details will be available on the secure website.

OCCUPANCY REQUIREMENTS: The home is licensed for 5 and it is owned by the State of Connecticut.

DATA and TECHNOLOGY REQUIREMENTS: E-Mail/Internet Capabilities.

FINANCIAL REQUIREMENTS:

- The total residential funding amount for this home is $452,176.00.
- The maximum annual transitional funding amount is $ 43,907.00. This amount will be exempted from the rate transition for three years.
- Maximum funding amount for this home is $ 496,083.00 .

CLA: ID # 105

ADDRESS Newington, CT

DDS REGION: NORTH

Type: CLA

- Ranch style home
- 3,024 square feet
- 4 bedrooms
- 2.5 bathroom
- Sitting on a 1.7 acre wooded lot.
- Fully accessible

Number of Individuals that reside in the home: 8 individuals live in this home.

Ages: Range from 48 to 76.

Gender: There are 4 men and 4 women who live in this home.

LON Scores: 5 to 7

Funding Range: $63,302.00 to $103,746.00

Day Programs: Two individuals attend program in Hartford. One attends a program in Hartford. Two individuals attend program in Newington. One individual attends program in Hartford. One individual attends program in New Britain and one individual attends program in Avon. All transportation to day programs with the exception of the individual is provided by residential staff.

Vehicle Needs: One car and one wheelchair van

SUPPORT REQUIREMENTS: This home requires 4:8 staffing on 1st and 2nd shift and 2:8 on 3rd. This home requires 470.5 hours per week of direct staff support in addition to 17 hours a week of supervisory time not in coverage.

CLINICAL REQUIREMENT: Clinical supports include nursing, behavioral, OT/PT.

OCCUPANCY REQUIREMENTS: The home is owned by the State of Connecticut.

DATA and TECHNOLOGY REQUIREMENTS: E-Mail/Internet Capabilities.

FINANCIAL REQUIREMENTS:

- The total residential funding amount for this home is $ 729,654.00.
- The maximum annual transitional funding amount is $ 69,783.00. This amount will be exempted from the rate transition for three years.
- Maximum funding for this home is $ 799,437.00.

CLA: ID # 106

ADDRESS: Newington, CT

DDS REGION: NORTH

Type: CLA

- Ranch style home
- 3,024 square feet
- 4 bedrooms
- 2.5 bathroom
- Sitting on a 1.7 acre wooded lot.
- Fully accessible

Number of Individuals that reside in the home: 7 individuals live in this home.

Ages: Range from 41 to 77

Gender: There are 4 women and 3 men who live in this home.

LON Scores: 7

Funding Range: $103,746.00

**** The region and the successful bidder will mutually agree on an individual to fill the current vacancy.**

Day Programs: 3 individuals attend program in Bristol. One individual attends program in New Britain. Three individuals attend program in Hartford. All transportation to day programs is provided by residential staff.

Vehicle Needs: Two wheel chair vans.

SUPPORT REQUIREMENTS: This home requires 4:8 staffing on 1st and 2nd shift and 2:8 on 3rd shift. This home requires 470.5 hours per week of direct staff support.

CLINICAL REQUIREMENT: Clinical supports include nursing, behavioral; OT/PT. Details will be available on the secure site.

OCCUPANCY REQUIREMENTS: The home is licensed for 8 and it is owned by the State of Connecticut.

DATA and TECHNOLOGY REQUIREMENTS: E-Mail/Internet Capabilities.

FINANCIAL REQUIREMENTS:

- The total residential funding amount for this home is $782,382.00.
- The maximum annual transitional funding amount is $ 72,622.00. This amount will be exempted from the rate transition for three years.
- Maximum funding amount for this home is $ 859,004.00

CLA: ID # 107

ADDRESS: Storrs, CT

DDS REGION: NORTH

Type: CLA

- Colonial style home
- 1,579 square feet
- 5 bedrooms
- 2 bathrooms
- Sitting on a half-acre lot.

Number of Individuals that reside in the home: There are 6 individuals who live in this home.

Ages: Range from 37 to 64.

Gender: All 6 of the individuals living in this home are men.

LON Scores: 3 to 6

Funding Range: $ 51,450.00 to $94,907.00.

Day Programs: One individual attends program in Windham; one individual attends program in Hartford; two individuals attend program in Storrs, and one individual attends program in South Windham. In addition, there is one individual who is supported with day services in his home. The residential staff is responsible for transportation to and from three program sites and the other individuals are transported by the agency providing services.

Vehicle Needs: Two 7 passenger vans.

SUPPORT REQUIREMENTS: This home requires 382 hours weekly of direct staff support in addition to 24 hours a week of supervisory support, not in coverage. The staffing ratio during first and second shifts is 3:6 and overnight coverage ratio is 2:6

CLINICAL REQUIREMENT: Clinical supports for development and monitoring of behavioral support programs. Nursing supports for medication administration, delegation of staff and coordination of medical care. Routine dietary, occupational & physical therapy needs. Details will be available on the secure site.

OCCUPANCY REQUIREMENTS: The home is licensed for 6 and it is owned by the State of Connecticut.

DATA and TECHNOLOGY REQUIREMENTS: E-Mail/Internet Capabilities.

FINANCIAL REQUIREMENTS:

- The total residential funding amount for this home is $449,597.00.
- The maximum annual transitional funding amount is $43,088.00. This amount will be exempted from the rate transition for three years.
- Maximum funding for this home is $492,685.00

CLA: ID # 108

ADDRESS: Newington, CT

DDS REGION: NORTH

Type: CLA

- Colonial style home

- 3,691 square feet
- 5 bedrooms
- 2 bathrooms
- Attached 2 car garage
- Sitting on a half-acre lot.

Number of Individuals that reside in the home: There are 5 individuals living in this home.

Ages: Range from 46 to 54.

Gender: There are 3 women and 2 men living in this home.

LON Scores: 5 to 7

Funding Range: $80,688.00 to $126,527.00

Day Programs: Three individuals go to programs in Newington. One individual goes to a program in Manchester and one individual attends program in Vernon. Three of the individuals are transported by residential staff and the other 2 are transported by day services.

Vehicle Needs: One 8 passenger van.

SUPPORT REQUIREMENTS: This home requires 3:5 staffing on 1st and 2nd shift and 2:5 on 3rd shift. This home requires 373.5 hours per week of direct staff support in addition to 21 hours a week of supervisory time, not in coverage.

CLINICAL REQUIREMENT: Nursing, behavioral, OT/PT services and support are needed. Details will be available on the secure site.

OCCUPANCY REQUIREMENTS: The home is licensed for 5 and it is owned by the State of Connecticut.

DATA and TECHNOLOGY REQUIREMENTS: E-Mail/Internet Capabilities.

FINANCIAL REQUIREMENTS:

- The total residential funding amount for this home is $642,177.00.
- The maximum annual transitional funding amount is $ 50,273.00. This amount will be exempted from the rate transition for three years.
- Maximum funding amount for this home is $ 692,450.00

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CLA: ID # 109

Address: East Hartford, CT

DDS REGION: NORTH

Type: CLA

- Ranch style home
- 1,840 square feet
- 4 bedrooms
- 2 bathroom
- Attached one-car garage
- Sitting on a two-acre lot.
- Fully accessible

Number of Individuals that reside in the home: There currently are two individuals living in this home.

Ages: 32 – 52

Gender: There is one man and one woman living in this home.

LON Scores: 7 and 8

Funding Range: $132,522.00 - $150,185.00

**** The region and the successful provider will mutually agree on an individual to fill the vacancy.**

Day Programs: One individual has a home and community based program supported by a provider in East Windsor. The other attends a program in Newington. Residential Staff provide transportation for the individual attending the Newington Program.

Vehicle Needs: One 7 passenger van.

SUPPORT REQUIREMENTS: This home requires a 5:3 staffing on 1st and 2nd shift and 2:3 on 3rd shift. This home requires 514 hours per week of direct staff support in addition to 12 hours a week of supervisory time not in coverage.

CLINICAL REQUIREMENT: Clinical supports include nursing, behavioral and OT/ PT. Details will be available on the secure site.

OCCUPANCY REQUIREMENTS: The home is licensed for 3 and it is owned by the State of Connecticut.

DATA and TECHNOLOGY REQUIREMENTS: E-Mail/Internet Capabilities.

FINANCIAL REQUIREMENTS:

- The total residential funding amount for this home is $ 539,750.00

- The maximum annual transitional funding amount is $ 28,271.00. This amount will be exempted from the rate transition for three years.
- Maximum funding amount for this home is $ 568,021.00

CLA: ID # 110

ADDRESS: Columbia, CT

DDS REGION: NORTH

Type: CLA

- Colonial style home
- 2,400 square feet
- 4 bedrooms
- 3.5 bathrooms
- Attached 2 car garage
- Sitting on a three-acre wooded lot.

Number of Individuals that reside in the home: There are 6 individuals living in this home.

Ages: Range from 43 to 64.

Gender: All 6 individuals in this home are men.

LON Scores: 5 to 7

Funding Range: $77,690.00 to $122,930.00

Day Programs: One individual attends program in Rockville; one attends a program in Windham; one attends a program in Columbia and 3 individuals are supported by an in-home program. Residential staff provides transportation for the 3 individuals who attend out of house programs.

Vehicle Needs: One 7 passenger van.

SUPPORT REQUIREMENTS: This home requires 3:6 staffing on 1st and 2nd shift and 2:6 on 3rd shift. This home requires 388.5 hours per week of direct staff support. Additionally 19.75 hours of supervisory time-not is coverage is needed.

CLINICAL REQUIREMENT: Clinical supports include nursing, behavioral and OT/ PT. Details will be available on the secure site.

OCCUPANCY REQUIREMENTS: The home is licensed for 6 and it is owned by the State of Connecticut.

DATA and TECHNOLOGY REQUIREMENTS: E-Mail/Internet Capabilities.

FINANCIAL REQUIREMENTS:

- The total residential funding amount for this home is $ 777,290.00.
- The maximum annual transitional funding amount is $ 69,234.00. This amount will be exempted from the rate transition for three years.
- Maximum funding amount for this home is $ 846,524.00

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CLA: ID # 111

ADDRESS: Manchester, CT

DDS REGION: NORTH

Type: CLA

- Ranch style home
- 3,800 square feet
- 6 bedrooms
- 2 bathroom
- Sitting on a two-acre lot.
- Fully accessible

Number and names of Individuals that reside in the home: 6

Ages: Range from 42 to 60.

Gender: All 6 individuals are men.

LON Scores: 3 to 6

Funding Range: $51,450.00 to $94,907.00

Day Programs: Three individuals attend a program in Hartford. Two individuals participate in a public day program. One individual attends a program in Windsor. Residential staff provides transportation for 3 of the 6 individuals.

Vehicle Needs: One 7 passenger van and one 8 passenger van.

SUPPORT REQUIREMENTS: This home requires a 4:6 staffing on 1st (till 10:00am) and 2nd shift and 2:6 on 3rd shift. This home requires a total of 479 hours per week of direct staff support in addition to 18 hours a week of supervisory time not in coverage.

CLINICAL REQUIREMENT: Nursing, Behavioral and OT/PT. Details will be available on the secure site.

OCCUPANCY REQUIREMENTS: The home is licensed to 6 and it is owned by the State of Connecticut.

DATA and TECHNOLOGY REQUIREMENTS: E-Mail/Internet Capabilities.

FINANCIAL REQUIREMENTS:

- The total residential funding amount for this home is $736,237.00.
- The maximum annual transitional funding amount is $ 44,329.00. This amount will be exempted from the rate transition for three years.
- Maximum funding amount for this home is $780,566.00.

CLA: ID # 112

ADDRESS: Manchester, CT

DDS REGION: NORTH

Type: CLA

- Ranch style home
- 4,144 square feet
- 4 bedrooms
- 2.5 bathroom
- Sitting on a two-acre lot.
- Fully accessible

Number of Individuals that reside in the home: There are 8 individuals living in this home.

Ages: Range from 49 to 74.

Gender: There are 2 women and 6 men living in this home.

LON Scores: 3 to 7

Funding Range: $ 42,657 to $103,746

Day Programs: 7 of the individuals living in this home attend program in Manchester. One individual attends a program in Newington. Residential staff transports 6 out of the 8 individuals to their day service programs.

Vehicle Needs: One wheel chair van and one 7 passenger van.

SUPPORT REQUIREMENTS: This home requires 5:8 staffing on 1st (until noon) and 2nd shift and 2:8 on 3rd shift. In addition to 20 hours a week of supervisory support (not in coverage), this home requires 548.5 hours per week of direct staff support.

CLINICAL REQUIREMENT: Nursing, Behavioral and OT/PT support are needed. Details will be available on the secure site.

OCCUPANCY REQUIREMENTS: The home is licensed for 8 and it is owned by the State of Connecticut.

DATA and TECHNOLOGY REQUIREMENTS: E-Mail/Internet Capabilities.

FINANCIAL REQUIREMENTS:

- The total residential funding amount for this home is $758,974.00.
- The maximum annual transitional funding amount is $ 65,156.00. This amount will be exempted from the rate transition for three years.
- Maximum funding amount for this home is $824,130.00

CLA: ID # 201

ADDRESS: Griswold, CT

DDS REGION: SOUTH

Type: This is a 2,040 square feet, one floor ranch style home with 5 bedrooms. It sits on a quiet residential street. It has five bedrooms and 2 baths. One bedroom has a walk in shower and the other with an accessible jetted tub. There is a stackable washer dryer on the main floor of the home. The walk out basement provides a staff office area and ample storage space. There is an open kitchen area and two living areas, There is a large deck off the back of the home. This home was completely remodeled in 2015.

Number of Individuals that reside in the home: 5 men live in the home.

Ages: 48 to 63

Gender: 5 Males

LON Scores: 6 and 7.

Funding Range: $98,504.00 to $126.527.00

Day Programs: One individual goes to program in Windham, two individuals go to program in Colchester; one individual goes to program in Middletown and one individual has an in-home day program and an outside provider is being explored at this time.

Vehicle Needs: One 7- passenger van and one car

SUPPORT REQUIREMENTS: This home requires 3:5 staffing on 1st and 2nd shift and 1:5 on 3rd shift. This home requires 366 hours per week of direct staff support in addition to 13 hours of supervisory time (not in coverage).

CLINICAL REQUIREMENTS: Clinical supports include nursing, behavioral and OT/PT. Details will be available on the secure site.

OCCUPANCY REQUIREMENTS: The home is licensed for 5 and it is owned by the State of Connecticut.

DATA and TECHNOLOGY REQUIREMENTS: E-Mail/Internet Capabilities.

FINANCIAL REQUIREMENTS:

- The total residential funding amount for this home is $ 569,158.00.
- The maximum annual transitional funding amount is $ 54,857.00. This amount will be exempted from the rate transition for three years.
- Maximum funding amount for this home is $ 624,015.00

CLA: ID # 202

ADDRESS: North Haven, CT

DDS REGION: SOUTH

Type: This is a 3,180 square feet one level ranch with a shed in the back yard for storage. The home has a large deck, six bedrooms, two bathrooms (1 shower, 1 whirlpool tub), laundry room

washer dryer, open floor plan, and office space. Overhead lifts are located in whirlpool bathroom and all bedrooms, ground level accessible.

Number of individuals that reside in the home: 6

Ages: 21 to 59

Number and Gender of Individuals living in the Home: 3 Females, 3 Males

LON Scores: 6 and 7

Funding Range: $94,907 - $122,930

SUPPORT REQUIREMENTS: This home requires 3:6 staffing on 1st and 2nd shift and 2:6 on 3rd shift. This home requires 366 hours per week of direct staff support. The day programs will be provided by 3 private agencies. Proposer will be expected to transport residents to day programs/jobs.

CLINICAL REQUIREMENT: Clinical supports include nursing, behavioral and OT/ PT. Details will be available on the secure site.

OCCUPANCY REQUIREMENTS: The home is licensed for 6 and it is owned by the State of Connecticut.

DATA and TECHNOLOGY REQUIREMENTS: E-Mail/Internet Capabilities.

FINANCIAL REQUIREMENTS:

- The total residential funding amount for this home is $ 660.999.00.
- The maximum annual transitional funding amount is $ 65,351.00. This amount will be exempted from the rate transition for three years.
- Maximum funding amount for this home is $726,350.00

CLA: ID # 203

ADDRESS: Colchester CT

DDS REGION: SOUTH

HOME DESCRIPTION: This is a 2,265 square feet, **s**ingle level ranch on a large lot on a cul-de-sac with a large porch attached to home and a large backyard. The home has four bedrooms and is an open floor plan/wheelchair accessible with barrier free tracking in parts of the home. It has two bath rooms. The home has a kitchen, dining room and two living areas. It also has a large garage. Single level ranch on a cul-de-sac with a large porch attached to home and a large backyard. The home is an open floor plan/wheelchair accessible with barrier free tracking in parts of the home.

Number of Individuals that reside in the home: 5

Ages: 56 to 67

Gender: Males: 5

LON Scores: All residents score a 7

Funding Range: $126,527

Day Programs: Two individuals attend program in Norwich; two individuals attend program in Windham and one attend program in Quaker Hill.

Vehicle Needs: 2 Wheelchair vans

SUPPORT REQUIREMENTS: This home requires 3:5 staffing on 1st and 2nd shift and 2:5 on 3rd shift. This home requires a total of 357 hours per week of direct staff support and 13 hours a week of supervisory support (not in coverage).

CLINICAL REQUIREMENT: None.

OCCUPANCY REQUIREMENTS: The home is licensed for 5 and it is owned by the State of Connecticut.

DATA and TECHNOLOGY REQUIREMENTS: E-Mail/Internet Capabilities.

FINANCIAL REQUIREMENTS:

- The total residential funding amount for this home is $ 690,667.00.
- The maximum annual transitional funding amount is $63,264.00. This amount will be exempted from the rate transition for three years.
- Maximum funding amount for this home is $753,931.00

CLA: ID # 204

ADDRESS: East Haven, CT

DDS REGION: SOUTH

Type: This is a 3,120 usable square feet, one level ranch with no basement. There are 2 full bathrooms, 1 living area and 6 bedrooms. The kitchen/dining area is designed in an open floor concept and there is a small office space off the front hallway. There is a Washer and dryer area. The home has a small patio off the living area, a large fenced in side yard, small parking areas in front and in back and 1 car unattached garage.

Number of Individuals that reside in the home: 6

Ages: 36 – 59

Gender: Males: 3 / Females: 3

LON Scores: 6 - 7

Funding Range: $94,907- $122,930

Day Programs: One resident attends program in Wallingford; one resident attends program in West Haven; three residents attend programs in North Haven and one resident attends program in Milford.

Vehicle Needs: 12 Passenger Van

SUPPORT REQUIREMENTS: This home requires 3:6 staffing on 1st and 2nd shift and 2:6 on 3rd shift. This home requires a total of 372.5 hours per week of direct staff support and 35 hours a week of supervisor support.

CLINICAL REQUIREMENT: Clinical supports include nursing, behavioral and OT/ PT. Details will be available on the secure site.

OCCUPANCY REQUIREMENTS: The home is licensed for 6 and it is owned by the State of Connecticut.

DATA and TECHNOLOGY REQUIREMENTS: E-Mail/Internet Capabilities.

FINANCIAL REQUIREMENTS:

- The total residential funding amount for this home is $ 660,999.00.
- The maximum annual transitional funding amount is $ 65,351.00. This amount will be exempted from the rate transition for three years.
- Maximum funding amount for this home is $ 726,350.00

CLA: ID # 205

ADDRESS: Middletown, CT

DDS REGION: SOUTH

Type: This is a 2,640 usable square feet CLA. This home is a one level ranch with unfinished basement for storage. First floor has 2 full bathrooms, 2 living areas, 4 bedrooms, dining room, and kitchen. There is

a small office space off the living room. The home has a large deck off living area, a small yard and ample parking.

Number of Individuals that reside in the home: 6

Ages: 33 - 69

Gender: Males: 4 / Females: 2

LON Scores: 7

Funding Range: $122,930.00

Programs: Five residents attend programs in Wallingford and one in Cromwell.

Vehicle Needs: Wheelchair van w/tie downs.

***Pets:** the individuals have a cat (Emma) which they share in the cost of care for.

SUPPORT REQUIREMENTS: This home requires 3:6 staffing on 1st and 2nd shift and 2:6 on 3rd shift. This home requires a total of 384.5 hours per week of direct staff support in addition to 30.5 hours a week of supervisory time (not in coverage).

CLINICAL REQUIREMENT: Clinical supports include nursing, behavioral and OT/PT. Details will be available on the secure site.

OCCUPANCY REQUIREMENTS: The home is owned by the State of Connecticut.

DATA and TECHNOLOGY REQUIREMENTS: E-Mail/Internet Capabilities.

FINANCIAL REQUIREMENTS:

- The total residential funding for this home is $ 737,580.00.
- The maximum annual transitional funding amount is $ 73,758.00. This amount will be exempted from the rate transition for three years.
- Maximum funding amount for this home is $ 811,338.00

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CLA: ID # 206

ADDRESS: North Haven, CT

DDS REGION: SOUTH

Type: This is a 3120 usable square feet CLA, ground level accessible**.** - The Home is a one level ranch with no basement, six bedrooms, two bathrooms, (1 whirlpool tub, 1 large w/c shower). There a laundry area with washer/dryer. An attached garage used for storage with a large freezer. Overhead lifts in bedrooms, living room and 1 bathroom. Home has a large yard, fence on both sides of property with long driveway and off street parking.

Number of the individuals that reside in the home: 6

Ages: 33 to 73

Number and Gender of Individuals living in the Home: 3 Females, 3 Males

LON Scores: 6 and 7

Funding Range: $94,907 - $122,930

Day Programs: Five residents attend programs in North Haven (transported by Residential w/c van) and one resident goes to program in Wallingford (transported by day program w/c van).

SUPPORT REQUIREMENTS: This home requires 4:6 staffing on 1st and 2nd shift and 2:6 on 3rd shift. This home requires 304 hours per week of direct staff support.

CLINICAL REQUIREMENT: Clinical supports include nursing, behavioral and OT/PT. Details will be available on the secure site.

OCCUPANCY REQUIREMENTS: The home is licensed for 6 and it is owned by the State of Connecticut.

DATA and TECHNOLOGY REQUIREMENTS: E-Mail/Internet Capabilities.

FINANCIAL REQUIREMENTS:

- The total residential funding amount for this home is $ 718,907.00.
- The maximum annual transitional funding amount is $ 70,955.00. This amount will be exempted from the rate transition for three years.
- Maximum funding amount for this home is $ 789,862.00

CLA: ID # 207

ADDRESS: Waterford, CT

DDS REGION: SOUTH

Type: This is a 3,024 square feet ranch style, fully accessible home in a residential neighborhood. The home sits back from the road which has light to moderate traffic. The home is in close proximity to Camp Harkness. Pepperbox is a 6 bed Licensed CLA in the town of Waterford. It is a ranch style, fully accessible home in a residential neighborhood. The home has a large front yard, sitting back from the road which has light to moderate traffic. It has five bedrooms, 2 bathrooms with showers and one room with an accessible jetted tub. The home has a large dining room off of the kitchen area and two living areas. There is a separate laundry room on the main floor of the home. The basement provides ample storage area. There is a deck off the back of the house and ample parking. The home is in close proximity to Camp Harkness.

Number of Individuals that reside in the home: 6

Ages: 46 to 66

Gender: 4 Female, 2 Male

LON Scores: 3 to 7

Funding Range: $51,450.00 - $94,907.00

Day Programs: Three individuals attend programs in Gales Ferry; two individuals attend programs in Colchester and one individual attends program in Quaker Hill.

Vehicle Needs: Two individuals need a wheelchair van and the other four can be transported in a car or mini van

SUPPORT REQUIREMENTS: This home requires 3:6 staffing on 1st and 2nd shift and 2:6 on 3rd shift. This home requires 374.5 hours per week of direct staff support. Additionally, the home requires a supervisor for 13 hours a week.

CLINICAL REQUIREMENTS: Clinical supports include nursing, behavioral and OT/ PT. Details will be available on the secure site.

OCCUPANCY REQUIREMENTS: The home is licensed for 6 and it is owned by the State of Connecticut.

DATA and TECHNOLOGY REQUIREMENTS: E-Mail/Internet Capabilities.

FINANCIAL REQUIREMENTS:

- The total residential funding amount for this home is $ 540,166.00.
- The maximum annual transitional funding amount is $ 51,957.00. This amount will be exempted from the rate transition for three years.

- Maximum funding amount for this home is $592,123.00

CLA: ID # 208

ADDRESS: North Haven, CT

DDS REGION: SOUTH

Type: This is a 1,937 usable square feet CLA. This home is a one level ranch with a finished basement that includes a laundry area and a storage area. First floor has 2 full bathrooms, 1 living area and 6 bedrooms. The kitchen/dining area is designed in an open floor concept. The home has a large deck off the rear hallway; a large partially fenced in back yard and ample parking.

Number of Individuals that reside in the home: 6

Ages: 42 to 65

Gender: Males: 4 / Females: 2

LON Scores: 3 to 6

Funding Range: $51, 450 - $94,907

Day Programs: Three residents attend programs in North Haven; one goes to Wallingford; one goes to New Haven and one goes to Meriden.

Vehicle Needs: 12 Passenger Van

****Pets:** the home has a cat

SUPPORT REQUIREMENTS: This home requires 3:6 staffing on 1st and 2nd shift and 2:6 on 3rd shift. This home requires a weekly total of 374 hours of direct staff support in addition to 35 weekly hours of supervisory support.

CLINICAL REQUIREMENT: Clinical supports include nursing, behavioral and OT/ PT. Details will be available on the secure site.

OCCUPANCY REQUIREMENTS: The home is licensed for 6 and it is owned by the State of Connecticut.

DATA and TECHNOLOGY REQUIREMENTS: E-Mail/Internet Capabilities.

FINANCIAL REQUIREMENTS:

- The total residential funding amount for this home is $ 438,823.00.

- The maximum annual transitional funding amount is $ 42,946.00.This amount will be exempted from the rate transition for three years.
- Maximum funding amount for this home is $ 481,769.00

CLA: ID # 209

ADDRESS: Colchester, Ct.

DDS REGION: SOUTH

Home Description: This is a 2,785 square feet, one level style ranch home with a finished basement that includes 3 bathrooms (2 full) 2 living areas and 5 bedrooms as well as storage areas. The kitchen/dining area and living area are designed in an open floor concept and there is an office space off the living room. The home has a large deck off the dining area; a large fenced in back yard and ample parking.

Number of Individuals that reside in the home: 6

Ages: 38 to 60

Gender: Male

LON Scores: 5 to 8

Funding Range: $ 77, 690.00 - $139,394.00

Day Programs: Two residents attend programs in Uncasville; one goes to Old Saybrook; one goes to Windham and two have no program at this time.

Vehicle Needs: Car or passenger van

SUPPORT REQUIREMENTS: This home requires 3:6 staffing on 1st and 2nd shift and 3:6 on 3rd shift. This home requires 439 hours per week of direct staff support in addition to 13 hours a week of supervisory time not in coverage.

CLINICAL REQUIREMENTS: Clinical supports include nursing, behavioral and OT/PT. Details will be available on the secure site.

OCCUPANCY REQUIREMENTS: The home is licensed for 6 and it is owned by the State of Connecticut.

DATA and TECHNOLOGY REQUIREMENTS: E-Mail/Internet Capabilities.

FINANCIAL REQUIREMENTS:

- The total residential funding amount for this home is $ 749,480.00.
- The maximum annual transitional funding amount is $ 65,276.00.This amount will be exempted from the rate transition for three years.
- Maximum startup funding amount for this home is $ 814,756.00

CLA: ID # 210

ADDRESS: Cromwell, CT

DDS REGION: SOUTH

Type: This is a 2,640 usable square feet CLA. This home is a one level ranch with unfinished basement for storage. First floor has 2 full bathrooms, 2 living areas, 4 bedrooms, dining room, and kitchen. There is a small office space off the living room. The home has a large deck off living area, a small yard and ample parking.

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Number and names of Individuals that reside in the home: 5 (licensed CLA for 6 but one individual passed away recently).

Ages: 47 to 71

Gender: Males: 3 / Females: 2

LON Scores: Each person scores a LON 7

Funding Range: $122, 930

Day Programs: All current residents attend program in Wallingford.

Vehicle Needs: Wheelchair Van

SUPPORT REQUIREMENTS: This home requires 3:6 staffing on 1st and 2nd shift and 2:6 on 3rd shift. This home requires 357.5 hours per week of direct staff support in addition to 35 hours a week of supervisory time.

CLINICAL REQUIREMENT: Clinical supports include nursing, behavioral and OT/PT. Details will be available on the secure site.

OCCUPANCY REQUIREMENTS: The home is licensed for 6 and it is owned by the State of Connecticut. The region and the successful bidder will mutually agree on an individual to fill the vacancy.

DATA and TECHNOLOGY REQUIREMENTS: E-Mail/Internet Capabilities.

FINANCIAL REQUIREMENTS:

- The total residential funding amount for this home is $614,650.00.
- The maximum annual transitional funding amount is $ 61,465.00. This amount will be exempted from the rate transition for three years.
- Maximum funding amount for this home is $676,115.00.

CLA: ID # 211

ADDRESS: Middletown, CT

DDS REGION: SOUTH

Type: This is a 2640 usable square feet CLA. This home is a one level ranch with unfinished basement for storage. First floor has 2 full bathrooms, 2 living areas, 4 bedrooms, dining room, and kitchen. There is a small office space off the living room. The home has a deck off living area, a small yard and parking.

Number of Individuals that reside in the home: 6

Ages: 51 to 69

Gender: Males: 3 / Females: 3

LON Scores: 6 and 7

Funding Range: $94,907 - $122,930

Day Programs: Four residents attend programs in Wallingford; one resident goes to Cromwell and one resident goes to Meriden.

Vehicle Needs: Wheelchair Van

SUPPORT REQUIREMENTS: This home requires 3:6 staffing on 1st and 2nd shift and 2:6 on 3rd shift. This home requires 365 hours per week of direct staff support in addition to 35 hours a week of supervisory support.

CLINICAL REQUIREMENT: Clinical supports include nursing, behavioral and OT/PT. Details will be available on the secure site.

OCCUPANCY REQUIREMENTS: The home is licensed for 6 and it is owned by the State of Connecticut.

DATA and TECHNOLOGY REQUIREMENTS: E-Mail/Internet Capabilities.

FINANCIAL REQUIREMENTS:

- The total residential funding amount for this home is $ 689,022.00.
- The maximum annual transitional funding amount is $ 68,153.00. This amount will be exempted from the rate transition for three years.
- Maximum funding amount for this home is $ 757,175.00

CLA: ID # 212

ADDRESS: Hamden, CT

DDS REGION: SOUTH

Type: This is a 3220 square feet CLA, ground level accessible, large ranch style, large back yard, garden area. This is a large ranch style home with a large back yard, including a garden area, and storage shed. There are six bedrooms, two bathrooms (1 standard tub, 1 shower); the home has a laundry room with washer/dryer and a large garage with freezer. Open floor plan which includes kitchen/dining room. Traffic on the road is moderate. One level ranch with storage shed in large back yard. Home has a garden. There are six bedrooms, two bathrooms (1 standard tub, 1 shower); Home has a laundry room with washer/dryer and a large garage with freezer. Open floor plan kitchen/dining room.

Ages: 45 – 70

Number and Gender of Individuals living in the Home: 6 Males

LON Scores: 5 - 7

Funding Range: $77,690 - $122,930

Day Programs: Five residents attend program in Meriden (transported by residential), and the other resident goes to Hamden, (transported by day program staff)

SUPPORT REQUIREMENTS: This home requires 4:6 staffing on 1st and 2nd shift and 2:6 on 3rd shift. This home requires 462 hours per week of direct staff support in addition to 21 hours a week of supervisory time not in coverage.

CLINICAL REQUIREMENT: Clinical supports include nursing, behavioral and OT/PT. Details will be available on the secure site.

OCCUPANCY REQUIREMENTS: The home is licensed for 6 and it is owned by the State of Connecticut.

DATA and TECHNOLOGY REQUIREMENTS: E-Mail/Internet Capabilities.

FINANCIAL REQUIREMENTS:

- The total residential funding amount for this home is $ 630,366.00.
- The maximum annual transitional funding amount is $ 59,105.00. This amount will be exempted from the rate transition for three years.
- Maximum funding amount for this home is $689,471.00

CLA: ID # 213

ADDRESS: Hamden, CT

DDS REGION: SOUTH

Type: 3255 SQUARE FEET CLA, ground level accessible. This is a one level ranch, no basement, six bedrooms, two bathrooms (1 standard tub, 1 shower). Home has a laundry room with washer/dryer. Open floor plan kitchen/dining room. The home has a large back yard with a long driveway and off street parking. Garage used for storage and large extra freezer

Ages: 46 to 59

Number and Gender of Individuals living in the Home: 3 Females, 3 Males

LON Scores: 5 to 7

Funding Range: $77,960 - $122,930

Day Programs: Five residents attend programs in Hamden and one resident attends program in West Haven. Residential staff transport to day program sites.

SUPPORT REQUIREMENTS: This home requires 3:6 staffing on 1st and 2nd shift and 2:6 on 3rd shift. This home requires 400.5 hours per week of direct staff support in addition to 21 hours a week of supervisory time.

CLINICAL REQUIREMENT: Clinical supports include nursing, behavioral and OT/PT. Details will be available on the secure site.

OCCUPANCY REQUIREMENTS: The home is licensed for 6 and it is owned by the State of Connecticut.

DATA and TECHNOLOGY REQUIREMENTS: E-Mail/Internet Capabilities.

FINANCIAL REQUIREMENTS:

- The total residential funding amount for this home is $ 542,727.00.
- The maximum annual transitional funding amount is $ 52,962.00. This amount will be exempted from the rate transition for three years.
- Maximum funding amount for this home is $ 595,689.00.

CLA: ID # 301

ADDRESS: East Norwalk, CT

DDS REGION: WEST

HOME DESCRIPTION: This is a LA - Colonial, Tri- Level home with partially finished basement on the shoreline. This home has 5600 square feet of usable space. It has 9 Bedrooms, 5 Full Bathrooms, 1 ½ Bathroom, Living Room / Dining Room & Kitchen. The home is not fully handicap accessible. It has 2 Ramps / One on each Side of House to the Main Floor, one partially accessible bathroom on the main floor and a walk-In shower

Number and Names of Individuals that reside in the home: 9 Men

Ages: 26 to 86

Gender: All Males

LON Scores: 4 to 8

Funding Range: $54,385 to $126,204

Day Programs: One resident is retired and home due to Chronic Health concerns, four residents attend programs in Norwalk. At this time one resident is not attending a day program but exploring DSO etc.; another resident attends program in Stratford; another attends program in Trumbull and one IDS/ Family.

Vehicle Needs: 3 Vehicles minimum to accommodate Transportation Runs / Various Transportation Times, Medical Appointments, Recreational/Educational Schedules, Community Outings. Two Larger Vehicles - 1 Mini- Van (7 Passenger) & 1 Van (13 Passenger) & 1 Car

SUPPORT REQUIREMENTS: This home requires 4:9 staffing on 1st and 2nd shift and 2:9 on 3rd shift. One individual in that home requires a routine 1:1 support when inside the home and a 2:1 support when outside the home. This CLA requires 511 hours per week of direct staff support in addition to 17.5 hours of supervisory time not in coverage.

CLINICAL REQUIREMENT: Clinical supports include nursing, behavioral, and OT/ PT. Details will be available on the secure site.

OCCUPANCY REQUIREMENTS: The home is licensed for 9 and it is owned by the State of Connecticut.

DATA and TECHNOLOGY REQUIREMENTS: E-Mail/Internet Capabilities.

FINANCIAL REQUIREMENTS:

- The total residential funding amount for this home is $ 692,219.00.
- The maximum annual transitional funding amount is $ 60,285.00. This amount will be exempted from the rate transition for three years.
- Maximum funding amount for this home is $ 752,504.00.

CLA: ID # 302

DDS REGION: WEST

ADDRESS: Cheshire, CT

HOME DESCRIPTION: This is a Ranch style home accessible one level. It has 3024 square feet of usable space. The home is equipped with four bedrooms, two and a half bathrooms and one tub room equipped with a century tub. It has a full basement and it also has two concrete ramps located in front and back of the home which makes it very accessible. It has a nice fence yard.

Number of Individuals that reside in the home: 5

Ages: 34 to 66

Gender: 1 male, 4 female

LON Scores: 5 to 7

Funding Range: $80,688 to $126,527

Day Programs: Day programs currently include Marrakech, Bidwell and WARC.

Vehicle Needs: Wheelchair Van, 7 passenger van

SUPPORT REQUIREMENTS: This home requires 3:7 staffing on 1st and 2nd shift and 2:7 on 3rd shift. This home requires 384 hours per week of direct staff support in addition to 17.5 hours of supervisory time a week.

CLINICAL REQUIREMENT: Clinical supports include nursing, behavioral and OT/PT. Details will be available on the secure site.

OCCUPANCY REQUIREMENTS: The home is licensed for 5 and it is owned by the State of Connecticut.

DATA and TECHNOLOGY REQUIREMENTS: E-Mail/Internet Capabilities.

FINANCIAL REQUIREMENTS:

- The total residential funding amount for this home is $522,294.00.
- The maximum annual transitional funding amount is $ 51,293.00. This amount will be exempted from the rate transition for three years.
- Maximum funding amount for this home is $ 573,587.00.

CLA: ID # 303

ADDRESS: Cheshire, CT

DDS REGION: WEST

HOME DESCRIPTION: This is a ranch style accessible one level home. It has 3024 square feet of usable space. The home is equipped with four bedrooms, two and a half bathrooms and one tub room equipped with a century tub. It has a full basement and it also has two concrete ramps located in front and back of the home which makes it very accessible. It has a nice fence yard.

Number of Individuals that reside in the home: 5

Ages: 43 to 59

Gender: 2 male, 3 female

LON Scores: 5 to 6

Funding Range: $ 80,688 to 98,504

Day Programs: CW Resources, Bidwell, Abilities Without Boundaries and Oak Hill.

Vehicle Needs: Wheelchair van, 12 passenger van

SUPPORT REQUIREMENTS: This home requires 3:7 staffing on 1st and 2nd shift and 1.5:7 on 3rd shift. This home requires 304 hours per week of direct staff support. The day programs will be provided by 3 private agencies. Proposer will be expected to transport residents to day programs/jobs.

CLINICAL REQUIREMENT: Clinical supports include nursing, behavioral, OT/PT, Speech, and Dietary.

OCCUPANCY REQUIREMENTS: The home is licensed for 5 and it is owned by the State of Connecticut.

DATA and TECHNOLOGY REQUIREMENTS: E-Mail/Internet Capabilities.

FINANCIAL REQUIREMENTS:

- The total residential funding amount for this home is $ 463,408.00.
- The maximum annual transitional funding amount is $ 43,907.00. This amount will be exempted from the rate transition for three years.
- Maximum funding amount for this home is $ 507,315.00

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

A. Cover Sheet 1

The Cover Sheet should have the following components:

- RFP Name or Number:
- Legal Name:
- FEIN:
- Street Address:
- Town/City/State/Zip:
- Authorized representatives:
- Title:
- Phone Number:
- FAX Number:
- E-Mail Address:
- Authorized Official:
- Title:
- Signature:

B. Table of Contents 2

C. Declaration of Confidential Information 3

If a proposer deems that certain information required by this RFP is confidential, the Proposer must label such information as CONFIDENTIAL. If applicable, the proposer must reference where the information labeled CONFIDENTIAL is located in the proposal. (EXAMPLE: Section G.1.a.) *If this is not applicable, insert N/A for the page number.*

D. Conflict of Interest - Disclosure Statement (Form 5). 4

All proposers must complete the Conflict of Interest Disclosure Form. An acceptable form must clearly highlight whether the entity does or does not have any current business relationships.

E. Executive Summary 5

F. Main Proposal . . . . . .

1. Organizational Profile . . . . . .

1. *Qualifications*. Provide an overview of your organization including years in operation, mission statement, and the current range of services the organization provides. Describe how your organization meets the required contractor qualifications of this RFP: (1) experience and demonstrated success working with the target population; (2) Board of Directors composition and role in

management and oversight; (3) sufficient managerial and administrative support to implement the CLA services required by this RFP in the proposed service area including the ability to meet data submission requirements; (4) sufficient resources to operate the proposed CLA; (5) the ability to supervise staff in community settings; (6) the capacity to provide staff with professional development or training opportunities; and (7) a continuous improvement process to ensure quality services; (8) a copy of the Internal Revenue Service letter that verifies the provider is a 501(3) private non-profit organization. (**Attachment O**)

2. *Summary of Relevant Experience*. Provide a list of projects that your organization has completed within the last three (3) years in the subject area with emphasis on activities relevant and related to the proposed project.
3. *Organization Chart.* Provide a diagram showing the hierarchical structure of functions and positions within your organization (**Attachment D**). Indicate on the diagram where the following functions related to this project will be located: supervision of the Residential Manager, contract management, staff development, program development, continuous quality improvement and administrative support.
4. *Executive Management Personnel.* Provide the names and job titles of the administrator of the organization and the Executive Management Team. Provide a copy of each individual's resume. (**Attachment E**).
5. *Proposer Performance Reviews.* Provide documentation to demonstrate that the proposer has provided quality programs and services to individuals with intellectual disabilities over the past few years. (**Attachment F**) Include four consumer satisfaction surveys, if available, the two most recent Quality Service Reviews performed by DDS or a similar review completed by another state agency, the most recent CARF Accreditation (if applicable), and the four most recent CT Licensing inspection reports or similar out of state reports. ***Any such documentation should be redacted of HIPAA protected information for individuals not associated with the facility or program for which the agency proposal is submitted.***
6. *Service Area.* Provide a rationale explaining why your organization is well suited to provide services in the proposed area.
7. *Financial Condition.* Include the most recent annual financial statements prepared by an independent Certified Public Accountant, and reviewed or audited in accordance with Generally Accepted Accounting Principles (USA) (**Attachment G**). If a proposer has been in business for less than two years, such proposer must include any financial statements prepared by a Certified Public Accountant, and reviewed or audited in accordance with Generally Accepted Accounting Principles (US) for the entire existence of such firm or corporation.
8. *References:* Include three (3) letters of reference from individuals and/or family members the agency has recently provided supports and services (**Attachment H**). For the purpose of this RFP, "individual" is defined as an individual with intellectual disabilities who has been supported by or otherwise benefited from the proposer's services. Provide the following information for each reference: Name, title, address, and telephone number where the person can be reached during daytime hours.

G. Scope of Services . . . . . .

1. *Proposed Services.* Provide a description of the proposed services to be provided. At a minimum, the description should identify the proposed residential support, any identified individual specific needs to be provided, staffing, administrative oversight, clinical behavioral supports, nursing oversight, use of community resources and examples of recreational and leisure activities the proposer will provide.
2. *Support Strategies.* Describe how the proposed program will meet the health and safety, behavioral, psychiatric, educational, habilitative, and the overall quality of life needs of the people to be served. Detail any specialized services and supports for one or more of the people to be served, which may include medical and nursing services, adaptive equipment, recreation, fitness and social needs, unique staff skills, language and cultural needs, etc. Describe how the organization will incorporate the utilization of community services and the development of individual networks of support, including family and friends, community organizations, self-advocacy opportunities, and social networks that might reduce the reliance on segregated services.
3. *Personal Preferences and Relationships.* Describe and provide specific examples of how the organization will address the personal preferences and relationships of the people to be served. Detail how the organization will recognize and value the person-centered planning process and the ability of the individual to determine the focus of services. Describe how the individual will be empowered to determine the activities of his/her leisure time, routines, schedules, location, work, hobbies, service providers, etc. Detail how the organization will assist individuals and their families and friends to maintain important relationships. This might include providing transportation for family visits, inviting family and friends into the normal routine of the program, strengthening involvement in planning activities, etc. If there are no existing relationships, describe the strategies the organization will implement to develop or re-establish family contacts and friendships.

H. Staffing Plan . . . . . .

1. *Staff Plan.* Submit a staffing plan that discusses how and when your organization will hire staff and orient them to your organization, the program, the community, and their roles and responsibilities. <u>Special consideration will be given to proposals that include recruitment and retention of former DDS employees for continuity of care.</u>
2. *Recruitment and Retention:* Describe the direct support staff turnover rate, staff recruitment and retention strategies for the agency.
3. *Staffing Schedule.* A sample Staffing Schedule is on page 48. Minimum staffing requirements must be provided by proposers. Provide a staff schedule for the home. Include the number of direct support staff per shift, including what days and hours they will be working. (**Attachment I**).
    - CLA Home 1 – Proposers will specify hours of direct care staff coverage required on a weekly basis.

4. *Organization Chart for the CLA.* Provide an organization chart showing anticipated lines of authority (reporting relationships) of the CLA program staff (**Attachment J**).
5. *Key Personnel.* Provide the name and job title of the individual within your organization who will supervise the CLA Residential Manager. Provide a copy of this individual's resume, as well as the Program Manager's and Clinical Supervisor's (**Attachment K**). On the organization chart required in Section 3, indicate this individual's location within your organization.

I. Data and Technology . . . . . .

Provide a description of the agency's computer hardware and E-Mail/Internet Capability. Describe any technology used to enhance staff effectiveness or improve the efficiency of your organization. Describe the data collection methodology the proposer will use to document attendance based on the contract service authorization documentation guidelines.

J. Subcontractors . . . . . .

If the proposer plans to use subcontractors, provide a list with the following information:

- Legal Name of Agency or Individual Practitioner , Address, FEIN
- Contact Person, Title, Phone, Fax, E-mail
- Services Currently Provided
- Services To Be Provided Under Subcontract

K. Work Plan. . . . . .

Community Living Arrangement (CLA)

Community Living Arrangement: DDS has licensing requirements for operating a CLA. These requirements include but are not limited to: (1) habilitative services; (2) environmental requirements; (3) emergency planning (4) staff development and training; (5) health and safety; (6) managing individual funds; etc.

a. Include a statement that your organization "has read and understands DDS's licensing requirements for these services and agrees to implement these services in accordance with DDS's policies and procedures."
b. *Work Plan.* Develop a work plan **from the date of award through the first year of operating the CLA**, describing **what steps** (activities, actions, tasks) your organization will take to implement DDS's requirements for these services within the proposed service area as itemized in item 5 of the Proposal Overview. This plan must include projected dates for meeting consumers/families, completion of construction, receipt of applicable town permits, training/orientation of staff, completion of DSS development agreement, licensing, establishment of school programs or day programs, plan to manage individual funds, move-in date etc.
c. *Methods.* Describe **how** your organization will accomplish each step of the work plan, providing a detailed explanation of the procedures or processes that will be used to attain the expected outcomes.

d. *Timetable.* Include a proposed timetable indicating **when** each step of your organization's proposed work plan will be accomplished. Identify any significant milestones or deadlines.

NOTE: The work plan, methods, and timetable must be submitted in the format below. The step, method, and timetable shown here are for illustrative purposes only.

Step: Obtain CLA License
Method: (1) Identify licensing requirements
(2) Prepare draft documents
(3) Identify strengths and weakness of the home
(4) Rectify deficiencies
(5) Complete licensing packet
Timetable: Complete licensing packet no later than February 1, 2017

L. Cost Proposal . . . . . .

1. Financial Profile . . . . . .

Financial Condition: Provide a description of the financial condition of the company. This should include a history of the proposer's experience in managing and operating within budget and managing consumer's individual finances. Describe what credit lines with the associated financial institution, are available to the proposer to meet its financial needs.

2. Budget and Budget Narrative . . . . . .

a. Include a separate budget on the attached Budget Summary Sheet or at DDS website at www.ct.gov/dds under the "Business Opportunities (RFPs)" link the Budget Summary Form (**Form 8**).
b. Include a budget narrative to detail operating and administrative expenses. The budget narrative should include the wage rate structure for direct support staff and supervisors including the starting wage. The budget narrative should provide the background descriptive information for each of the budget lines in the Budget Summary Form.

NOTE 1: All proposed costs are subject to the standards developed by the State's Office of Policy and Management for the purchase of service (POS). The cost standards must be incorporated into the provisions of all new State awards effective on or after January 1, 2017. Be advised that your organization's cost proposal is subject to revision prior to award in order to ensure compliance with the cost standards. For more information, go to www.ct.gov/opm, click on "Publications," then click on "Purchase of Service (POS) Cost Standards."

M. Appendices . . . . . .

Appendices should clearly identify the attachment label and each page numbered sequentially as part of the total RFP.

Attachment A - Proposer's Authorized Representatives (***Form 1***)
Attachment B - Agency Agreement and Assurance Form (***Form 3)***
Attachment C - Notification to Bidders, Parts I – V (CHRO) (***Form 4***)

Attachment D - Organization Chart (***no form provided***)
Attachment E - Executive Management Resumes. Provide a copy of the resume for the administrator of the organization and the Executive Management Team (***no form provided***).
Attachment F - Proposer Performance Reviews (***no form provided***)
Attachment G - The most recent annual financial statements prepared by an independent Certified Public Accountant, and reviewed or audited in accordance with Generally Accepted Accounting Principles (USA). If a proposer has been in business for less than two years, such proposer must include any financial statements prepared by a Certified Public Accountant, and reviewed or audited in accordance with Generally Accepted Accounting Principles (US) for the entire existence of such firm or corporation. (***No form provided***)
Attachment H - Letters of Reference (3 total) (***No form provided***)
Attachment I - Staffing Schedule
Attachment J - CLA Organization Chart (***No form provided***)
Attachment K - Key CLA Personnel Resumes (***No form provided***)
Attachment L - Consulting Agreement Affidavit (OPM Ethics Form 5) (***Form 6***)
Attachment M - Gift and Campaign Contributions Certification (OPM Ethics Form 1) (***Form 7*)**
Attachment N - Multiple Submission Proposal **(no form provided)-** A document that details the direct support and clinical coverage for each home, the supervision and administrative oversight for the bundled homes and any financial savings achieved by receiving the awards for multiple homes or groupings.
Attachment O - Copy of the Internal Revenue Service letter that verifies the provider is a 501(3) private non-profit organization (**no form provided**)

V. Forms

The purpose of this subsection is to provide blank copies of any Department forms that must be submitted with a proposal.

Form 1 - Proposer's Authorized Representatives
Form 2 - Non Disclosure Form
Form 3 – Agency Agreement and Assurances Form
Form 4 – Notification to Bidders, Parts I – V (CHRO)
Form 5 – Conflict of Interest Form
Form 6 – Consulting Agreement Affidavit (OPM Ethics Form 5)
Form 7 – Gift and Campaign Contributions Certification (OPM Ethics Form1)
Form 8 – Budget Summary Form

PROPOSER INFORMATION

STATE OF CONNECTICUT

Department of Developmental Services

Applicant Agency: _____
Legal Name

Authorized Representatives: Applicants must designate an authorized representative and one (1) alternate. The form must be signed by the organization's Chief Executive Officer or another official with signatory authority.

Authorized Representative:

		( ) -
Name	Title	Telephone Number
Street	Town	Zip Code
E-mail Address		Facsimile Number
Normal Working Hours		

Alternate:

		( ) -
Name	Title	Telephone Number
Street	Town	Zip Code
E-mail Address		Facsimile Number
Normal Working Hours		

I, the undersigned, for and on behalf of the named applicant agency, do herewith apply for this funding and attest that to the best of my knowledge the statements made herein are true.

_____ _____
Signature of Authorizing Official Date

_____
Typed Name and Title

FORM 1

State of Connecticut
Department of Developmental Services

Dannel P. Malloy
Governor

Morna A. Murray, J.D.
Commissioner

Jordan A. Scheff
Deputy Commissioner

Non-Disclosure Form
HIPAA and Privacy Rights
Acknowledgement and Agreement

The undersigned in submitting a Letter of Intent for _____to
(Name of Proposer)
participate in a Request for Proposal process hereby acknowledges the applicability of HIPAA and state law protections of DDS client information and agrees that any protected health information, individually identifiable health information, and/or any other DDS client information which is obtained during Participation in the RFP process shall be maintained confidential.

Further, the undersigned acknowledges and agrees to return any of the aforementioned information to DDS if the provider agency is not selected at the conclusion of the RFP process.

_____ Date: _____
Executive Director/Authorized Agent

FORM 2

Department of Developmental Services (DDS)

AGREEMENTS AND ASSURANCES

The undersigned proposer affirms and declares that:

1. General

a. This proposal is executed and signed with full knowledge and acceptance of the RFP CONDITIONS stated in the RFP.
b. The proposer will deliver services to DDS at the cost proposed in the RFP and within the time frames therein.
c. Neither the proposer or any official of the organization nor any subcontractor to the proposer or any official of the subcontractor's organization has received any notices of debarment or suspension from contracting with the State of Connecticut or the Federal Government.
d. Neither the proposer or any official of the organization nor any subcontractor to the proposer or any official of the subcontractor's organization has received any notices of debarment or suspension from contracting with other states within the United States.

2. DDS Policies and Procedures

a. The proposer has read and understands the DDS Policies and Procedures Manual and will adhere to all DDS policies and procedures.
b. The proposer will participate in the Individual Planning Process and attend regular meetings.
c. The proposer will seek prior approval from DDS before making any changes to the level of services.
d. The proposer will seek prior approval from DDS before making any changes to the location of services.
e. The proposer will follow the Continuous Quality Improvement policies and procedures.

_____
Legal Name of Organization

_____
Authorized Signatory Date

FORM 3

COMMISSION ON HUMAN RIGHTS AND OPPORTUNITIES
CONTRACT COMPLIANCE REGULATIONS
NOTIFICATION TO BIDDERS

(Revised 09/3/15)

The contract to be awarded is subject to contract compliance requirements mandated by Sections 4a-60 and 4a- 60a of the Connecticut General Statutes; and, when the awarding agency is the State, Sections 46a-71(d) and 46a-81i(d) of the Connecticut General Statutes. There are Contract Compliance Regulations codified at Section 46a-68j-21 through 43 of the Regulations of Connecticut State Agencies, which establish a procedure for awarding all contracts covered by Sections 4a-60 and 46a-71(d) of the Connecticut General Statutes.

According to Section 46a-68j-30(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 4a-60 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 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) persons who have origins in the Iberian Peninsula . . . (4)Women . . .(5) Asian Pacific Americans and Pacific Islanders; (6) American Indians . . ." An individual with a disability is also a minority business enterprise as provided by Section 4a-60g of the Connecticut General Statutes. The above definitions apply to the contract compliance requirements by virtue of Section 46a-68j-21(11) 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 Administrative Regulations of Connecticut State Agencies, inclusive;
(c) the bidder's promise to develop and implement a successful affirmative action plan;
(d) the bidder's submission of employment statistics contained in the "Employment Information Form", indicating that the composition of its workforce is at or near parity when compared to the racial and sexual composition of the workforce 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 46a-68j-30(10)(E) of the Contract Compliance Regulations.

INSTRUCTIONS AND OTHER INFORMATION

The following BIDDER CONTRACT COMPLIANCE MONITORING REPORT must be completed in full, signed, and submitted with the bid for this contract. The contract awarding agency and the Commission on Human Rights and Opportunities will use the information contained thereon to determine the bidders compliance to Sections 4a-60 and 4a-60a CONN. GEN. STAT., and Sections 46a-68j-23 of the Regulations of Connecticut State Agencies regarding equal employment opportunity, and the bidder's good faith efforts to include minority business enterprises as subcontractors and suppliers for the work of the contract.

1) Definition of Small Contractor

Section 4a-60g CONN. GEN. STAT. defines a small contractor as a company that has been doing business under the same management and control and has maintained its principal place of business in Connecticut for a one year period immediately prior to its application for certification under this section, had gross revenues not exceeding fifteen million dollars in the most recently completed fiscal year, and at least fifty-one percent of the ownership of which is held by a person or persons who are active in the daily affairs of the company, and have the power to direct the management and policies of the company, except that a nonprofit corporation shall be construed to be a small contractor if such nonprofit corporation meets the requirements of subparagraphs (A)and (B) of subdivision 4a-60g CONN. GEN. STAT.

FORM 4

2) Description of Job Categories (as used in Part IV Bidder Employment Information) (Page 2)

MANAGEMENT: Managers plan, organize, direct, and control the major functions of an organization through subordinates who are at the managerial or supervisory level. They make policy decisions and set objectives for the company or departments. They are not usually directly involved in production or providing services. Examples include top executives, public relations managers, managers of operations specialties (such as financial, human resources, or purchasing managers), and construction and engineering managers.

BUSINESS AND FINANCIAL OPERATIONS: These occupations include managers and professionals who work with the financial aspects of the business. These occupations include accountants and auditors, purchasing agents, management analysts, labor relations specialists, and budget, credit, and financial analysts.

MARKETING AND SALES: Occupations related to the act or process of buying and selling products and/or services such as sales engineer, retail sales workers and sales representatives including wholesale.

LEGAL OCCUPATIONS: In-House Counsel who is charged with providing legal advice and services in regards to legal issues that may arise during the course of standard business practices. This category also includes assistive legal occupations such as paralegals, legal assistants.

COMPUTER SPECIALISTS: Professionals responsible for the computer operations within a company are grouped in this category. Examples of job titles in this category include computer programmers, software engineers, database administrators, computer scientists, systems analysts, and computer support specialists

ARCHITECTURE AND ENGINEERING: Occupations related to architecture, surveying, engineering, and drafting are included in this category. Some of the job titles in this category include electrical and electronic engineers, surveyors, architects, drafters, mechanical engineers, materials engineers, mapping technicians, and civil engineers.

OFFICE AND ADMINISTRATIVE SUPPORT: All clerical-type work is included in this category. These jobs involve the preparing, transcribing, and preserving of written communications and records; collecting accounts; gathering and distributing information; operating office machines and electronic data processing equipment; and distributing mail. Job titles listed in this category include telephone operators, bill and account collectors, customer service representatives, dispatchers, secretaries and administrative assistants, computer operators and clerks (such as payroll, shipping, stock, mail and file).

BUILDING AND GROUNDS CLEANING AND MAINTENANCE: This category includes occupations involving landscaping, housekeeping, and janitorial services. Job titles found in this category include supervisors of landscaping or housekeeping, janitors, maids, grounds maintenance workers, and pest control workers.

CONSTRUCTION AND EXTRACTION: This category includes construction trades and related occupations. Job titles found in this category include boilermakers, masons (all types), carpenters, construction laborers, electricians, plumbers (and related trades), roofers, sheet metal workers, elevator installers, hazardous materials removal workers, paperhangers, and painters. Paving, surfacing, and tamping equipment operators; drywall and ceiling tile installers; and carpet, floor and tile installers and finishers are also included in this category. First line supervisors, foremen, and helpers in these trades are also grouped in this category..

INSTALLATION, MAINTENANCE AND REPAIR: Occupations involving the installation, maintenance, and repair of equipment are included in this group. Examples of job titles found here are heating, ac, and refrigeration mechanics and installers; telecommunication line installers and repairers; heavy vehicle and mobile equipment service technicians and mechanics; small engine mechanics; security and fire alarm systems installers; electric/electronic repair, industrial, utility and transportation equipment; millwrights; riggers; and manufactured building and mobile home installers. First line supervisors, foremen, and helpers for these jobs are also included in the category.

MATERIAL MOVING WORKERS: The job titles included in this group are Crane and tower operators; dredge, excavating, and lading machine operators; hoist and winch operators; industrial truck and tractor operators; cleaners of vehicles and equipment; laborers and freight, stock, and material movers, hand; machine feeders and offbearers; packers and packagers, hand; pumping station operators; refuse and recyclable material collectors; and miscellaneous material moving workers.

PRODUCTION WORKERS: The job titles included in this category are chemical production machine setters, operators and tenders; crushing/grinding workers; cutting workers; inspectors, testers sorters, samplers, weighers; precious stone/metal workers; painting workers; cementing/gluing machine operators and tenders; etchers/engravers; molders, shapers and casters except for metal and plastic; and production workers.

FORM 4

3) Definition of Racial and Ethnic Terms (as used in Part IV Bidder Employment Information) (Page 3)

White (not of Hispanic Origin)- All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East. Black(not of Hispanic Origin)- All persons having origins in any of the Black racial groups of Africa. Hispanic- All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.	Asian or Pacific Islander- All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes China, India, Japan, Korea, the Philippine Islands, and Samoa. American Indian or Alaskan Native- All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

BIDDER CONTRACT COMPLIANCE MONITORING REPORT

PART I - Bidder Information

Company Name Street Address City & State Chief Executive	Bidder Federal Employer Identification Number_____ Or Social Security Number_____
Major Business Activity (brief description)	Bidder Identification (response optional/definitions on page 1) -Bidder is a small contractor. Yes__ No__ -Bidder is a minority business enterprise Yes__ No__ (If yes, check ownership category) Black___ Hispanic___ Asian American___ American Indian/Alaskan Native___ Iberian Peninsula___ Individual(s) with a Physical Disability___ Female___ - Bidder is certified as above by State of CT Yes__ No__
Bidder Parent Company (If any)	
Other Locations in Ct. (If any)	

PART II - Bidder Nondiscrimination Policies and Procedures

1. Does your company have a written Affirmative Action/Equal Employment Opportunity statement posted on company bulletin boards? Yes__ No__	7. Do all of your company contracts and purchase orders contain non-discrimination statements as required by Sections 4a-60 & 4a-60a Conn. Gen. Stat.? Yes__ No__
2. Does your company have the state-mandated sexual harassment prevention in the workplace policy posted on company bulletin boards? Yes__ No__	8. Do you, upon request, provide reasonable accommodation to employees, or applicants for employment, who have physical or mental disability? Yes__ No__
3. Do you notify all recruitment sources in writing of your company's Affirmative Action/Equal Employment Opportunity employment policy? Yes__ No__	9. Does your company have a mandatory retirement age for all employees? Yes__ No__
4. Do your company advertisements contain a written statement that you are an Affirmative Action/Equal Opportunity Employer? Yes__ No__	10. If your company has 50 or more employees, have you provided at least two (2) hours of sexual harassment training to all of your supervisors? Yes__ No__ NA__
5. Do you notify the Ct. State Employment Service of all employment openings with your company? Yes__ No__	11. If your company has apprenticeship programs, do they meet the Affirmative Action/Equal Employment Opportunity requirements of the apprenticeship standards of the Ct. Dept. of Labor? Yes__ No__ NA__
6. Does your company have a collective bargaining agreement with workers? Yes__ No__ 6a. If yes, do the collective bargaining agreements contain non-discrimination clauses covering all workers? Yes__ No__ 6b. Have you notified each union in writing of your commitments under the non-discrimination requirements of contracts with the state of Ct? Yes__ No__	12. Does your company have a written affirmative action Plan? Yes__ No__ If no, please explain. 13. Is there a person in your company who is responsible for equal employment opportunity? Yes__ No__ If yes, give name and phone number. _____ _____

FORM 4

Part III - Bidder Subcontracting Practices (Page 4)

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

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

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

PART IV - Bidder Employment Information Date:

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

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

FORM 4

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

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

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

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

FORM 4

CONFLICT OF INTEREST

This form must be printed on your company letterhead.

I, _____
(Name, Title)

_____
(Organization)

_____
(Address)

certifies that this business entity

does/does not (***circle one***)

have any current business relationships [within the past (3) years] that pose a conflict of interest as defined by Connecticut General Statutes Section 1-85.

_____
Legal Signature

_____
Date

If you circled "does" above, please explain:

_____
_____
_____
_____

Sec. 1-85 (Formerly Sec. 1-68). Interest in conflict with discharge of duties. *A public official, including an elected state official, or state employee has an interest which is in substantial conflict with the proper discharge of his duties or employment in the public interest and of his responsibilities as prescribed in the laws of this state, if he has reason to believe or expect that he, his spouse, a dependent child, or a business with which he is associated will derive a direct monetary gain or suffer a direct monetary loss, as the case may be, by reason of his official activity. A public official, including an elected state official, or state employee does not have an interest which is in substantial conflict with the proper discharge of his duties in the public interest and of his responsibilities as prescribed by the laws of this state, if any benefit or detriment accrues to him, his spouse, a dependent child, or a business with which he, his spouse or such dependent child is associated as a member of a profession, occupation or group to no greater extent than any other member of such profession, occupation or group. A public official, including an elected state official or state employee who has a substantial conflict may not take official action on the matter.*

FORM 5

STATE OF CONNECTICUT
CONSULTING AGREEMENT AFFIDAVIT

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

INSTRUCTIONS:

If the bidder or 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 Contractor **Signature of Principal or Key Personnel** **Date**

_____ _____
Printed Name (of above) Awarding State Agency

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

_____
Commissioner of the Superior Court or Notary Public

_____
My Commission Expires

FORM 6

STATE OF CONNECTICUT

GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

Written or electronic certification to accompany a State contract with a value of $50,000 or more, pursuant to C.G.S. §§ 4-250, 4-252(c); and 9-612(f) (2) and Governor Dannel P. Malloy's Executive Order 49.

INSTRUCTIONS:

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

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

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

GIFT CERTIFICATION:

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

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

I, the undersigned, am a Principal or Key Personnel of the person, firm or corporation authorized to execute this certification on behalf of the Contractor. I hereby certify that, no gifts were made by (A) such person, firm, corporation, (B) any principals and key personnel of the person firm or corporation who participate substantially in preparing bids, proposals or negotiating state contracts or (C) any agent of such, firm, corporation, or principals or key personnel who participates substantially in preparing bids, proposals or negotiating state contracts, to (i) any public official or state employee of the state agency or quasi-public agency soliciting bids or proposals for state contracts who participates substantially in the preparing of bid solicitations or request for proposals for state contracts or the negotiation or award of state contracts or (ii) any public official or state employee of any other state agency, who has supervisory or appointing authority over such state agency or quasi-public agency.

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

FORM 7

CAMPAIGN CONTRIBUTION CERTIFICATION:

I further certify that, on or after January 1, 2011, neither the Contractor nor any of its principals, as defined in C.G.S. § 9-612(g)(1), has made any **campaign contributions** to, or solicited any contributions on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support, any candidate for statewide public office, in violation of C.G.S. § 9-612(g)(2)(A). I further certify that **all lawful campaign contributions** that have been made on or after January 1, 2011 by the Contractor or any of its principals, as defined in C.G.S. § 9-612(g) (1), to, or solicited on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support any candidates for statewide public office or the General Assembly, are listed below:

Lawful Campaign Contributions to Candidates for Statewide Public Office:

Contribution Date	Name of Contributor	Recipient	Value	Description

Lawful Campaign Contributions to Candidates for the General Assembly:

Contribution Date	Name of Contributor	Recipient	Value	Description

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

_____ _____
Printed Contractor Name **Printed Name of Authorized Official**

_____
Signature or Authorized Official

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

_____
Commissioner of the Superior Court (or Notary Public)

_____
My Commission Expires

FORM 7

Budget Summary

Proposal Submitted by: _____

Budget for: _____

Administrative and General Expenses

	Salary & Wages	**Amount**	**FTE**
	Administration		
	Business		
	Secretarial/Clerical		
	Other (Specify)		
	Total Salary & Wages	-	0.00
	Non-Salary		
	Accounting & Auditing		
	Office Supplies (including postage)		
	Occupancy Costs (utilities, telephone, repairs, rent, taxes)		
	Insurance		
	Employee Mileage		
	Lease Equipment & Maintenance		
	Other (Specify)		-
			-
			-
	Total Non-Salary	-	
	Employee Benefits		
	Total Administrative and General	-	
Program Costs			
	Salaries & Wages	**Amount**	**FTE**
	Managers		
	Supervisors		
	Direct Care Staff		
	Per Diem/Substitute Staff		
	Nursing		
	Clinical Staff		
	Other (Specify)		
	-		
	-		
	-		
	Total Salaries & Wages	-	0.00

Form 8

Program Costs (continued)		
	Employee Benefits	**Amount**
	Social Security (FICA)	
	Unemployment	
	Workers Compensation	
	Insurance (Health, Dental, Disability, Life)	
	Retirement	
	Other (Specify)	
	Total Benefits	-
	Non-Salary	
	Contract Personnel	
	Occupational Therapy	
	Physical therapy	
	Nurse	
	Speech	
	Behaviorist	
	Psychiatry	
	Psychology	
	Other (Specify)	
	-	
	-	
	-	
	Total Non-Salary Contract Personnel	-
	Supplies and Services	
	General Supplies & Services	
	Employee Training, Fees and Supplies	
	Client Med. & Education & Recreation	
	Total Supplies and Services (7b1 thru 7b4)	-
	Transportation	
	Transportation (excluding Vehicle Interest)	
	Vehicle Interest	
	Total Transportation	
	Other (Specify)	
	Total Non-Salary	-
	Total Cost for Program	-
	Total Cost For Program and Administrative	-

Form 8

Sample Staffing Schedule

Proposal # _____ Provider _____

	CLA #1						Date			
First Shift	Week 1	POS#	TITLE	Fri	Sat	Sun	Mon	Tues	Wed	Thurs
			Supervisor	FLEX	FLEX			FLEX	FLEX	FLEX
			Support Staff		7:15 - 2:15	8:15 - 2:15			4:00 - 8:30	
			Support Staff	6:00 - 9:30			6:00 - 9:30	6:00 - 9:30	6:00 - 9:30	6:00 - 9:30
			Support Staff	6:30 - 10:00			6:30 - 10:00	6:30 - 10:00	6:30 - 10:00	6:30 - 10:00
			Support Staff		8:15 - 2:15	7:15 - 2:15				
Second Shift	Week 1	POS#	TITLE	Fri	Sat	Sun	Mon	Tues	Wed	Thurs
			Support Staff	2:00 - 9:00			2:00 - 9:00	2:00 - 9:00	2:00 - 9:00	2:00 - 9:00
			Support Staff		2:15 - 9:00	2:15 - 9:00				4:00 - 8:00
			Support Staff	4:00 - 11:00			4:00 - 11:00	4:00 - 11:00	4:00 - 11:00	4:00 - 11:00
			Support Staff		2:15 - 11:00	2:15 - 11:00				
			Support Staff				4:00 - 8:30			
Third	Week 1	POS#	TITLE	Fri	Sat	Sun	Mon	Tues	Wed	Thurs
			Support Staff	10:30 - 7:15	10:30 - 7:15					
			Support Staff			11:00 - 6:00	11:00 - 6:00	11:00 - 6:00	11:00 - 6:00	11:00 - 6:00

MINIMUM SUBMISSION REQUIREMENTS

Check ✓Yes or ✓No for each requirement listed in the table below.
If No is checked for any requirement, stop the review and notify the Chair of Screening Committee.

Yes	No	Requirement
		Provider Qualification:
		- On DDS qualified provider list.
		- Not on Enhanced Contract Monitoring
		- Org or Exec. 3 yrs administering residential community supports
		- Admin of Org is knowledgeable of nature, needs, development & mgt of prgms for people with ID
		- Admin of Org has 1 yr providing admin supports to org that provides CLA supports

Yes	No	Requirement
		Proposal received before deadline **(4pm 6/10/16) no fax no email**
		Proposal meets packaging and labeling requirements:
		- submitted in sealed package
		- addressed to official agency contact
		- name & address of proposer appears on package **(upper left corner)** - **title of RFP lower left corner**
		- includes signed original **(labeled as original)**
		- includes four copies
		Proposal follows the required format:
		- page size **(8 ½ X 11 / portrait),** font size, font type **(Times New Roman),** margins **(1" all sides)** & pagination **(all pages numbered and double sided)**
		- no material dependent on color distinctions or animations
		- no notebooks or binders
		- no prohibited attachments **(required Attachments A-M)**
		- Proposal is complete **(includes all nine sections)**
		Proposal includes required Outline documentation:
		- Cover Sheet
		- Table of Contents
		- Conflict of Interest Disclosure Statement (Page 4) **Signed and either does/does not is circled**
		- Executive Summary (Page 5)
		Main proposal includes required Sections:
		- Organizational profile
		- Scope of Services
		- Staffing Plan

Yes	No	Requirement
		- Data and Technology
		- Subcontractors
		- Work Plan
		- Cost Proposal - A. Budget Summary Form - B. Budget Narrative
		- Proposed budget must be no more than the maximum financial amount identified for each grouping
		- Proposer's Authorized Representatives (Attachment A)- **signed**
		- Agreements and Assurances Form (Attachment B) -**signed**
		- Notification to Bidders (Attachment C) -**signed**
		- Organization Chart (Attachment D)
		- Executive Management Resumes (Attachment E) – Administrator of the organization and the Executive Management Team
		- Proposer Performance Reviews (Attachment F) – 4 Consumer Satisfaction Surveys, 2 QSR, Carf Accreditation, Licensing Reports
		- 2 Financial Statements (Attachment G) 2 most recent or if <2yrs operation then CPA statements reviewed or audited
		- 3 Letters of Reference (Attachment H)
		- Staffing Schedule (Attachment I)
		- CLA Organization Chart (Attachment J)
		- Key CLA Personnel Resumes (Attachment K)
		- Consulting Agreement Affidavit Form 5 (Attachment L)
		- Gift and Campaign Contributions Certification (Form 1) (Attachment M)
		- Multiple Submission Proposal (Attachment N) - If applicable

Qualifying Proposal Evaluation Checklist

Agency _____ Date of Review _____

A composite rating should be developed by the committee for each criteria. Using a scale of 1 –5, where 5 = Excellent (highest score) and 1 = poor (lowest Score) place your rating in the corresponding box.

A. Organization Rating

1. Mission statement and philosophy ☐
2. Organization resources to accomplish proposal ☐
3. Board of Directors ☐

Total	Divided BY		=	Average	X	Weight	=	Score
☐		3	=	☐	X	.15	=	☐

B. Previous Agency Performance Rating

1. Past performance reviews- programmatic and legal ☐
2. Past performance reviews- consumer satisfaction ☐
3. Past performance reviews- fiscal ☐
4. Past performance reviews- housing/project Development ☐
5. Past performance reviews- evidence of efficient and effective financial management system ☐

Total	Divided BY		=	Average	X	Weight	=	Score
☐		5	=	☐	X	.15	=	☐

Continue on next page

Qualifying Proposal Evaluation Checklist

A composite rating should be developed by the committee for each criteria. Using a scale of 1 –5, where 5 = Excellent (highest score) and 1 = poor (lowest Score) place your rating in the corresponding box.

C. Support Strategies — Rating

1. Individual supports and services
2. Adherence to RFP
3. Community Resources and Personal Networks
4. Legal Requirements

Total		Divided BY	Average		Weight		Score
			4	=		X .15	=

D. Personal Preferences and Relationships — Rating

1. Personal Preferences
2. Relationships

Total		Divided BY	Average		Weight		Score
			2	=		X .15	=

	Rating		Weight	Score
E. Proposed Work Plan and Time Frame		X	.10	=

	Rating		Weight	
Score				
F. Support staff/Staffing Patterns		X	.15	=

Continue on next page

Qualifying Proposal Evaluation Checklist

A composite rating should be developed by the committee for each criteria. Using a scale of 1 –5, where 5 = Excellent (highest score) and 1 = poor (lowest Score) place your rating in the corresponding box.

G. Budget/Cost Effectiveness	Rating
1. Relationship to Available Funding	
2. Compare Budget to Other Proposals	
3. Indirect Costs	
4. Feasibility of Proposal	

Total	Divided BY		Average		Weight		Score
		4	=		X	.15	=

SCORES	A		B		C		D		E		F		G		Total Score
		+		+		+		+		+		+		=	

Total Score				Final Score
	X	20	=	

Comments:

Reviewer Initials:

Interview Evaluation Checklist

Agency _____ Date of Review _____

A composite rating should be developed by the committee for each criteria. Using a scale of 1 –5, where 5 = Excellent (highest score) and 1 = poor (lowest Score) place your rating in the corresponding box.

A. Support Strategies — Rating

5. Individual supports and services ☐
6. Adherence to RFP ☐
7. Community Resources and Personal Networks ☐
8. Legal Requirements ☐

Total		Divided BY		=	Average	X	Weight	=	Score
	☐		4	=	☐	X	.25	=	☐

B. Personal Preferences and Relationships — Rating

3. Personal Preferences ☐
4. Relationships ☐

Total		Divided BY		=	Average	X	Weight	=	Score
	☐		2	=	☐	X	.25	=	☐

	Rating		Weight		Score
C. Support staff/Staffing Patterns	☐	X	.25	=	☐

Continue on next page

Interview Evaluation Checklist

D. Budget/Cost Effectiveness	Rating
5. Relationship to Available Funding	
6. Compare Budget to Other Proposals	
7. Indirect Costs	
8. Feasibility of Proposal	

Total		Divided BY		Average		Weight		Score
		4	=		X	.25	=	

SCORES	A		B		C		D		Total Score
		+		+		+		=	

Total Score				Final Score
	X	20	=	

Comments:

Reviewer Initials:

Guidelines for Qualifying Proposal Evaluation Checklist

SECTION A: Organization

Assess the organization's value, adhere to the DDS mission and potential ability to accomplish the proposal and operate the program.

1. **Mission and Philosophy**: Review the formal mission and organizational philosophy contained in each proposal and compare it to the DDS Mission and Vision. Look for clear evidence of consistency between the agency statement and the principles contained in the DDS Mission/Vision, such as:

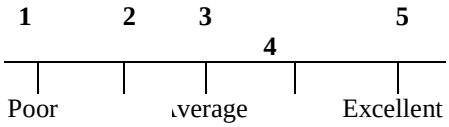
- community presence and participation
- development of skills and competence
- fostering individual choice
- strengthening personal and family relationships
- respect and dignity
- developing natural support networks
- prompting individual control over selection of supports and service providers
- using individual preferences in establishing goals and objectives
- engaging in collaboration with other community service providers

Review the proposal to identify proposed practices, which are also consistent with the DDS Mission/Vision. Examples include focusing on person-centered planning, incorporating the Accreditation Council Performance Outcomes measures as an evaluation tool, special and unique efforts to include family and friends, using generic services and supports when appropriate, establishing a "circle" of natural supports for the individuals in the program, providing extra opportunities for meaningful participation in community life (e.g., volunteerism, membership in religious or civic organizations, etc.), seeking competitive jobs in the real workplace, etc

Where possible review the history of the agency to identify actual and historical practices, which may support there stated

Rating Scale Guidelines

Score each criterion on a relative scale of 1-5. Use the descriptions as a guide for assigning scores. Consider a score of 2 as midway between 1 and 3: a score of 4 as a midway between 3 and 5.



1) POOR:

The mission & philosophy of the organization is not consistent with the principles contained in the DDS Mission/Vision. The proposal does not address community inclusion, choice, relationships, client/family preference, etc. The organization does not possess necessary management, independent oversight, support and/or clinical resources or expertise to adequately meet the needs of the individuals to be served in the program

(2)

(3) AVERAGE:

The mission & philosophy of that organization is generally consistent with the DDS Mission/Vision. The proposal articulates the philosophy and presents evidence of proposed practices, which will promote inclusion, choice, empowerment, relationship building, etc. The organization has an adequate resource-base, management structure and history in working with similar populations to meet the needs of the individuals to be served in the program. The Board is independent and provides adequate oversight.

(4)

5) EXCELLENT:

The mission & philosophy of the organization exemplifies the DDS Mission/Vision. The organization very clearly illustrates how it will practice these principles. It has a consistent history of demonstrating outstanding efforts to promote meaningful inclusion and integration, client and family choice and control, building and supporting long-term relationships and networks. The organization has demonstrated special expertise in meeting the needs of similar population. There is an excellent resource base, which supports the program. Management resources are either specifically dedicated to the program or are readily available to provide close support. The Board in broad based, independent and plays an active role in governing the agency.

philosophy and proposed actions (i.e., do they "practice what they preach").

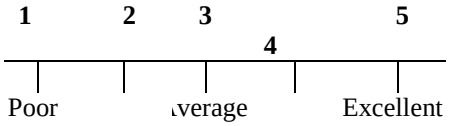
2. **Organizational Resources**: Review the relative strengths and weaknesses of the organization based on any identified areas of demonstrated expertise. (e.g., strong history of supporting people with severe challenging behaviors or significant medical needs, etc.).

Evaluate the availability of clinical and other support personnel or resources that are necessary to provide expert and timely services to the people who will be served in the program. Are there sufficient linkages with medical, hospital, psychiatric, nursing services? Where are they located and can they be assessed in an efficient fashion? Are there other programs in the area, which could provide back-up staff and associated resources when necessary or is the program isolated? Also consider the relationship of management and supervisory support. Assess the proximity, span of control and general availability of administrative oversight of the program.

3. **Board of Directors**: Assess the relative independence of the agency's Board of Directors and its ability and history in governing the agency and its administration. Identify the membership of the Board, with particular reference to conflict of interest (e.g., employee members, family relationships, etc.) and the presence of consumers and/or family representation. Evaluate the extent to which the Board plays an active role in overseeing agency operations and executive decisions (e.g., frequency and content of meetings).

Rating Scale Guidelines

Score each criterion on a relative scale of 1-5. Use the descriptions as a guide for assigning scores. Consider a score of 2 as midway between 1 and 3: a score of 4 as a midway between 3 and 5.



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(4)

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The mission & philosophy of the organization exemplifies the DDS Mission/Vision. The organization very clearly illustrates how it will practice these principles. It has a consistent history of demonstrating outstanding efforts to promote meaningful inclusion and integration, client and family choice and control, building and supporting long-term relationships and networks. The organization has demonstrated special expertise in meeting the needs of similar population. There is an excellent resource base that supports the program. Management resources are either specifically dedicated to the program or are readily available to provide close support. The Board in broad based, independent and plays an active role in governing the agency.

SECTION B: Previous Provider Performance

Assess the organizations past performance and history in five (5) areas, as follows:

1. **Program and Legal Performance:** Review the quality and consistency of programs and services provided by the provider over the past few years. Consider regulatory compliance, results of ongoing monitoring and review, incidents and special concerns, presence of any special or mandated corrective actions, provider developed quality indicators, accreditation, QSR Performance Outcomes, etc. Potential sources of information included:

- Licensing reports
- Quality Service Reviews (QSR)
- ICF/MR reports
- Consumer incident reports
- PRC and HRC reviews
- Special Concerns
- Legal Actions & Stipulated Agreements
- CARF accreditation
- Quality reports from other State Departments
- Case Management reviews and reports
- Contract Monitoring reports, etc.

2. Consumer Satisfaction: Review both formal and informal indicators of consumer, family, Case Manager, advocate and guardian satisfaction with services provided by the provider. The results of provider surveys, DDS surveys, history of complaints, letters of recommendation and support from consumers, etc. should be considered.

3. Fiscal: Review past audits, licensing reports and DSS reports to assess compliance with all regulations pertaining to management of consumer and program funds. Identify and note deficiencies, audit exceptions or special concerns related to the control, use and management of money.

4. Housing or Project Development: Review the provider history in developing and securing residential and or day program facilities. Evaluate the timeliness of acquisition, quality of housing, general upkeep and maintenance of facilities and ability to operate housing within budget or established reimbursement rates.

Rating Scale Guidelines

Score each criterion on a relative scale of 1-5. Use the descriptions as a guide for assigning scores. Consider a score of 2 as midway between 1 and 3: a score of 4 as a midway between 3 and 5.

1 2 3 4 5

Poor Average Excellent

(1) POOR:

The provider has a history of poor performance in two or more of the 5 categories reviewed. There is past evidence that the provider has not been able to appropriately meet the programmatic, housing, project development, or financial standards required for maintaining a proper level of care without special oversight or intervention.

(2)

(3) AVERAGE:

The provider has demonstrated an adequate level of compliance with regulations and formal program requirements. There is evidence of gene4ral satisfaction with most services provided by the provider. Housing or project development and management of finances is satisfactory.

(4)

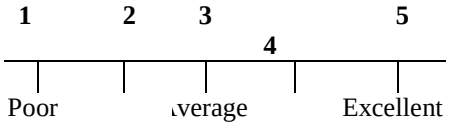
5) EXCELLENT:

The provider has an above average record of providing quality programs and services. Formal compliance indicators and consumer satisfaction ratings are consistently good. Housing or project development is timely and finances are well managed. The provider has a positive cash flow and adequate financial resources to maintain a high level of services and meet unforeseen emergencies.

5. Financial Management: Review the provider's history in managing and operating within budget and managing consumer's individual finances. Maintains a credit line to meet financial needs. Identify any indicators that the provider has experienced substantial difficulties in maintaining a positive cash flow, such as repeated need for special processing of payment, repeated requests for additional funding, complaints from subcontractors about timely payment, reduction of services, inability to secure an adequate credit line, deterioration of facilities or equipment, late payment of payroll obligations, etc, Consider outstanding debt in relation to assets and revenues.

Rating Scale Guidelines

Score each criterion on a relative scale of 1-5. Use the descriptions as a guide for assigning scores. Consider a score of 2 as midway between 1 and 3: a score of 4 as a midway between 3 and 5.



(1) POOR:

The provider has a history of poor performance in two or more of the 5 categories reviewed. There is past evidence that the provider has not been able to appropriately meet the programmatic, housing, project development, or financial standards required for maintaining a proper level of care without special oversight or intervention.

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SECTION C: Support Strategies

Evaluate the proposal in terms of its ability to meet the identified needs of the consumers in the RFP and according to the four criteria outlines below.

1. Individual Supports and Services: Assess how the proposed program will meet the health and safety, behavioral, psychiatric, educational, habilitative, and the overall quality of life needs of the people to be served. Consider any specialized services and supports for one or more of the people to be served, which can include medical and nursing services, adaptive equipment, recreation, fitness and social needs, unique staff skills, language and cultural needs, etc.

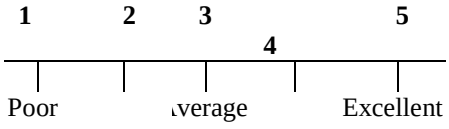
2. Adherence to RFP: Assess how well the proposal meets all of the individual support needs. Review specific support areas to determine if they have been appropriately addressed in the proposal.

3. Community Resources and Personal Networks: Evaluate the extent to which the proposal incorporates the utilization of community services and the development of individual networks of support, including family and friends, community organizations, self advocacy opportunities, and social networks that might reduce the reliance on segregated services.

4. Legal Requirements: Review the proposal for its adherence to any legal and regulatory requirements, such as the need for licensing, court ordered stipulations, DDS policy (Human Rights, Individual Planning, Program Review, staff qualifications) and associated requirements, etc.

Rating Scale Guidelines

Score each criterion on a relative scale of 1-5.
Use the descriptions as a guide for assigning scores.
Consider a score of 2 as midway between
1 and 3: a score of 4 as a midway between 3 and 5.



(1) POOR:

The proposal does not fully meet the individual needs or does not recognize the individual circumstances of the people to be served. It does not adequately address the development of community involvement or the general quality of life, cultural and language needs of the people to be served.

(2)

(3) AVERAGE:

The proposal generally addresses all of the individual supports and services and demonstrates efforts to recognize and provide support strategies to meet individual needs. Community resources and social networks are potentially available. Any legal requirements in the RFP are met.

(4)

5) EXCELLENT:

The proposal addresses all of the specific needs of each individual to be served and provides significant details to address special consumer circumstances. It addresses all legal requirements in the RFP. The proposal provides numerous opportunities for the inclusion of community resources and the establishment and ongoing support of personal networks.

SECTION D: Personal Preferences and Relationships

Evaluate the proposal in terms of strategies, which encourage and facilitate the inclusion of personal preferences and relationships as a mechanism for meeting individual needs.

1. <u>Personal Preferences</u>: Assess how well that proposal addresses any personal preferences of the people to be served. Consider the extent to which it recognizes and values person-centered planning and the ability of the individual to determine the focus of services. Preferences in leisure time, home ownership, routines, schedules, location, work, hobbies, service providers, etc., are areas for consideration.

2. <u>Relationships</u>: Evaluate the extent to which the proposal attempts to assist individuals and their families and friends to maintain important relationships. Consider efforts to provide transportation for family visits, invite family and friends into the normal routine of the program, strengthen involvement in planning activities, etc. If there are no existing relationships, review strategies to develop or re-establish family contacts and friendships.

<u>Rating Scale Guidelines</u>

Score each criterion on a relative scale of 1-5. Use the descriptions as a guide for assigning scores. Consider a score of 2 as midway between 1 and 3: a score of 4 as a midway between 3 and 5.

1	2	3	4	5
Poor		Average		Excellent

(1) POOR:
The proposal does not address the role of personal preferences in the design of services and supports. No special attention is paid to building or maintaining ongoing relationships of family or friends for the people to be served.

(2)

(3) AVERAGE:
The proposal supports the inclusion of individual preferences and maintenance of important relationships. No extraordinary strategies, however, are identified.

(4)

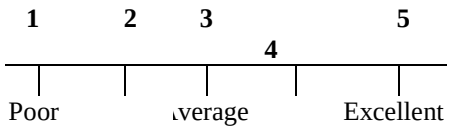
(5) EXECELLENT:
The proposal places a special emphasis on valuing and including personal preferences as means of shaping the services and supports. Unique or exceptionally powerful strategies are identified to develop and strengthen personal relationships for the people to be served.

SECTION E: Proposed Work Plan and Time Frames

Evaluate the proposal in terms of its ability to meet the project's time frame. Particular attention should be given to the feasibility of housing or facility acquisition, hiring and training of staff and support personnel, establishment of any special service contracts, vehicle acquisition and transition planning. Consider the proposed mechanisms for financing start-up and development costs. If the proposal will rely on third party financing or management of the development process, review the extent to which the agency will be able to control and direct these processes. Identify any interim or temporary plans for beginning the program if difficulties arise. Reference the proposed timetable against historical experience with similar projects (i.e., is it practical and feasible?).

Rating Scale Guidelines

Score each criterion on a relative scale of 1-5. Use the descriptions as a guide for assigning scores. Consider a score of 2 as midway between 1 and 3: a score of 4 as a midway between 3 and 5.



(1) POOR:
The proposal does not address a majority of the transitional and operational activities and is not able to meet the identified time-frame for the project start-up. Financing is uncertain. There is not evidence of a feasible plan to start the program within a reasonable period of time if problem in development occur.

(2)

(3) AVERAGE:
The proposal generally addresses a majority of the transitional and operational activities and meets the identified time frame for project start-up. Development mechanism, financing and staff resources appear practical.

(4)

(5) EXECELLENT:
The proposal is able to meet or exceed the transitional and operational activities and project requirements for start-up. There is clear evidence of the human resources and financial ability to accomplish any development, acquisition or start-up activities without being compromised by external obstacles. A back-up contingency plan is articulated to guarantee initiation of the program on time.

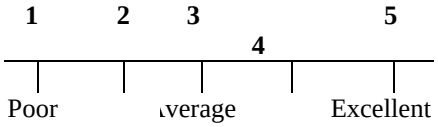
SECTION F: Support/Staffing Patterns

Evaluate the proposal in terms of the proposed staffing patterns. Consider the relationship between consumer needs and the type and numbers of direct and support service personnel assigned to the program. Review the proposed schedules across a 24-hr, 7-day per week time period. In evaluating the support of staffing patterns consider a wide range of variables including:

- Level of direct supervision and support needs based on the Level of Need (LON)
- Medical and physical disability levels and needs (e.g., nursing)
- Need for assistance in transferring, bathing, mealtime activities
- Special instructional needs
- Physical characteristics of the setting (e.g., 1 floor, multi-level, presence of adaptive equipment or modifications to the facility, fire safety enhancements, location, etc.)
- Safety needs related to evacuation and emergency response
- Needs for special behavior management Procedures
- Proximity to other programs
- Presence of supervision and/or professional, indirect staff support
- Day program schedules
- Provision of transportation to day Programs
- Community activities being proposed
- Use of volunteers
- Use of technology to enhance staff efficiencies and link personnel to other resources
- Full time equivalent totals – FTE
- Number of support hours
- Staffing schedules need to be clear and easy to interpret
- Third shift staffing (awake vs. asleep)
- Plan on how staff will be trained and monitored to ensure consumer outcomes and health and safety needs are met.

RATING SCALE GUIDELINES

Score each criterion on a relative scale of 1-5. Use the descriptions as a guide for assigning scores. Consider a score of 2 as midway between 1 and 3: a score of 4 as a midway between 3 and 5.



(1) POOR:
The proposed staffing for the program is not appropriate for the type of services and supports necessary to meet the needs of the people to be served. There are insufficient numbers of personnel, required professional staff are not available when needed and/or the proposed schedule compromises the ability of the program to safely meet all needs.

(2)

(3) AVERAGE:
The proposed staffing generally meets the needs of the individuals to be served. There is evidence of staffing enhancements such as specialized training, on-site availability of professional resources, use of technology to link personnel and/or extraordinary and unique methods to incorporate volunteers as an enhancement.

(4)

(5) EXCELLENT:
The proposed staffing for the program fully meets or exceeds the special needs of the people to be served. There is evidence of staffing enhancements such as specialized training, on-site availability of professional resources, use of technology to link personnel and/or extraordinary and unique methods to incorporate volunteers as and enhancement.

SECTION G: Budget/Cost Effectiveness

Evaluate the proposal's budget in terms of its appropriateness to efficiently meet all of the identified needs of the individuals and support all of the services and programs being proposed. Determine whether the budget proposal is within the funding amount available for this project. Compare the costs with those in competing budgets. Compare the type and amount of services proposed with competing budgets. Determine whether costs for services outlined (defined) in the proposal are feasible and realistic. Review the three criteria listed below:

1. **Relationship to Available Funding**: Determine whether the budget proposal is within the funding amount available for this project.

2. **Compare Budget to Other Proposals**: Consider types and amount of services offered and ability to meet individual needs. Be sure to use direct and management (A&G) costs and remove costs that are not part of the service budget, such as room and board.

3. **Indirect Costs:** Look at indirect costs and the percentage of the budget assigned to this area. Consider and compare the amount assigned to this area and any specific justifications noted for these costs.

4. **Feasibility of Proposal**: Look at the type and amount of services and determine if the budget will be able to support these. If possible, compare to similar programs currently in operation to assist in determining if the services and supports can be provided within the proposed budget.

RATING SCALE GUIDELINES

Score each criterion on a relative scale of 1 – 5. Use the descriptions as a guide for assigning scores. Consider a score of 2 as midway between 1 and 3; a score of 4 as midway between 3 and 5.

1	2	3	4	5
Poor		Average		Excellent

(1) POOR:
The budget is above the available funding amount. The proposed budget is not feasible and cannot support the services proposed. A high level of funding is assigned to A&G. The proposal is more expensive than other proposals with the same level of service.

(2)

(3) AVERAGE:
The budget is at the available funding amount. The [proposed budget appears adequate to support the services proposed. The amount assigned to A&G is at or under the cap allowed. The cost of the proposal is average in comparison with other proposals.

(4)

(5) EXCELLENT:
The budget is below the available funding amount. The proposed budget is able to support the services proposed in a cost effective manner allowing for some expansion as needed. The A&G is below the cap and use is well defined. The proposed budget is more cost effective than most of the other proposals.