



DELAWARE HEALTH  
AND SOCIAL SERVICES

**Division of Management Services**  
1901 N. DuPont Highway  
New Castle, DE 19720

**REQUEST FOR PROPOSAL NO. HSS-12-015**

**FOR**

**Adult Detoxification Services (ADS)**

**FOR**

**Department of Health and Social Services  
Division of Substance Abuse and Mental Health  
1901 N DuPont Highway  
New Castle, DE 19720**

Deposit    Waived  
Performance Bond    Waived

**Date Due: Wednesday, May 23, 2012  
11:00 A.M. LOCAL TIME**

**A pre-bid meeting will be held on Tuesday, April 24, 2012 at 11:00 a.m. at Herman Holloway Campus, 1901 N. DuPont Highway, 23 Mitchell Lane, Springer Building, Gymnasium. While attendance is not mandatory, entities who wish to bid on this proposal are strongly encouraged to take advantage of this opportunity for face to face discussion with state personnel responsible for managing the contract(s) resulting from this solicitation. To better ensure meeting space will accommodate those desiring to attend, it is requested that bidders limit representation to 2 individuals. Bidders should RSVP by calling (302) 255-9290.**

## REQUEST FOR PROPOSAL # HSS-12-015

**Sealed Proposals** for **Adult Detoxification Services** for the DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH will be **received** by:

Kieran Mohammed  
Delaware Health and Social Services  
Herman M. Holloway Sr. Campus  
Procurement Branch  
Main Administration Bldg, Sullivan Street  
Second Floor, Room #257  
1901 North DuPont Highway, New Castle, Delaware 19720

Proposals will be accepted until **11:00 a.m. Wednesday, May 23, 2012**. At which time the proposals will be opened and recorded. Any proposal received after **11:00 a.m. Wednesday, May 23, 2012** will be rejected and returned unopened to the Applicant.

A **pre-bid meeting** will be held on **11:00 a.m. on Tuesday, April 24, 2012** at **Herman Holloway Campus, 1901 N. DuPont Highway, 23 Mitchell lane, Springer Building, Gymnasium**. For further information please call 302-255-9290.

**While attendance is not mandatory, entities who wish to bid on this proposal are strongly encouraged to take advantage of this opportunity for face to face discussion with state personnel responsible for managing the contract(s) resulting from this solicitation.**

In the event that state offices are closed on the day of the pre-bid meeting due to a State of Emergency declared by the Governor of Delaware, the pre-bid meeting will be cancelled or postponed. The status of the pre-bid meeting will be posted to the RFP website as soon as possible at <http://bids.delaware.gov>. If the pre-bid meeting is cancelled, written questions will be accepted, in lieu of the pre-bid meeting, in accordance with the instructions presented in Section VI. D. of this document. If the pre-bid meeting is postponed, the new date and time will be posted to the RFP website.

### **Obtaining Copies of the RFP**

This RFP is available in electronic form [only] through the State of Delaware Procurement Website at <http://bids.delaware.gov>.

### **Public Notice**

The anticipated contract for the services listed herein requires that the Department utilize the Large Professional Service Procurement Process. Public notice has been provided in accordance with 29 *Del. C.* § 6981.

## NOTIFICATION TO BIDDERS

**Proposing Party Required Identifying Business, Ownership, or Other Relations with the State of Delaware, its Agencies, and any other Entities.** Proposing Party shall list all contracts awarded to it or its predecessor firm(s) by the State of Delaware; during the last three years, by State Department, Division, Contact Person (with address/phone number), period of performance and amount. The Evaluation/Selection Review Committee will consider these additional references and may contact each of these sources. Information regarding Proposing Party's performance gathered from these sources may be included in the Committee's deliberations and factored in the final scoring of the bid. Failure to list any contract as required by this paragraph may be grounds for immediate rejection of the bid.

The Proposing Party shall specifically identify its shareholders and partners which hold any ownership interest in the Proposing Party. The Proposing Party shall identify each and every business or charitable entity in which it - or its shareholders - presently holds an ownership interest. The Proposing Party shall identify each and every organization, business, or charitable entity in which any of the Proposing Party's owners or shareholders serve on a Board of Directors.

The requirement to accurately and completely identify each of the above-listed relationships is a material term of this RFP. The failure to identify any said relationships shall cause the Proposing Party to be deemed non-responsive and result in the immediate rejection of the deficient proposal.

**IMPORTANT: ALL PROPOSALS MUST HAVE OUR HSS NUMBER HSS-12-015 ON THE OUTSIDE ENVELOPE. IF THIS NUMBER IS OMITTED YOUR PROPOSAL WILL IMMEDIATELY BE REJECTED AS NON-RESPONSIVE.**

**FOR FURTHER BIDDING INFORMATION PLEASE CONTACT:**

Kieran Mohammed  
[Kieran.mohammed@state.de.us](mailto:Kieran.mohammed@state.de.us)  
DELAWARE HEALTH AND SOCIAL SERVICES  
PROCUREMENT BRANCH  
MAIN ADMIN BLD, SULLIVAN STREET  
2<sup>ND</sup> FLOOR –ROOM # 257  
1901 NORTH DUPONT HIGHWAY  
HERMAN M. HOLLOWAY SR. HEALTH AND  
SOCIAL SERVICES CAMPUS  
NEW CASTLE, DELAWARE 19720  
PHONE: (302) 255-9290

## **IMPORTANT:DELIVERY INSTRUCTIONS**

IT IS THE RESPONSIBILITY OF THE BIDDER TO ENSURE THAT THE PROPOSAL HAS BEEN RECEIVED BY THE PROCUREMENT UNIT OF THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES BY THE DEADLINE.

ATTENTION BIDDERS: Your proposal must include a cover letter and the forms in Appendices C, D, E and F signed and with all information on the forms complete.

**The issuance of this Request for Proposals (RFP) neither commits the Delaware Department of Health and Social Services, DIVISION OF SUBSTANCE ABUSE & MENTAL HEALTH, its officers, employees, or agents to award a contract, to pay any costs incurred in the preparation of a proposal or subsequent negotiations, nor to procure or contract for the proposed services. The Division reserves the right to reject or accept any or all proposals or any portion thereof, to cancel in part or in its entirety this Request for Proposals, or to delay implementation of any contract which may result, as may be necessary to meet the Department's funding limitations and processing constraints. The Department and Division reserve the right to terminate any contractual agreement upon fifteen (15) days notice in the event that the State determines that State or Federal funds are no longer available to continue the contract.**

### **Organizations Ineligible to Bid**

Any individual, business, organization, corporation, consortium, partnership, joint venture, or any other entity including subcontractors currently debarred or suspended is ineligible to bid. Any entity ineligible to conduct business in the State of Delaware for any reason is ineligible to respond to the RFP.

**REQUEST FOR PROPOSAL FOR ADULT DETOXIFICATION SERVICES  
FOR  
DIVISION OF SUBSTANCE ABUSE & MENTAL HEALTH**

**Availability of Funds**

Funds are available for the selected vendors to provide services in the area of Adult Detoxification Services as set forth herein. Contract term is one (1) year with the possibility of renewal for up to **four (4)** additional years contingent on funding availability and task performance.

**Pre-Bid Meeting**

A pre-bid meeting will be held. The meeting will be on **11:00 a.m. Tuesday, April 24, 2012** at the following location.

Herman M. Holloway Sr. Campus  
Springer Building  
23 Mitchell Lane  
Gymnasium  
1901 North DuPont Highway  
New Castle, Delaware 19720

Bidders may ask clarifying questions regarding this request for proposal at the pre bid meeting. Responses will be verbally communicated where applicable and all official Questions & Answers will be posted on bids.delaware.gov by the answers due date.

**Further Information**

Inquiries regarding this RFP should be addressed to:

Ceasar McClain  
Contracts Manager  
[dsamhbusinessoperations@state.de.us](mailto:dsamhbusinessoperations@state.de.us)

**Restrictions on Communications with State Staff**

From the issue date of this RFP until a contractor is selected and the selection is announced, bidders are NOT allowed to contact any **Division of Substance Abuse and Mental Health** staff, except those specified in this RFP, regarding this procurement. Contact between contractors and **Division of Substance Abuse and Mental Health** is restricted to emailed or faxed questions

concerning this proposal. Questions must be submitted in writing and will be addressed in writing.

Questions are due by **Thursday, April 26, 2012 at 4:30 p.m.** The complete list of questions and their answers will be posted on the internet at <http://bids.delaware.gov>

Following the submission of written questions after the Pre-Bid meeting, bidder communication is limited to Kieran Mohammed, Delaware Health and Social Services. The central phone number for the Procurement office is (302) 255-9290. Failure to adhere to this limitation will be grounds for disqualification from the bidding process and the immediate rejection of the offending party's proposal.

### **Collusion or Fraud**

Any evidence of agreement or collusion among Vendor(s) and prospective Vendor(s) acting to illegally restrain freedom from competition by agreement to offer a fixed price, or otherwise, will render the offers of such Vendor(s) void.

By responding, the Vendor shall be deemed to have represented and warranted that its proposal is not made in connection with any competing Vendor submitting a separate response to this RFP, and is in all respects fair and without collusion or fraud; that the Vendor did not participate in the RFP development process and had no knowledge of the specific contents of the RFP prior to its issuance; and that no employee or official of the State of Delaware participated directly or indirectly in the Vendor's proposal preparation.

Advance knowledge of information which gives any particular Vendor advantages over any other interested Vendor(s), in advance of the opening of proposals, whether in response to advertising or an employee or representative thereof, will potentially void that particular proposal.

### **Lobbying and Gratuities**

Lobbying or providing gratuities shall be strictly prohibited. Vendors found to be lobbying, providing gratuities to, or in any way attempting to influence a State of Delaware employee or agent of the State of Delaware concerning this RFP or the award of a contract resulting from this RFP shall have their proposal immediately rejected and shall be barred from further participation in this RFP.

The selected Vendor will warrant that no person or selling agency has been employed or retained to solicit or secure a contract resulting from this RFP upon agreement or understanding for a commission, or a percentage, brokerage or contingent fee. For breach or violation of this warranty, the DSAMH shall have the right to annul any contract resulting from this RFP without liability or at its discretion deduct from the contract price or otherwise recover the full amount of such commission, percentage, brokerage or contingent fee.

All contact with State of Delaware employees, contractors, vendors or agents of the State of Delaware concerning this RFP shall be conducted in strict accordance with the manner, forum and conditions set forth in this RFP.

### **Solicitation of State Employees Prohibited**

Until contract award, Vendors shall not, directly or indirectly, solicit any employee of the State of Delaware to leave the State of Delaware's employ in order to accept employment with the Vendor, its affiliates, actual or prospective contractors, or any person acting in concert with Vendor, without prior written approval of the DHSS' contracting officer. Solicitation of State of Delaware employees by a Vendor may result in rejection of the Vendor's proposal.

This paragraph does not prevent the employment by a Vendor of a State of Delaware employee who has initiated contact with the Vendor. However, State of Delaware employees may be legally prohibited from accepting employment with the Vendor or subcontractor under certain circumstances. Vendors may not knowingly employ a person who cannot legally accept employment under State or Federal law. If a Vendor discovers that they have done so, they must terminate that employment immediately.

## **Independent contractors**

The parties to the contract shall be independent contractors to one another, and nothing herein shall be deemed to cause this agreement to create an agency, partnership, joint venture or employment relationship between parties. Each party shall be responsible for compliance with all applicable workers compensation, unemployment, disability insurance, social security withholding and all other similar matters. Neither party shall be liable for any debts, accounts, obligations or other liability whatsoever of the other party or any other obligation of the other party to pay on the behalf of its employees or to withhold from any compensation paid to such employees any social benefits, workers compensation insurance premiums or any income or other similar taxes. It may be at the DHSS' discretion as to the location of work for the contractual support personnel during the contract period.

## **Licenses and Permits**

In performance of the contract, the Vendor will be required to comply with all applicable Federal, State and local laws, ordinances, codes, and regulations. The cost of permits and other relevant costs required in the performance of the contract shall be borne by the successful Vendor. The Vendor shall be properly licensed and authorized to transact business in the State of Delaware as provided in 30 *Del. C.* § 2301.

Prior to receiving an award, the successful Vendor shall either furnish the DSAMH with proof of State of Delaware Business Licensure or initiate the process of application where required. An application may be requested in writing to: Division of Revenue, Carvel State Building, P.O. Box 8750, 820 N. French Street, Wilmington, DE 19899 or by telephone to one of the following numbers: (302) 577-8200—Public Service, (302) 577-8205—Licensing Department.

Information regarding the award of the contract will be given to the Division of Revenue. Failure to comply with the State of Delaware licensing requirements may subject Vendor to applicable fines and/or interest penalties.

## **Indemnification**

### **1. General Indemnification.**

Vendor will hold harmless, indemnify and defend the Department, the State of Delaware and their agents, employees, or officers of the State of Delaware from any and all suits, actions, losses, liability, damages (including punitive damages), expenses, reasonable attorney fees (including salaries of attorneys regularly employed by the State of Delaware), judgments, or settlements incurred by the Department, the State of Delaware or their agents, employees, or officers arising out of the provision of services by vendor, its employees, or subcontractors under the contract, including direct or indirect negligence or intentional acts of omission or commission, and professional malpractice



regardless of any negligence by employees or officials of the Department. The legal duties and responsibilities set forth in this paragraph include the duty to cooperate with the Department, its employees, and attorneys in the defense of any legal action against the State, its agents, employees, or officers arising out of the provision of services by Vendor, which involve claims related to an offender's medical care, or which require information or testimony from vendor's employees or contractors.

## **2. Proprietary Rights Indemnification**

Vendor shall warrant that all elements of its solution, including all equipment, software, documentation, services and deliverables, do not and will not infringe upon or violate any patent, copyright, trade secret or other proprietary rights of any third party. In the event of any claim, suit or action by any third party against the State of Delaware or DHSS, DHSS shall promptly notify the Vendor in writing and Vendor shall defend such claim, suit or action at Vendor's expense, and Vendor shall indemnify the State of Delaware and the DHSS against any loss, cost, damage, expense or liability arising out of such claim, suit or action (including, without limitation, litigation costs, lost employee time, and counsel fees) whether or not such claim, suit or action is successful.

If any equipment, software, services (including methods) products or other intellectual property used or furnished by the Vendor (collectively "Products") is or in Vendor's reasonable judgment is likely to be, held to constitute an infringing product, Vendor shall at its expense and option either:

- (a) Procure the right for the DHSS to continue using the Product(s);
- (b) Replace the product with a non-infringing equivalent that satisfies all the requirements of the contract; or
- (c) Modify the Product(s) to make it or them non-infringing, provided that the modification does not materially alter the functionality or efficacy of the product or cause the Product(s) or any part of the work to fail to conform to the requirements of the Contract, or only alters the Product(s) to a degree that the DHSS agrees to and accepts in writing.

**REQUEST FOR PROPOSAL FOR  
ADULT DETOXIFICATION SERVICES  
FOR  
The Division of Substance Abuse and Mental Health**

**I. INTRODUCTION**

**A. Background**

Delaware Health and Social Services, Division of Substance Abuse and Mental Health (DSAMH), is seeking proposals from qualified health and social service agencies to operate a range of detoxification services in New Castle County for adult residents of Delaware. These services will encompass ASAM Criteria treatment levels I-D and II-D (Ambulatory Detoxification) through level III.7-D (Medically Monitored Inpatient Detoxification).

DSAMH views detoxification as the first step in a continuum of care for the treatment of substance use disorders. TIP 45 states:

Effective detoxification includes not only the medical stabilization of the patient and the safe and humane withdrawal from drugs, including alcohol, but also entry into treatment. Successfully linking detoxification with substance abuse treatment reduces the “revolving door” door phenomenon of repeated withdrawals ... and delivers the sound and humane level of care patients need (p. 8).

Therefore, DSAMH will use a Performance Based Contract with the successful applicant that connects payment to performance in order to promote both medical stabilization and placement in continuing substance abuse treatment immediately upon completion of detox.

**B. Project Overview**

The Division will expect the successful applicant to adhere to the **Six Aims of Quality Health Care**, as outlined on page 7 of the IOM Report:

1. Safe – avoiding injuries to patients from the care that is intended to help them.
2. Effective – providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse, respectively).

3. Patient centered – providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
4. Timely – reducing wait lists and sometimes harmful delays for both those who receive and those who give care.
5. Efficient – avoiding waste, including waste of equipment, supplies, ideas, and energy.
6. Equitable – providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socio-economic status.

The successful applicant will involve clients throughout the process of developing post-detoxifications plans, as emphasized by the IOM Report's Recommendation 3.1:

To promote patient-centered care, all parties involved in health care for ... substance use conditions should support the decision-making abilities and preferences for treatment and recovery of persons with [substance use] problems and illnesses. Clinicians ... should incorporate informed, patient-centered decision-making throughout their practices, including active patient participation in the design and revision of patient treatment and recovery plans (10).

### **C. Funding and Program Capacity**

DSAMH will enter into a Performance Based Contract with the successful applicant to provide the range of services stipulated in this RFP. The Performance Based Contract will include a base amount to be determined from the applicant's proposed operating budget, and financial incentives for achieving performance targets and penalties for underachievement.

The initial contract will be for 12 months, beginning on July 1, 2012 through June 30, 2013. The contract will be renewable annually for a maximum of four additional years after June 30, 2013, as long as sufficient funding is available and the contractor's performance is satisfactory, consistently meets performance targets, and continues to meet the service system design needs of the DSAMH.

DSAMH will negotiate an annual operational budget to operate the program. DSAMH will add funds for the performance incentives to the final negotiated base budget amount.

DSAMH will fund one organization to operate a statewide program located in New Castle County with a maximum capacity of 40 beds (combined total for male and female beds) dedicated to residential detoxification for clients eligible for DSAMH funding. The program will be required to obtain admission approval from EEU for beds designated for uninsured clients and for beds designated for purchase by Medicaid managed care and other insurers.

In addition, DSAMH will require that the successful bidder operate ambulatory detoxification services. Bidders are expected to describe in full how ambulatory detox services and residential

detox services are managed, staffed and coordinated. The successful bidder must have the capacity to provide services to at least 30 uninsured individuals within the ambulatory detox program at a given time. The program will be required to provide additional ambulatory detox services up to a program proposed capacity for purchase by Medicaid managed care and other insurers.

The program will be housed in the state owned building located on Kirkwood Highway that is used by the current DSAMH contractor to operate a detoxification program. The applicants can also propose to house the ambulatory component of the program in the Kirkwood Highway location, another easily accessible building in northern New Castle County, or both. If the applicant is proposing a second location, this location must be ready for business by the start date of the contract for this RFP or within a mutually agreed upon deadline – DSAMH will not provide funding for building re-modeling or renovation.

## II. TARGET POPULATION:

The target population for this RFP is adult (18 years of age and over) residents of Delaware: (a) who are uninsured, or (b) whose insurance benefit does not include coverage for detoxification from alcohol or other drugs, or (c) who can demonstrate that their benefits for substance abuse treatment have been exhausted.

The detoxification program will be required to follow *The American Society of Addiction Medicine's Patient Placement Criteria 2R* (ASAM PPC-2R) to determine clinical eligibility for admission.

## III. PROGRAM DESIGN/EXPECTED OUTCOMES

The successful applicant will be expected to operate **Ambulatory Detoxification, Clinically Managed Residential Detoxification** and **Medically Monitored Inpatient Detoxification** program services in accordance with the guidelines and principles enunciated in the ASAM PPC-2R Manual and TIP 45. The program will operate 24/7 and provide both the Physical Detoxification Services (Chapter 4) and the Psychosocial/Biomedical Services (Chapter 3) described in TIP 45.

Primary emphasis should be placed on ensuring that the patient is medically stable (including the initiation and tapering of medications used for the treatment of substance use withdrawal); assessing for adequate biopsychosocial stability; quickly intervening to establish this adequately; and facilitating effective linkage to and engagement in other appropriate [residential] and outpatient services” (17).

The successful applicant will follow the **Overarching Principles of Care during Detoxification** described by TIP 45:

- Detoxification services do not offer a “cure for substance use disorders. They often are a first step toward recovery and the “first door” through which patients pass to treatment.
- Substance use disorders are treatable, and there is hope for recovery.
- Substance use disorders are brain disorders and not evidence of moral weakness.
- Patients are to be treated with respect and dignity at all times.
- Patients are treated in a nonjudgmental and supportive manner.
- Services planning is completed in partnership with the patient and his or her social support network, including such persons as family, significant others, or employers.
- All health professionals involved in the care of the patient will maximize opportunities to promote rehabilitation and maintenance activities and to link him or her to appropriate substance abuse treatment immediately after the detoxification phase.
- Active involvement of the family and other support systems while respecting the patient’s rights to privacy and confidentiality is encouraged.
- Patients are treated with due consideration for individual background, culture, preferences, sexual orientation, disability status, vulnerabilities and strengths (24).

A. **Medical Services:** Applicants must describe the **protocols for the medical services** that they will offer with sufficient specificity and detail to allow reviewers to determine how closely the protocols match with generally accepted medical practices for detoxification from alcohol and other drugs. **Refer to Chapter 4 in TIP 45 for guidance.** Applicants must also describe how they will use medications currently approved for addiction treatment (e.g., buprenorphine, etc.) and how they will stay abreast of new medications for substance abuse detoxification and treatment, as they are approved. DSAMH requires the use of buprenorphine for detoxification from opiates. Applicants must describe how they will manage “drug seeking” behavior and the potential of diversion of buprenorphine.

B. **Approved Length of Stay:** The successful applicant will be required to follow DSAMH rules for length of stay in residential and ambulatory detoxification for all admissions that meet ASAM Patient Placement Criteria for residential services supported by the “clinical judgment and consideration of the patient’s particular situation” as advised by TIP 45 (p. 12). Requests for additional days must be pre-approved by the DSAMH Eligibility and Enrollment Unit (EEU) using the formal procedures instituted by EEU for these requests. DSAMH will negotiate the current length of stay standards according to the contractor’s overall plan to reduce residential detox stays by increasing ambulatory detox days.

C. **Psychosocial Services:** TIP 45 states, “a primary goal of the detoxification staff should be to build the therapeutic alliance and motivate the patient to enter treatment . . . Research indicates that addressing psychosocial issues during detoxification significantly increases the likelihood that the patient will experience a safe detoxification and go on to participate in substance abuse treatment” (23).

DSAMH will require the provider to use evidence based and other innovative practices to retain clients to complete the detoxification regimen, and to successfully engage in the appropriate level of substance abuse treatment. Applicants should refer to TIP 45, pp. 33ff. for a quick summary of some of these widely accepted techniques and practices, including:

- Consistently offering hope and the expectation of recovery to all patients.
- Emphasizing that detoxification is only the first step in the process of treatment and recovery.
- Using client advocates to intervene with patients who wish to leave early.
- Offering on-site 12 step groups.
- Using alternative medicine approaches to enhance care.

In particular, applicants should describe how they will train staff and incorporate the following in their program design:

- Stage of Change principles with the goal of moving the client along the continuum to the next level of change (see TIP 45, p. 35).
- Motivational interviewing as described by Miller and Rollnick, and others (see TIP 45, p. 34).
- Motivational incentives to reward: (a) patients for achieving the short term goals of detoxification, including successful engagement with the next level of care; (b) staff for successful achievement of performance targets related to linkage and engagement with substance abuse treatment immediately following the detox episode.

**D. Linkage and Admission:** In addition to the safe medical stabilization of the patient, the successful detoxification episode will conclude with admission and engagement in the appropriate level of behavioral health treatment and supports immediately following completion of detoxification.

Recognizing that waiting lists are among the major barriers to success, TIP 45 advises that detoxification programs should develop innovative strategies with patients to maintain motivation for treatment during periods that need to be spent on waiting lists. Applicants should discuss the specific strategies they will employ to address this barrier, especially in those instances where residential substance abuse treatment services may not be immediately available on the day of discharge from the detoxification program.

**E. Case Management:** The detoxification provider will be required to provide case management for all clients who have been admitted 3 or more times in the past 12 months to detoxification services. The program will hire a sufficient number of case managers to maintain an active caseload not to exceed 15. The role of the case manager will be to work with clients to resolve those barriers and issues that have contributed to the need for repeated detoxification episodes within the past year.

The goals of the case managers will include, but will not be limited to, assisting the client on an individual and as needed basis to:

- Be admitted to and become engaged in an appropriate behavioral health treatment program immediately upon discharge from the detoxification program.
- Find safe and drug free housing.
- Obtain recommended medical and health care services.
- Obtain legitimately prescribed medications for health, mental health and addiction treatment.
- Remain active on any waiting list and gain admission to the desired service at the earliest time possible.

The detoxification program will be required to provide case management services, even after discharge from the detoxification center itself, until the client has been successfully engaged in an appropriate treatment program that has assumed the responsibility for providing all the services that had been provided by the detoxification case manager.

Applicants will be expected to describe the details of how they propose to provide case these required case management services. Innovation and creativity to fulfill the case management role and achieve the goals are encouraged.

## **F. Quality Improvement**

All proposals shall include a suggested method for identifying, evaluating and correcting deficiencies in the quality and quantity of services to be provided under any resulting contract arising out of this RFP. Responsive proposals shall include a specific section entitled “Quality Improvement” which shall include the proposed method by which DHSS shall audit patient charts, employee credentials and licensure, staffing compliment information, staffing attendance information and other proposed indicators essential to a comprehensive and sustainable capability to review the performance of the selected vendor and the overall adequacy of services being provided to patients in the target population. The requirement contained in this paragraph is an essential and material term of any proposal and the failure to include a “Quality Improvement” section containing the above minimum core requirements shall be grounds to deem such proposals non-responsive. Vendors selected for contract negotiations should be aware that DHSS intends to include a robust “Quality Improvement” methodology into any contract resulting from this RFP. DHSS reserves the right to accept or reject, in whole or in part, or negotiate any portion of the proposal’s “Quality Improvement” section during the negotiation phase of this matter. DHSS also reserves the right to attach financial incentives for compliance and financial penalties for non-compliance with the terms and requirements of the “Quality Improvement” section of any contract arising out of this RFP.

## **G. Staffing Requirements:**

The staffing requirements for the successful applicant will be based on those defined in the ASAM PPC 2R, **Medically Monitored Inpatient Detoxification** treatment level (III.7.D) if all components are operated in a single facility. Applicants proposing to provide different levels of services in different locations can propose staffing that adheres to the specific criteria as defined in the ASAM PPC 2R and in accordance with the level of care provided at each location.

In the Medically Monitored Inpatient Detoxification component, the program will provide 24/7 medically supervised evaluation and withdrawal management in an organized service delivered by medical and nursing professionals under a defined set of physician-approved policies and physician-monitored procedures or clinical protocols (see ASAM PPC 2R, page 146). Similarly, if the applicant proposes to provide other levels of treatment at other locations, staffing must adhere to the levels as defined in ASAM PPC 2R, pages 145 and 146).

An appropriately trained and experienced physician (and/or physician's assistant, nurse practitioner working under the supervision of a physician) must be available 24 hours a day for consultation by telephone, and available to assess patients within 24 hours of admission, or sooner if medically necessary (TIP 45, p. 17).

The program must present a staffing pattern that includes an interdisciplinary team consisting of a physician, RN's, LPN's, counselors, case managers and counselor assistants, as well as appropriate staff to handle the business functions of the program.

## **H. Record Keeping Requirements:**

The teams will be responsible for maintaining a medical record on each client and safeguarding the medical record and its contents against loss, tampering, and unauthorized use. The medical record documents information about a consumer's mental illness; assessment results; recovery plans; and support services received. The records must be comprehensive, up to date, and provide evidence of the provision of high quality, comprehensive, person centered care management, according to the recovery plan goals.

The teams will develop a plan which shall include a process and procedure where clients who are able may document their experiences in their own medical record.

### **1. Reporting**

DSAMH and the selected provider will develop a set of reporting requirements and the time frame during which these will be submitted to DSAMH



#### **IV. State Information Technology Requirements**

The DHSS Information Technology Services for Vendors web page has links to the DHSS and DTI policies and standards. <http://www.dhss.delaware.gov/dhss/dms/irm/vendorsvcs.html>

The DTI Systems Architecture Standard contains information confidential to the State and is not available from the internet. However, DTI has set up an email address which will automatically send a response with this document attached. The email address is [sysarch@lists.state.de.us](mailto:sysarch@lists.state.de.us)

Vendors that electronically store, transmit or process information on behalf of State are required to comply with State standards to properly secure State data. The specific requirements vary with the type of information being stored. Electronic protected health information has the highest security requirements. Securing this data is covered generally by HIPAA requirements, but State requirements are more restrictive. State technical staff will discuss these standards with the selected vendor. Vendor is instructed to provide a technical contact for this purpose.

The State Architecture Review Board (ARB) reviews proposed system architecture as it relates to State standards. This may require the creation of an architecture diagram for the review process. For vendor systems that are not compliant, State technical staff will assist the division with an alternate approach.

As part of this consideration, vendor is required to submit technology costs that the State will be directly or indirectly responsible for as part of this contract. The vendor will break down technology costs into three categories for implementation and the same three categories for out-year costs:

1. Hardware
2. Software
3. Technical staffing

For vendor hosted websites, hosting costs can be allocated to the above categories at the discretion of the vendor.

## **V. FUNDING AND PAYMENT METHODOLOGY:**

**A.** The Provider will be paid on a cost reimbursement basis combined with performance based payments.

### **B. Contractor Monitoring/Evaluation**

The contractor may be monitored/evaluated on-site on a regular basis. Failure of the contractor to cooperate with the monitoring/evaluation process or to resolve any problem(s) identified in the monitoring/evaluation may be cause for termination of the contract.

## **VI. SPECIAL TERMS AND CONDITIONS**

### **A. Length of Contract**

Contract term is one (1) year with the possibility of renewal for up to four (4) additional years contingent on funding and satisfactory performance.

### **B. Subcontractors**

The use of subcontractors will be NOT permitted for this project

### **C. Funding Disclaimer Clause**

***State Appropriations Mandatory Condition of State Performance.*** Validity and enforcement of any resulting Contract is subject to appropriations by the General Assembly of the State of Delaware of the specific funds necessary for Contract performance. Should such funds not be so appropriated Delaware may immediately terminate this Contract, and absent such action this Contract shall be terminated as to any obligation of the State requiring the expenditure of money for which no specific appropriation is available, at the end of the last fiscal year for which no appropriation is available or upon the exhaustion of funds. Notwithstanding any other provisions of this RFP, any resulting Contract shall terminate and Delaware's obligations under it shall be extinguished at the start of the fiscal year in which Delaware fails to appropriate monies for the ensuing fiscal year sufficient for the payment of all amounts which will then become due.

## **D. Reserved Rights**

Notwithstanding anything to the contrary, the Department reserves the right to:

- Reject any and all proposals received in response to this RFP;
- Select a proposal other than the one with the lowest cost;
- Waive or seek clarification on any information, irregularities, or inconsistencies in proposals received;
- Negotiate as to any aspect of the proposal with the bidder and negotiate with more than one bidder at a time;
- If negotiations fail to result in an agreement within two (2) weeks, the Department may terminate negotiations and select the next most responsive bidder, prepare and release a new RFP, or take such other action as the Department may deem appropriate.

### **Termination Conditions**

**In addition to terminations due to the absence of funding as set forth above, the Department reserves the right to terminate any contract resulting from this RFP for cause or convenience.**

**1. *Termination for Cause.*** If for any reason, or through any cause, the Vendor fails to fulfil in timely and proper manner its obligations under the Contract, or if the Vendor violates any of the covenants, Contract or stipulations of the Contract, the DHSS shall thereupon have the right to terminate the Contract by giving written notice to the Vendor of such failure and demand that such failure be cured within 30 days. If such obligations, covenants, Contracts or stipulations are not cured to the satisfaction of DHSS within 30 days from the date of the notice, DHSS may terminate the Contract with the Vendor by providing a termination date no shorter than 30 days from the date the Vendor's attempts at a cure have failed. In that event, all finished or unfinished documents, charts, data, studies, surveys, drawings, maps, models, photographs and reports or other material prepared by the Vendor under the Contract shall, at the option of the DHSS, become its property, and the Vendor shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents and other

materials which is useable to the DHSS. In the event of a termination for cause, Vendor agrees that it will not be entitled to any compensation, whether equitable or monetary, related to any unexecuted portion of this Contract.

**2. *Termination for Convenience.*** Either party may terminate the Contract at any time by giving written notice of such termination and specifying the effective date thereof, at least thirty (30) days before the effective date of such termination. In that event, all finished or unfinished documents, charts, data, studies, surveys, drawings, maps, models, photographs and reports or other material prepared by the Vendor under the Contract shall, at the option of the DHSS, become its property, and the Vendor shall be entitled to compensation for any satisfactory work completed on such documents and other materials which is useable to the DHSS. If the Contract is terminated by the DHSS as so provided, the Vendor will be paid an amount which bears the same ratio to the total compensation as the services actually performed bear to the total services of the Vendor as covered by the Contract, less payments of compensation previously made. Provided however, that if less than 60 percent of the services covered by the Contract have been performed upon the effective date of termination, the Vendor shall be reimbursed (in addition to the above payment) for that portion of actual out of pocket expenses (not otherwise reimbursed under the Contract) incurred by the Vendor during the Contract period which are directly attributable to the uncompleted portion of the services covered by the Contract. In the event of a termination for convenience, Vendor agrees that it will not be entitled to any compensation, whether equitable or monetary, related to any unexecuted portion of this Contract.

## E. Payment:

The agencies or school districts involved will authorize and process for payment each invoice within thirty (30) days after the date of receipt. The contractor or vendor must accept full payment by procurement (credit) card and or conventional check and/or other electronic means at the State's option, without imposing any additional fees, costs or conditions.

## F. W-9 Information Submission

**Awarded** vendors will be required to submit their Form W-9 by accessing this website, <http://accounting.delaware.gov/>. The vendor will complete the secure form, read the affirmation, and submit the form by clicking the "Submit" button. Delaware Division of Accounting staff will review the submitted form for accuracy, completeness, and standardization. Once all the requirements are met, the form will be uploaded to the vendor file and approved. The vendor is then able to be paid for services provided.

For those vendors that do not have internet access, a printable version of the Delaware Substitute Form W-9 can be faxed or mailed to the vendor. Upon completion, the vendor will then fax or mail the form directly to the vendor staff at the Delaware Division of Accounting. All vendor requests, additions and changes, will come directly from the vendor. Questions for vendors who do not have internet access, contact vendor staff at (302) 734-6827.

**This applies only to the successful bidder and should be done when successful contract negotiations are completed. It is not a required to be done as part of the submission of the bidder's proposal.**

## G. State of Delaware Required Reporting

One of the primary goals in administering this contract is to keep accurate records regarding its actual value/usage. This information is essential in order to update the contents of the contract and to establish proper bonding levels if they are required. The integrity of future contracts revolves around our ability to convey accurate and realistic information to all interested Vendors.

A Usage Report (Attachment 1) shall be furnished on the 15<sup>th</sup> (or next business day after the 15<sup>th</sup> day) of each month by the successful Vendor **Electronically in Excel format** detailing the purchasing of all items on this contract. The reports (Attachment 1) shall be submitted electronically in EXCEL and sent as an attachment to [dsamhbusinessoperations@state.de.us](mailto:dsamhbusinessoperations@state.de.us). It shall contain the six-digit department and organization code. Any exception to this mandatory requirement may result in cancellation of the award. Failure to provide the report with the minimum required information may also negate any contract extension clauses. Additionally, Vendors who are determined to be in default of this mandatory report requirement may have such conduct considered against them, in assessment of responsibility, in the evaluation of future proposals.

## **VII. TECHNICAL PROPOSAL REQUIREMENTS:**

### **A. Definitions of Requirements**

To prevent any confusion about identifying requirements in this RFP, the following definition is offered: The words *shall*, *will* and/or *must* are used to designate a mandatory requirement. Vendors must respond to all mandatory requirements presented in the RFP. Failure to respond to a mandatory requirement may cause the disqualification of your proposal.

### **B. Acknowledgement of Understanding of Terms**

By submitting a bid, each Vendor shall be deemed to acknowledge that it has carefully read all sections of this RFP, including all forms, schedules and exhibits hereto, and has fully informed itself as to all existing conditions and limitations.

### **C. Non-Conforming Proposals**

Non-conforming proposals will not be considered. Non-conforming proposals are defined as those that do not meet the requirements of this RFP. The determination of whether an RFP requirement is substantive or a mere formality shall reside solely within the DSAMH.

### **D. Concise Proposals**

The DSAMH discourages overly lengthy and costly proposals. It is the desire that proposals be prepared in a straightforward and concise manner. Unnecessarily elaborate brochures or other promotional materials beyond those sufficient to present a complete and effective proposal are not desired. The State of Delaware's interest is in the quality and responsiveness of the proposal.

### **E. Realistic Proposals**

It is the expectation of the DSAMH that Vendors can fully satisfy the obligations of the proposal in the manner and timeframe defined within the proposal. Proposals must be realistic and must represent the best estimate of time, materials and other costs including the impact of inflation and any economic or other factors that are reasonably predictable.

The DSAMH shall bear no responsibility or increase obligation for a Vendor's failure to accurately estimate the costs or resources required to meet the obligations defined in the proposal.

#### **F. Discrepancies and Omissions**

Vendor is fully responsible for the completeness and accuracy of their proposal, and for examining this RFP and all addenda. Failure to do so will be at the sole risk of Vendor. Should Vendor find discrepancies, omissions, unclear or ambiguous intent or meaning, or should any questions arise concerning this RFP, Vendor shall notify the DSAMH's Designated Contact, in writing, of such findings at least ten (10) days before the proposal opening. This will allow issuance of any necessary addenda. It will also help prevent the opening of a defective proposal and exposure of Vendor's proposal upon which award could not be made. All unresolved issues should be addressed in the proposal.

Protests based on any omission or error, or on the content of the solicitation, will be disallowed if these faults have not been brought to the attention of the Designated Contact, in writing, no later than ten (10) calendar days prior to the time set for opening of the proposals.

Proposals shall contain the following information, adhering to the order as shown:

#### **G. Bidder's Signature Form**

This form, found in the Appendix C, must be completed and signed by the bidder's authorized representative.

#### **H. Title Page**

The Title page shall include: 1) the RFP subject; 2) the name of the Applicant; 3) the Applicant's full address; 4) the Applicant's telephone number; 5) the name and title of the designated contact person; and 6) bid opening date (**due date: 11:00 a.m. Wednesday, May 23, 2012**).

#### **I. Table of Contents**

The Table of Contents shall include a clear and complete identification of information presented by section and page number.

#### **J. Applicant Organization Eligibility**

Any individual, business, organization, corporation, consortium, partnership, joint venture, or any other entity including subcontractors currently debarred or suspended is ineligible to bid. Any entity ineligible to conduct business in the State of Delaware for any reason is ineligible to respond to the RFP.

Applications for this RFP will be accepted from profit, non-profit and faith based organizations whose hiring and operational practices comply with all federal and State of Delaware laws and regulations. The applicant organization must be able to document a minimum of two years' experience operating alcohol and drug abuse treatment or detoxification programs. The organization will be required to provide evidence that both the applicant organization and the lead management staff proposed for the detoxification program have the knowledge and experience to operate a medically monitored inpatient and ambulatory detoxification program as described in this RFP.

Proposing Party must specifically identify its shareholders and partners which hold any ownership interest in their organization. The Proposing Party shall identify each and every business or charitable entity in which it - or its shareholders - presently holds an ownership interest. The Proposing Party shall identify each and every organization, business, or charitable entity in which any of the Proposing Party's owners or shareholders serve on a Board of Directors.

#### **K. Bidder References**

The names and phone numbers of at least three (3) organizations/agencies for whom the vendor carried out a similar project must be included. If no similar project has been conducted, others requiring comparable skills can be used.

Bidder shall list all contracts awarded to it or its predecessor firm(s) by the State of Delaware; during the last three years, by State Department, Division, Contact Person (with address/phone number), period of performance and amount. The Evaluation/Selection Review Committee will consider these additional references and may contact each of these sources. Information regarding bidder performance gathered from these sources may be included in the Committee's deliberations and factored in the final scoring of the bid. Failure to list any contract as required by this paragraph may be grounds for immediate rejection of the bid.

#### **L. Program Design**

##### **Scope of Services:**

1. Applicant organization must provide a description of how it will operate the following program services in accordance with the guidelines and principles enunciated in the ASAM PPC-2R Manual and TIP 45:
  - **Ambulatory Detoxification**
  - **Clinically Managed Residential Detoxification**
  - **Medically Monitored Inpatient Detoxification**



2. Applicant must describe how it will operate a 24/7 program and provide both the Physical Detoxification Services (Chapter 4) and the Psychosocial/Biomedical Services (Chapter 3) described in TIP 45.
3. Applicant must give a description of how it will place primary emphasis on ensuring that the patient is medically stable (including the initiation and tapering of medications used for the treatment of substance use withdrawal); assessing for adequate biopsychosocial stability; quickly intervening to establish this adequately; and facilitating effective linkage to and engagement in other appropriate [residential] and outpatient services.
4. Applicant must describe how it will incorporate the following **Overarching Principles of Care During Detoxification** as described by TIP 45:
  - Detoxification services do not offer a “cure for substance use disorders. They often are a first step toward recovery and the “first door” through which patients pass to treatment.
  - Substance use disorders are treatable, and there is hope for recovery.
  - Substance use disorders are brain disorders and not evidence of moral weakness.
  - Patients are to be treated with respect and dignity at all times.
  - Patients are treated in a nonjudgmental and supportive manner.
  - Services planning is completed in partnership with the patient and his or her social support network, including such persons as family, significant others, or employers.
  - All health professionals involved in the care of the patient will maximize opportunities to promote rehabilitation and maintenance activities and to link him or her to appropriate substance abuse treatment immediately after the detoxification phase.
  - Active involvement of the family and other support systems while respecting the patient’s rights to privacy and confidentiality is encouraged.
  - Patients are treated with due consideration for individual background, culture, preferences, sexual orientation, disability status, vulnerabilities and strengths (24).
5. **Medical Services:** Applicants must describe the **protocols for the medical services** that they will offer with sufficient specificity and detail to allow reviewers to determine how closely the protocols match with generally accepted medical practices for detoxification from alcohol and other drugs. **Refer to Chapter 4 in TIP 45 for guidance.** Applicants must also describe how they will use medications currently approved for addiction treatment (e.g., buprenorphine, etc.) and how they will stay abreast of new medications for substance abuse detoxification and treatment, as they are approved. DSAMH requires the use of buprenorphine for detoxification from opiates. Applicants must describe how they will manage “drug seeking” behavior and the potential of diversion of buprenorphine.

**In addition, applicants must describe how they will provide the following medical services:**

- Physical including complete medical history
- Monitoring of vital signs
- Verification of current medications
- Laboratory tests including serology and other tests deemed necessary by the program physician
- Tests for pregnancy for all female clients of child bearing age
- HIV, Hepatitis C and other STD testing for individuals presenting with high risk behaviors known to increase the spread of sexually transmitted diseases
- Medical services for conditions that are life threatening and cannot be safely managed in the Amdetox setting.

6. **Approved Length of Stay:** Applicant must provide a description of services that incorporate DSAMH rules for length of stay in residential and ambulatory detoxification for all admissions that meet ASAM Patient Placement Criteria for residential services supported by the “clinical judgment and consideration of the patient’s particular situation” as advised by TIP 45 (p. 12). Requests for additional days must be pre-approved by the DSAMH Eligibility and Enrollment Unit (EEU) using the formal procedures instituted by EEU for these requests.
7. **Psychosocial Services:** Applicant must describe how it will make building the therapeutic alliance and motivating the patient to enter treatment a goal of the detoxification staff.

Applicant must describe how it will use evidence based and other innovative practices to retain clients to complete the detoxification regimen, and to successfully engage in the appropriate level of substance abuse treatment. Applicant should refer to TIP 45, pp. 33ff. for a quick summary of some of these widely accepted techniques and practices, including:

- Consistently offering hope and the expectation of recovery to all patients.
- Emphasizing that detoxification is only the first step in the process of treatment and recovery.
- Using client advocates to intervene with patients who wish to leave early.
- Offering on-site 12 step groups.
- Using alternative medicine approaches to enhance care.

Applicant must describe how they will train staff and incorporate the following in their program design:

- Stage of Change principles with the goal of moving the client along the continuum to the next level of change (see TIP 45, p. 35).
- Motivational interviewing as described by Miller and Rollnick, and others (see TIP 45, p. 34).

- Motivational incentives to reward: (a) patients for achieving the short term goals of detoxification, including successful engagement with the next level of care; (b) staff for successful achievement of performance targets related to linkage and engagement with substance abuse treatment immediately following the detox episode.

8. **Linkage and Admission:** Applicant proposed program must demonstrate how it will successfully provide safe medical stabilization of the patient. Applicant must also show how the successful detoxification episode will conclude with admission and engagement in the appropriate level of behavioral health treatment and supports immediately following completion of detoxification.

Applicant must develop an innovative approach with patients to maintain motivation for treatment during periods that need to be spent on waiting lists. Applicant must discuss the specific strategies they will employ to address this barrier, especially in those instances where residential substance abuse treatment services may not be immediately available on the day of discharge from the detoxification program.

9. **Case Management:** Applicant must give a description of how it will provide case management for all clients who have been admitted 3 or more times in the past 12 months to detoxification services. Applicant proposed program must demonstrate its plan to hire a sufficient number of case managers to maintain an active caseload not to exceed 15. The role of the case manager will be to work with clients to resolve those barriers and issues that have contributed to the need for repeated detoxification episodes within the past year.

Applicant must describe how it envisions incorporating goals which will include, but will not be limited to, assisting the client on an individual and as needed basis to:

- Be admitted to and become engaged in an appropriate behavioral health treatment program immediately upon discharge from the detoxification program.
- Find safe and drug free housing.
- Obtain recommended medical and health care services.
- Obtain legitimately prescribed medications for health, mental health and addiction treatment.
- Remain active on any waiting list and gain admission to the desired service at the earliest time possible.

Applicant must describe how it will provide case management services, even after discharge from the detoxification center itself, until the client has been successfully engaged in an appropriate treatment program that has assumed the responsibility for providing all the services that had been provided by the detoxification case manager.

Applicant must give a detailed description of how they propose to provide required case management services. Innovation and creativity to fulfill the case management role and achieve the goals are encouraged.

## **M. Staffing and Staff Qualifications:**

The staffing requirements for the successful applicant will be based on those defined in the ASAM PPC 2R, **Medically Monitored Inpatient Detoxification** treatment level (III.7.D) if all components are operated in a single facility. Applicants proposing to provide different levels of services in different locations can propose staffing that adheres to the specific criteria as defined in the ASAM PPC 2R and in accordance with the level of care provided at each location.

In the Medically Monitored Inpatient Detoxification component, the applicant must describe how it will provide 24/7 medically supervised evaluation and withdrawal management in an organized service delivered by medical and nursing professionals under a defined set of physician-approved policies and physician-monitored procedures or clinical protocols (see ASAM PPC 2R, page 146). Similarly, if the applicant proposes to provide other levels of treatment at other locations, staffing must adhere to the levels as defined in ASAM PPC 2R, pages 145 and 146).

Applicant staffing must include an appropriately trained and experienced physician (and/or physician's assistant, nurse practitioner working under the supervision of a physician). Staff must be available 24 hours a day for consultation by telephone, and available to assess patients within 24 hours of admission, or sooner if medically necessary (TIP 45, p. 17).

The program must present a complete staffing pattern that includes an interdisciplinary team consisting of a physician, RN's, LPN's, counselors, case managers and counselor assistants, as well as appropriate staff to handle the business functions of the program.

The staffing pattern must indicate if the position is full or part-time. If part time, it must indicate the number of hours per week. The staffing pattern must be predicated upon serving the number of clients specified by the applicant of this RFP. The job descriptions must include the minimal educational, experiential and credentialing requirements for each position, along with a description of the duties of the position.

The proposer must provide:

**1. Job Descriptions**

There must be a complete job description for all positions that have been included in all or part of the cost of this proposal. Each description should contain:

- Position title: This should be the same title as used in the budget, and as shown in the sections on program description, and organization charts.
- Salary range: Please state the yearly and/or hourly range.
- Job summary: This should describe the role of the position in the proposed program and identify the lines of authority related to this position.
- Duties and responsibilities: List the major activities of the person in this position.
- Job qualifications: The minimum education and/or experience requirements should be presented.

**2. Resumes of Key Staff**

Resumes of key staff for the proposed program, if known to the proposer at the time of response to the RFP, must be included.

**3. Screening and Hiring Procedures**

The proposer must provide guidelines to be used in staff screening and hiring procedures. Measures adequate to screen job applicants to determine history of patient/client abuse/neglect (must comply with 29 Del. C. Section 708 and 11 Del. C. Section 8564) must be described.

**4. Staff Training/Orientation and Development**

A staff training and/or orientation plan applicable to all staff who will be assigned to the program must be presented. The plan/schedule should include:

- introductory training and orientation schedule;
- mandatory training on Department of Health and Social Services Policy Memorandum 46;
- mandatory training on confidentiality of client information

## **N. Implementation Plan**

Applicants must submit an Implementation Plan in chart format with timelines for completion of each activity. The plan must cover start up through program implementation activities, including hiring of key staff. It should describe the outreach and marketing activities that will be required to inform referral sources and the substance abuse treatment system about the program and its required components, including case management and admission/engagement expectations for clients completing detoxification.

## **O. Applicant Organization Capability and Experience**

Applicants for this RFP must provide documentation that they meet the following conditions:

1. A minimum of two year's experience operating alcohol and drug abuse treatment or detoxification programs. The organization will be required to provide evidence that both the applicant organization and the lead management staff proposed for the detoxification program have the knowledge and experience to operate a Medically Monitored Inpatient Detoxification program as described in this RFP.
2. Currently licensed to provide substance abuse treatment or detoxification services by the state in which the applicant is located – OR – able to provide assurance that the applicant has the capability and expertise to obtain licensing in Delaware upon receipt of an award.
3. The successful applicant will be required to obtain accreditation by JCAHO, CARF or another accrediting agency approved by DSAMH with two years of the start date of the contract for this RFP. Applicants should address plans to meet this requirement in their response to the RFP.
4. Applicant must submit state licensure audit reports with Corrective Action Plans for 2009, 2010, 2011 and 2012 if available.

#### **P. Quality Improvement**

Applicant must describe a method for identifying, evaluating and correcting deficiencies in the quality and quantity of services to be provided under any resulting contract arising out of this RFP.

#### **Q. Certification and Statement of Compliance**

The bidder must include statements that the applicant agency complies with all Federal and Delaware laws and regulations pertaining to equal opportunity and affirmative action. In addition, compliance must be assured in regard to Federal and Delaware laws and regulations relating to confidentiality and individual and family privacy in health care delivery and in the collection and reporting of data. (See Appendices D & E)

All invoices, reports, and documents provided in response to an audit, as well as any documentation provided to DHSS pursuant to any contractual obligation, including any chart or compilation of data, report, or other document produced by the vendor shall contain the following certification:

“I hereby certify that the information reported herein is true, accurate and complete. I understand that these reports are made in support of claims for government funds.”

Any certification related to information and documents produced to the Department shall be certified only by the vendor’s contract manager.

#### **R. Standard Contract**

Appendix G is a copy of the standard boilerplate contract for the State of Delaware, Delaware Health and Social Services, **Division of Substance Abuse and Mental Health**. This boilerplate will be the one used for any contract resulting from this Request for Proposal. If a bidder has an objection to any contract provisions or the RFP and its procurement provisions, objections shall be stated in the Transmittal Letter of the bidder’s proposal. Execution of the contract is NOT required with proposal submission. The contract is provided as a courtesy for review by an interested bidder’s legal group. DHSS reserves the right to amend, alter, or add terms to the boilerplate contract in its discretion.

## **VIII. BUSINESS PROPOSAL REQUIREMENTS:**

Applicant will submit sample line item operating budgets using the format distributed at the pre-bid meeting for the operating period of **July 1, 2012 through June 30, 2013**. The electronic version will also be published on the website as part of the question and answers addendum.

Vendor is required to submit technology costs that the State will be directly or indirectly responsible for as part of this contract. The vendor will break down technology costs into three categories for implementation and the same three categories for out-year costs:

1. Hardware
2. Software
3. Technical staffing

For vendor hosted websites, hosting costs can be allocated to the above categories at the discretion of the vendor.

The Business Proposals and all budget information must be presented separate from the Technical Proposal.

Each program component requires a separate business proposal with a detailed budget narrative that includes all assumptions made with respect to the pricing of services.

Applicant will demonstrate corporate capability:

Financial stability as determined by review of financial information provided by the Vendor; perceived ability to start up and manage the program in the time required using the staff, structure and phase in required in the RFP. Financial stability should be demonstrated through production of balance sheets and income statements or other generally accepted business record for the last 3 years that includes the following: the Vendor's Earnings before Interest & Taxes, Total Assets, Net Sales, Market Value of Equity, Total Liabilities, Current Assets, Current Liabilities, and Retained Earnings.

In addition to financial information, discuss any corporate reorganization or restructuring that has occurred within the last three years and discusses how the restructuring will impact the Vendor's ability to provide services proposed. The DSAMH reserves the right to terminate the contract, based upon merger or acquisition of the Vendor, during the course of the contract. Include a description of any current or anticipated business or financial obligations, which will coincide with the term of this contract.

Applicant will submit a completed Financial Practices, Pre-Audit Monitoring Survey, Self-Report as part of the proposal.



## **IX. GENERAL INSTRUCTIONS FOR SUBMISSION OF PROPOSALS**

### **A. Number of Copies Required**

Two (2) original **CDs** (Each Labeled as “Original”) and one (1) **CD** copy (labeled as “Copy”). In addition, any required confidential financial or audit information relating to the company and not specifically to the proposal may be copied separately to one set of up to three (3) additional CDs (Each labeled “Corporate Confidential Information”). All CD files shall be in PDF and Microsoft Word formats. Additional file formats (i.e. .xls, .mpp) may be required as requested.

**It is the responsibility of the bidder to ensure all submitted CDs are machine readable, virus free and are otherwise error-free. CDs (or their component files) not in this condition may be cause for the vendor to be disqualified from bidding.**

**Ten (10) printed and bound copies that clearly indicate that they are in response to RFP HSS-12-015**

The cover letter should include: bidder recognition of all addenda posted on the RFP website (<http://bids.delaware.gov>.) relative to this RFP, a statement confirming the proposal remains effective through the date shown in **(D)** below, a statement the bidder has or agrees to obtain a Delaware business license if awarded a contract, a statement confirming pricing was arrived at without collusion.

The responses to this RFP shall be submitted to:

Kieran Mohammed  
Division of Management Services  
Delaware Health and Social Services  
Main Administration Building, Sullivan Street  
Second Floor, Room 257  
1901 North DuPont Highway  
New Castle, DE 19720

### **B. Closing Date**

All responses must be received no later than **11:00 a.m. Wednesday, May 23, 2012**. Later submission will be cause for disqualification.

### **C. Opening of Proposals**

The State of Delaware will receive proposals until the date and time shown in this RFP. Proposals will be opened only in the presence of the State of Delaware personnel. Any unopened proposals will be returned to Vendor.

There will be no public opening of proposals but a public log will be kept of the names of all vendor organizations that submitted proposals. The contents of any proposal shall not be disclosed to competing vendors prior to contract award.

#### **D. Proposal Expiration Date**

Prices quoted in the proposal shall remain fixed and binding on the bidder at least through **June 30, 2013**. The State of Delaware reserves the right to ask for an extension of time if needed.

#### **E. No Press Releases or Public Disclosure**

Vendors may not release any information about this RFP. The DSAMH reserves the right to pre-approve any news or advertising releases concerning this RFP, the resulting contract, the work performed, or any reference to the State of Delaware or the DSAMH with regard to any project or contract performance. Any such news or advertising releases pertaining to this RFP or resulting contract shall require the prior express written permission of the DSAMH.

#### **F. Collusion or Fraud**

Any evidence of agreement or collusion among Vendor(s) and prospective Vendor(s) acting to illegally restrain freedom from competition by agreement to offer a fixed price, or otherwise, will render the offers of such Vendor(s) void.

By responding, the Vendor shall be deemed to have represented and warranted that its proposal is not made in connection with any competing Vendor submitting a separate response to this RFP, and is in all respects fair and without collusion or fraud; that the Vendor did not participate in the RFP development process and had no knowledge of the specific contents of the RFP prior to its issuance; and that no employee or official of the State of Delaware participated directly or indirectly in the Vendor's proposal preparation.

#### **G. Penalties**

The DSAMH may include in the final contract penalty provisions for non-performance, such as liquidated damages. Any factually or legally applicable penalty or liquidated damage shall not be the exclusive remedy available for breach of contract.

#### **H. Notification of Acceptance**

Notification of the Department's intent to enter into contract negotiations will be made in writing to all bidders.

## **I. Questions**

All questions concerning this Request for Proposal must reference the pertinent RFP section(s) and page number(s). Questions must be in writing and can be either faxed, or emailed to:

**Ceasar McClain**  
**Community Mental Health Contracts Manager**  
[dsamhbusinessoperations@state.de.us](mailto:dsamhbusinessoperations@state.de.us)  
**Fax: (302)-255-9395**

Deadline for submission of all questions is **Thursday, April 26, 2012**. Responses will be posted to the bids website <http://bids.delaware.gov> no later than **Tuesday, May 1, 2012**.

## **J. Amendments to Proposals**

Amendments to proposals will not be accepted after the deadline for proposal submission has passed. The State reserves the right at any time to request clarification and/or further technical information from any or all Applicants submitting proposals.

## **K. Proposals Become State Property**

All proposals become the property of the State of Delaware and will not be returned to the bidders. The State will not divulge any information identified as confidential at the time of proposal submission provided the information resides solely on the CD (s) marked confidential.

## **L. Non-Interference Clause**

The awarding of this contract and all aspects of the awarded bidders contractual obligations, projects, literature, books, manuals, and any other relevant materials and work will automatically become property of the State of Delaware. The awarded bidder will not in any manner interfere or retain any information in relationship to the contractual obligations of said contract, at the time of the award in the future tense.

## **M. Investigation of Bidder's Qualifications**

Delaware Health and Social Services may make such investigation as it deems necessary to determine the ability of the bidder to furnish the required services, and the bidder shall furnish such data as the Department may request for this purpose.

## **N. RFP and Final Contract**

The contents of the RFP will be incorporated into the final contract and will become binding upon the successful bidder. If the bidder is unwilling to comply with any of the requirements, terms, and conditions of the RFP, objections must be clearly stated in the proposal. Objections will be considered and may be subject to negotiation at the discretion of the state.

## **O. Proposal and Final Contract**

The contents of each proposal will be considered binding on the bidder and subject to subsequent contract confirmation if selected. The contents of the successful proposal will be included by reference in the resulting contract.

## **P. Cost of Proposal Preparation**

All costs for proposal preparation will be borne by the Applicant.

## **Q. Proposed Timetable**

The Department's proposed schedule for reviewing proposals is outlined as follows:

<b><u>Activity</u></b>	<b><u>Date</u></b>
RFP Advertisement	04/12/2012
Pre-bid Meeting	04/24/2012 @11:00am
Questions due	04/26/2012
Answers to Questions	05/01/2012
Bid Opening	05/23/2012
Selection Process Begins	05/24/2012
Vendor Selection (tentative)	06/15/2012
Project Begins	07/01/2012

## **R. Confidentiality and Debriefing**

All documents submitted as part of the Vendor's proposal will be deemed confidential during the evaluation process to the extent permitted by law. Vendor proposals will not be available for review by anyone other than DHSS or its designated agents. There shall be no disclosure of any Vendor's information to a competing Vendor prior to award of the contract unless required by law.

DHSS is a public agency as defined by State law, and as such, it is subject to the Delaware Freedom of Information Act, 29 *Del. C.* Ch. 100. Under State law, certain classes of DHSS' records are presumptively confidential. Vendor(s) are advised that once a proposal is received by the DHSS and a decision on contract award is made, the proposals' contents may become public record and nothing contained in the proposal will be deemed to be confidential unless supported by law.

Vendor(s) shall not include any information in its proposal that is proprietary in nature or that it would not want to be released to the public unless such information is specifically identified and separated. Proposals must contain sufficient information to be evaluated and a contract written without reference to any proprietary information. If a Vendor feels that it cannot submit its proposal without including proprietary information, it must adhere to the following procedure or their proposal may be deemed non-responsive and will not be recommended for selection. Vendor(s) must submit any required proprietary information in a separate, sealed envelope labeled "Proprietary Information" with the RFP number. The envelope must contain a letter from the Vendor's legal counsel describing the documents in the envelope, representing in good faith that the information in each document is not "public record" as defined by 29 *Del. C.* § 10002(g), and briefly stating the reasons that each document meets the said definitions. The opinions of Vendor's legal counsel shall not be binding upon DHSS.

Upon receipt of a proposal accompanied by such a separate, sealed envelope, the DHSS will open the envelope to determine whether the procedure described above has been followed. All data, documentation, and innovations developed as a result of these contractual services shall become the property of the State of Delaware.

If a bidder wishes to request a debriefing, he must submit a formal letter to the Procurement Administrator, Herman M. Holloway Campus, Delaware Health and Social Services Main Building, 2nd Floor, Room 257, 1901 N. DuPont Highway, New Castle, Delaware 19720 within 10 days after receipt of Notice of Award. The letter must specify reasons for the request. The debriefing will not be conducted until the Request for Proposal process is completed.

## **X. SELECTION PROCESS**

### **A. Basis of Award**

The Proposal Evaluation Team shall report to the DSAMH its recommendation as to which Vendor(s) the DSAMH should negotiate for a possible award. The DSAMH may negotiate with at least one of the qualified vendors and may negotiate with multiple vendors at the same time. Once negotiations have been successfully concluded, the DSAMH shall notify the vendors of its selection(s). The DSAMH has the sole right to select the successful Vendor(s) for award, to reject any proposal as unsatisfactory or non-responsive, to award a contract to other than the lowest priced proposal, to award multiple contracts, or not to award a contract, as a result of this RFP.

Notice in writing to a Vendor of the acceptance of its proposal by the DSAMH, the subsequent full execution of a written contract and execution of a Purchase Order will constitute a contract, and no Vendor will acquire any legal or equitable rights or privileges until the occurrence of these events. All Vendor(s) will be notified of their selection status.”

The DSAMH shall award this contract(s) to the most responsible and responsive Vendor(s) who best meets the terms and conditions of the proposal. The award will be made on basis of corporate experience, corporate capability, and quality of the Vendor’s response, price and references. The DSAMH is looking for best quality and value.

The DSAMH reserves the right to reject any or all proposals in whole or in part, to make multiple awards, partial awards, award by types, item by item, or lump sum total, whichever may be most advantageous to the State of Delaware. The intent though is to award this contract to the best Vendor(s).

Non-conforming proposals will not be considered. Non-conforming proposals are defined as those that do not meet the requirements of this RFP. The determination of whether an RFP requirement is substantive or a mere formality shall reside solely within the DHSS.

DHSS discourages overly lengthy and costly proposals. It is the desire that proposals be prepared in a straightforward and concise manner. Unnecessarily elaborate brochures or other promotional materials beyond those sufficient to present a complete and effective proposal are not desired. The State of Delaware’s interest is in the quality and responsiveness of the proposal.

It is the expectation of DHSS that Vendors can fully satisfy the obligations of the proposal in the manner and timeframe defined within the proposal. Proposals must be realistic and must represent the best estimate of time, materials and other costs including the impact of inflation and any economic or other factors that are reasonably predictable.

DHSS shall bear no responsibility or increase obligation for a Vendor’s failure to accurately estimate the costs or resources required to meet the obligations defined in the proposal.

Vendor is fully responsible for the completeness and accuracy of their proposal, and for examining this RFP and all addenda. Failure to do so will be at the sole risk of Vendor. Should Vendor find discrepancies, omissions, unclear or ambiguous intent or meaning, or should any questions arise concerning this RFP, Vendor shall notify the DHSS' Designated Contact, in writing, of such findings at least ten (10) days before the proposal opening. This will allow issuance of any necessary addenda. It will also help prevent the opening of a defective proposal and exposure of Vendor's proposal upon which award could not be made. All unresolved issues should be addressed in the proposal.

Protests based on any omission or error, or on the content of the solicitation, will be disallowed if these faults have not been brought to the attention of the Designated Contact, in writing, no later than ten (10) calendar days prior to the time set for opening of the proposals.

Any exceptions to the RFP, or the DHSS' terms and conditions, must be highlighted and included in writing in the proposal. Acceptance of exceptions is within the sole discretion of the Proposal Evaluation Team.

If it becomes necessary to revise any part of the RFP, an addendum will be posted on DHSS' website at <http://bids.delaware.gov>. The DHSS is not bound by any statement related to this RFP made by any State of Delaware employee, contractor, vendor or its agents.

## **B. Proposal Evaluation Team**

The Proposal Evaluation Team comprises of a group with expertise in health care, procurement, contract management, budgeting, and technical operations. The Team shall determine which Vendors meet the minimum requirements pursuant to selection criteria of the RFP and procedures established in 29 Del. C. §§ 6981 and 6982. The Division will award a contract to the successful vendor in the best interest of the State of Delaware

### **1. Proposal Clarification**

The Proposal Evaluation Team may contact any Vendor in order to clarify uncertainties or eliminate confusion concerning the contents of a proposal. Proposals may not be modified as a result of any such clarification request.

### **2. References**

The Proposal Evaluation Team may contact any customer of the Vendor, whether or not included in the Vendor's reference list, and use such information in the evaluation process. Additionally, DSAMH may choose to visit existing installations of comparable systems, which may or may not include Vendor personnel. If the Vendor is involved in such facility visits, DSAMH will pay travel costs only for DSAMH personnel or Proposal Evaluation Team members for these visits.

### 3. Oral Presentations

Selected Vendors may be invited to make oral presentations to the Proposal Evaluation Team. The Vendor representative(s) attending the oral presentation shall be technically qualified to respond to questions related to the proposed system and its components.

All of the Vendor's costs associated with participation in oral discussions and system demonstrations conducted for DSAMH are the Vendor's responsibility.

Proposal Evaluation Team members will assign up to the maximum number of points listed for each of the listed above. For items having quantitative answers, points will be proportionate to each Vendor's response. Items with qualitative answers will receive the average of points assigned by Proposal Evaluation Team

### C. Proposal Evaluation Criteria

<b>Category</b>	<b>Weight</b>
Meets mandatory RFP provisions	Pass/Fail
CD's properly submitted	
Hard Copies Properly Submitted	
Forms properly submitted	
1. Applicant's Experience and Expertise	05
2. Understanding of ASAM PPC 2R Dimension 1, Adult Detoxification, treatment levels I-D, II-D, III.2-D and III.7-D	20
3. Proposed Program Design	45
4. Start Up, Implementation, Location	10
5. Staffing and Staff Qualifications	10
6. Program Budget	10

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**Total: 100**

Detailed evaluation/rating criteria will be developed in the review process for this Request for Proposals. Proposals will be rated according to the following general weighted criteria. Questions listed within the criteria are illustrative only. Points will be awarded in each category as indicated.



Upon selection of a vendor or vendors, a **Division of Substance Abuse and Mental Health** representative will enter into negotiations with the bidder to establish a contract. As stated above, DHSS reserves the right to simultaneously negotiate with several selected vendors.

#### **D. Consultants and Legal Counsel**

The State of Delaware may retain consultants or legal counsel to assist in the review and evaluation of this RFP and the vendors' responses. Bidders shall not contact DSAMH's consultant or legal counsel on any matter related to the RFP.

#### **E. Exclusions**

The Proposal Evaluation Team reserves the right to refuse to consider any proposal from a vendor who:

Has been convicted for commission of a criminal offense as an incident to obtaining or attempting to obtain a public or private contract, or subcontract, or in the performance of the contract or subcontract;

Has been convicted under State or Federal statutes of embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, or other offense indicating a lack of business integrity or business honesty that currently and seriously affects responsibility as a State contractor;

Has been convicted or has had a civil judgment entered for a violation under State or Federal antitrust statutes;

Has violated contract provisions such as:

Knowing failure without good cause to perform in accordance with the specifications or within the time limit provided in the contract; or

Failure to perform or unsatisfactory performance in accordance with terms of one or more contracts;

Has violated ethical standards set out in law or regulation; and

Any other cause listed in regulations of the State of Delaware determined to be serious and compelling as to affect responsibility as a State contractor, including suspension or debarment by another governmental entity for a cause listed in the regulations.

#### **F. State's Right to Award Multiple Source Contracting**

Pursuant to 29 *Del. C.* § 6986, DHSS may award a contract for a particular professional service to two or more Vendors if the agency head makes a determination that such an award is in the best interest of the State of Delaware.

## **G. Project Costs and Proposed Scope of Service**

The Department reserves the right to award this project to a bidder other than the one with the lowest cost or to decide not to fund this project at all. Cost will be balanced against the score received by each bidder in the rating process. The State of Delaware reserves the right to reject, as technically unqualified, proposals that are unrealistically low if, in the judgment of the evaluation team, a lack of sufficient budgeted resources would jeopardize project success.

**APPENDIX A:**  
***BUSINESS PROPOSAL***

Line item operating budget format will be distributed via cd at the pre-bid meeting and will be available online as part of the question and answers addendum.

**APPENDIX B:**  
***BIDDERS SIGNATURE FORM***



**DELAWARE HEALTH AND SOCIAL SERVICES  
REQUEST FOR PROPOSAL**

**BIDDERS SIGNATURE FORM**

NAME OF BIDDER: \_\_\_\_\_  
SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_  
TYPE IN NAME OF AUTHORIZED PERSON: \_\_\_\_\_  
TITLE OF AUTHORIZED PERSON: \_\_\_\_\_  
STREET NAME AND NUMBER: \_\_\_\_\_  
CITY, STATE, & ZIP CODE: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_  
FAX NUMBER: \_\_\_\_\_  
DATE: \_\_\_\_\_  
BIDDER'S FEDERAL EMPLOYERS IDENTIFICATION NUMBER: \_\_\_\_\_

**THE FOLLOWING MUST BE COMPLETED BY THE VENDOR:**

AS CONSIDERATION FOR THE AWARD AND EXECUTION BY THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES OF THIS CONTRACT, THE (COMPANY NAME) \_\_\_\_\_ HEREBY GRANTS, CONVEYS, SELLS, ASSIGNS, AND TRANSFERS TO THE STATE OF DELAWARE ALL OF ITS RIGHTS, TITLE AND INTEREST IN AND TO ALL KNOWN OR UNKNOWN CAUSES OF ACTION IT PRESENTLY HAS OR MAY NOW HEREAFTER ACQUIRE UNDER THE ANTITRUST LAWS OF THE UNITED STATES AND THE STATE OF DELAWARE, RELATING THE PARTICULAR GOODS OR SERVICES PURCHASED OR ACQUIRED BY THE DELAWARE HEALTH AND SOCIAL SERVICES DEPARTMENT, PURSUANT TO THIS CONTRACT.

**APPENDIX C:**  
***CERTIFICATION SHEET***



## **DELAWARE HEALTH AND SOCIAL SERVICES REQUEST FOR PROPOSAL**

### **CERTIFICATION SHEET**

As the official representative for the proposer, I certify on behalf of the agency that:

- a. They are a regular dealer in the services being procured.
- b. They have the ability to fulfill all requirements specified for development within this RFP.
- c. They have independently determined their prices.
- d. They are accurately representing their type of business and affiliations.
- e. They will secure a Delaware Business License.
- f. They have acknowledged that no contingency fees have been paid \_\_\_\_\_ to obtain award of this contract.
- g. The Prices in this offer have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other contractor or with any competitor;
- h. Unless otherwise required by Law, the prices which have been quoted in this offer have not been knowingly disclosed by the contractor and prior to the award in the case of a negotiated procurement, directly or indirectly to any other contractor or to any competitor; and
- i. No attempt has been made or will be made by the contractor in part to other persons or firm to submit or not to submit an offer for the purpose of restricting competition.
- j. They have not employed or retained any company or person (other than a full-time bona fide employee working solely for the contractor) to solicit or secure this contract, and they have not paid or agreed to pay any company or person (other than a full-time bona fide employee working solely for the contractor) any fee, commission percentage or brokerage fee contingent upon or resulting from the award of this contract.
- k. They (check one) operate \_\_\_an individual; \_\_\_a Partnership \_\_\_a non-profit (501 C-3) organization; \_\_\_a not-for-profit organization; or \_\_\_for profit corporation, incorporated under the laws of the State of \_\_\_\_\_.



- l. The referenced offerer has neither directly or indirectly entered into any agreement, participated in any collusion or otherwise taken any action in restraint of free competitive bidding in connection with this bid submitted this date to Delaware Health and Social Services.
- m. The referenced bidder agrees that the signed delivery of this bid represents the bidder's acceptance of the terms and conditions of this invitation to bid including all Specifications and special provisions.
- n. They (check one): \_\_\_\_\_are; \_\_\_\_\_are not owned or controlled by a parent company. If owned or controlled by a parent company, enter name and address of parent company:

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**Violations and Penalties:**

Each contract entered into by an agency for professional services shall contain a prohibition against contingency fees as follows:

1. The firm offering professional services swears that it has not employed or retained any company or person working primarily for the firm offering professional services, to solicit or secure this agreement by improperly influencing the agency or any of its employees in the professional service procurement process.
2. The firm offering the professional services has not paid or agreed to pay any person, company, corporation, individual or firm other than a bona fide employee working primarily for the firm offering professional services, any fee, commission, percentage, gift, or any other consideration contingent upon or resulting from the award or making of this agreement; and
3. For the violation of this provision, the agency shall have the right to terminate the agreement without liability and at its discretion, to deduct from the contract price, or otherwise recover the full amount of such fee, commission, percentage, gift or consideration.

**The following conditions are understood and agreed to:**

- a. No charges, other than those specified in the cost proposal, are to be levied upon the State as a result of a contract.
- b. The State will have exclusive ownership of all products of this contract unless mutually agreed to in writing at the time a binding contract is executed.

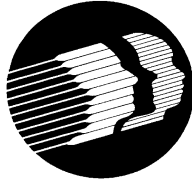
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature & Title of Official Representative

\_\_\_\_\_  
Type Name of Official Representative

## **APPENDIX D**

### ***STATEMENTS OF COMPLIANCE FORM***



**DELAWARE HEALTH AND SOCIAL SERVICES  
REQUEST FOR PROPOSAL**

**STATEMENTS OF COMPLIANCE FORM**

As the official representative for the contractor, I certify on behalf of the agency that \_\_\_\_\_  
(Company Name) will comply with all Federal and Delaware laws and regulations pertaining to  
equal employment opportunity and affirmative action. In addition, compliance will be assured in  
regard to Federal and Delaware laws and regulations relating to confidentiality and individual  
and family privacy in the collection and reporting of data.

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## **APPENDIX E**

### **OFFICE OF MINORITY AND WOMEN BUSINESS ENTERPRISE SELF-CERTIFICATION TRACKING FORM**



**OFFICE OF MINORITY AND WOMEN BUSINESS ENTERPRISE SELF-  
CERTIFICATION TRACKING FORM**  
**IF YOUR FIRM WISHES TO BE CONSIDERED FOR ONE OF THE  
CLASSIFICATIONS LISTED BELOW, THIS PAGE MUST BE SIGNED, NOTARIZED  
AND RETURNED WITH YOUR PROPOSAL.**

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COMPANY NAME \_\_\_\_\_

NAME OF AUTHORIZED REPRESENTATIVE (Please print) \_\_\_\_\_

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SIGNATURE \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

FAX # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

FEDERAL EI# \_\_\_\_\_

STATE OF DE BUSINESS LIC# \_\_\_\_\_

Note: Signature of the authorized representative must be of an individual who legally may enter his/her organization into a formal contract with the State of Delaware, Delaware Health and Social Services.

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Organization Classifications (Please circle)

Women Business Enterprise (WBE) Yes/No

Minority Business Enterprise (MBE) Yes/No

Please check one---Corporation \_\_\_\_\_

Partnership \_\_\_\_\_ Individual \_\_\_\_\_

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For appropriate certification (WBE), (MBE), please apply to Office of Minority and Women Business Enterprise Phone # (302) 739-4206 L. Jay Burks, Executive Director Fax# (302) 739-1965 Certification # \_\_\_\_\_ Certifying Agency \_\_\_\_\_

<http://gss.omb.delaware.gov/omwbe/index.shtml>

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SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF  
\_\_\_\_\_ 20 \_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_ MY COMMISSION EXPIRES

CITY OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ STATE  
OF \_\_\_\_\_

## Definitions

**The following definitions are from the State Office of Minority and Women Business Enterprise.**

**Women Owned Business Enterprise (WBE):**

At least 51% is owned by women, or in the case of a publicly owned enterprise, a business enterprise in which at least 51% of the voting stock is owned by women; or any business enterprise that is approved or certified as such for purposes of participation in contracts subject to women-owned business enterprise requirements involving federal programs and federal funds.

**Minority Business Enterprise (MBE):**

At least 51% is owned by minority group members; or in the case of a publicly owned enterprise, a business enterprise in which at least 51% of the voting stock is owned by minority group members; or any business enterprise that is approved or certified as such for purposes of participation in contracts subjects to minority business enterprises requirements involving federal programs and federal funds.

**Corporation:**

An artificial legal entity treated as an individual, having rights and liabilities distinct from those of the persons of its members, and vested with the capacity to transact business, within the limits of the powers granted by law to the entity.

**Partnership:**

An agreement under which two or more persons carry on a business, sharing in the profit or losses, but each liable for losses to the extent of his or her personal assets.

**Individual:**

Self-explanatory

For certification in one of above, the bidder must contract:

L. Jay Burks

Office of Minority and Women Business Enterprise

(302) 739-4206

Fax (302) 739-5561

**APPENDIX F**

**FINANCIAL PRACTICES SELF REPORT**



CONTRACT AGENCY: \_\_\_\_\_

**DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH**

**FINANCIAL PRACTICES  
PRE-AUDIT MONITORING SURVEY  
SELF-REPORT**

1. Do you maintain a **summary of total program funding and a breakdown of approximate funding by source?**

Yes \_\_\_ No \_\_\_\_

Comments: \_\_\_\_\_

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2. Is your type of accounting system cash [ ] or accrual [ ]?

Comments: \_\_\_\_\_

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3. Does your **Chart of Accounts** include a description of the accounts, numeric and word components and the topical organization of the accounting system?

Yes \_\_\_ No \_\_\_\_

Comments: \_\_\_\_\_

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4. Do you maintain the following **accounting records**?  
(Check those maintained)

General Ledger	_____	Journals	_____
Subsidiary Ledgers	_____	Checkbooks	_____
Payroll Records	_____	Bank Statements	_____
Paid & Unpaid Invoices	_____	Funds Receivable	_____
Accounts Payable	_____	Time Sheets	_____
Supportive Documentation	_____	Petty Cash	_____
Payroll Registers	_____	Proof of Payroll	_____
Cancelled Checks	_____	Tax Payments	_____

Comments: \_\_\_\_\_

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5. What type of **financial statements**, frequency, and distribution of financial statements are maintained by the program? Who reviews and approves financial statements? (List)

Type	Frequency	Distributed by	Reviewed/ Approved By

(Use additional pages as necessary)

6. Does the program have a person or persons responsible for the preparation and review of the program budget?

Yes \_\_\_\_\_ No \_\_\_\_\_ Name \_\_\_\_\_

Comments: \_\_\_\_\_

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- a. What are the procedures for preparing the **overall program budget**? (Summarize)

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b. What are the procedures for estimating the projected income? (Summarize)

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c. What are the procedures for periodic budget review and adjustments? (Summarize)

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7. What are your procedures for: a) receipt of funds (receiving-recording-depositing), b) disbursement of funds (supporting document flow), c) authorizing signatures, and d) check writing procedures? (Summarize)

a. \_\_\_\_\_

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b. \_\_\_\_\_

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c. \_\_\_\_\_

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d. \_\_\_\_\_

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8. What are your procedures for purchasing?

a) Solicitation and bids for service

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b) Receipt and inspection of goods (Summarize)

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9. What is your procedure for payroll processing?

a. Is the payroll manual [ ] or automated [ ]?

b. What is the payroll period; weekly, monthly, etc.?

Comments: \_\_\_\_\_

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c. Does the **payroll record** include time sheets \_\_, payroll register \_\_ and employee individual earning records \_\_?

Comments: \_\_\_\_\_

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d. Payroll automation - does it include approval of time sheets \_\_, signature on payroll checks \_\_ and payroll taxes \_\_?

Comments: \_\_\_\_\_

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10. Petty cash procedures:

- a. What are the allowable uses of the petty cash fund? (Summarize)

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- b. Are there standard forms and procedures for using the petty cash fund? (Summarize)

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- c. What is the maximum balance maintained in petty cash fund?

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- d. What are the limits on individual transactions?

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- e. What are the procedures for reconciling and replenishing the petty cash fund? (Summarize)

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11. Billing for services:

- a. What are the procedures for determining client/consumer fees? (Summarize)

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b. Do you maintain a schedule of fees? (Comments)

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c. How is the client informed about the fee schedule?  
(Summarize)

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d. How is client ability to pay determined? (Summarize)

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e. How is receipt of client fees documented? (Summarize)

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f. What are the procedures for billing clients? (Summarize)

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g. What are the procedures for billing third-party payers? (Summarize)

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- h. What are the procedures for handling delinquent accounts? (Summarize)

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12. Internal Controls

What are the internal management mechanisms for safeguarding the assets of the organization and for preventing and detecting errors? Do the contractor controls include:

- a. Written Fiscal/Financial Practice Policies and Procedures?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are these Policies and Procedures regularly reviewed and revised as necessary?

Yes \_\_\_\_\_ No \_\_\_\_\_

- b. Separation of functional responsibilities?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Comments:** \_\_\_\_\_

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- c. Accurate and complete book of accounts?

**Comments:** \_\_\_\_\_

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- d. Financial reports?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Comments:** \_\_\_\_\_

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- e. Proper documentation?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Comments:** \_\_\_\_\_

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f. Annual audit?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Comments:** \_\_\_\_\_

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g. Bonding of employees handling money?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Comments:** \_\_\_\_\_

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13. Corporation Data:

Do you maintain the **following documents** up to date?



		YES	NO
a.	<b>Fidelity Bond</b>		
b.	<b>Insurance Policies for property</b> Liability Vehicle		
c.	<b>IRS Form 501C – Tax Exempt Status</b>		
d.	<b>IRS Form 4161 – Social Security Waiver</b>		
e.	<b>IRS Form 990 – Organization Exempt from Tax</b>		
f.	<b>IRS Form 941 – Qtly. Rpt. of Federal Withholding</b>		
g.	<b>Delaware Annual Franchise Tax Rpt</b>		
h.	<b>Delaware Unemployment Compensation &amp; Disability Insurance Report</b>		
i.	<b>Delaware Forms (VCE - UC8A) W1-W3 Report of State Withholding</b>		
j.	<b>Contracts for Purchased Services (i.e. Rent, etc.)</b>		
k.	<b>Malpractice/Liability insurance to protect agency/staff against lawsuits brought by recipients of services</b>		
l.	<b>Corporate Documentation (e.g.: Certificate(s) of Incorporation; By-laws; Policy &amp; Procedures; etc.)</b>		
m.	<b>Business license [State(s)]</b>		

14. Property Management:

- a. Do you maintain an inventory of furnishings, office equipment, and other capital property?

Yes \_\_\_\_\_ No \_\_\_\_\_

Does the inventory show? (check all that apply)

Purchase or acquisition date	
Purchase Price	
Source of funds for purchase	
Identification number of item (serial number, model number, etc.	
Condition of item	
Location of item	
Date of loss, destruction or other disposition of item	

- b. Is the inventory kept up-to-date?

Yes \_\_\_\_\_ No \_\_\_\_\_

How often is the inventory updated? \_\_\_\_\_

Who is responsible for keeping the inventory?

\_\_\_\_\_

15. Indirect/Administrative Cost

- a. Does your agency charge an indirect/administrative cost to any of the programs or projects conducted or operated by the agency?

Yes \_\_\_\_\_ No \_\_\_\_\_

- b. How do you determine the indirect cost pool for the agency? (Briefly summarize)

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Does the agency have a written policy on the development/application of indirect/administrative charges?

Yes \_\_\_\_\_ No \_\_\_\_\_

16. Survey Completed by \_\_\_\_\_

Title/Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPENDIX G**

*Contract Boilerplate*



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

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**DRAFT CONTRACT (SUBJECT TO REVISION)  
BETWEEN  
[DIVISION NAME HERE]  
DELAWARE DEPARTMENT OF HEALTH & SOCIAL SERVICES,  
AND  
[Contractor]  
FOR  
[TYPE OF SERVICE]**

**A. Introduction**

1. This contract is entered into between the Delaware Department of Health and Social Services (the Department), Division of \_\_\_\_\_ (Division) and \_\_\_\_\_ (the Contractor).
2. The Contract shall commence on \_\_\_\_\_ and terminate on \_\_\_\_\_ unless specifically extended by an amendment, signed by all parties to the Contract. Time is of the essence. (Effective contract start date is subject to the provisions of Paragraph C. 1. of this Agreement.)

**B. Administrative Requirements**

1. Contractor recognizes that it is operating as an independent Contractor and that it is liable for any and all losses, penalties, damages, expenses, attorney's fees, judgments, and/or settlements incurred by reason of injury to or death of any and all persons, or injury to any and all property, of any nature, arising out of the Contractor's negligent performance under this Contract, and particularly without limiting the foregoing, caused by, resulting from, or arising out of any act of omission on the part of the Contractor in their negligent performance under this Contract.
2. The Contractor shall maintain such insurance as will protect against claims under Worker's Compensation Act and from any other claims for damages for personal injury, including death, which may arise from operations under this Contract. The Contractor is an independent contractor and is not an employee of the State.
3. During the term of this Contract, the Contractor shall, at its own expense, carry insurance with minimum coverage limits as follows:
  - a) Comprehensive General Liability \$1,000,000

and

- b) Medical/Professional Liability                      \$1,000,000/ \$3,000,000
- or      c) Misc. Errors and Omissions      \$1,000,000/\$3,000,000
- or      d) Product Liability              \$1,000,000/\$3,000,000

*All contractors must carry (a) and at least one of (b), (c), or (d), depending on the type of service or product being delivered.*

If the contractual service requires the transportation of Departmental clients or staff, the contractor shall, in addition to the above coverage, secure at its own expense the following coverage:

- e) Automotive Liability (Bodily Injury)      \$100,000/\$300,000
  - f) Automotive Property Damage (to others)      \$ 25,000
4. Notwithstanding the information contained above, the Contractor shall indemnify and hold harmless the State of Delaware, the Department and the Division from contingent liability to others for damages because of bodily injury, including death, that may result from the Contractor's negligent performance under this Contract, and any other liability for damages for which the Contractor is required to indemnify the State, the Department and the Division under any provision of this Contract.
  5. The policies required under Paragraph B. 3. must be written to include Comprehensive General Liability coverage, including Bodily Injury and Property damage insurance to protect against claims arising from the performance of the Contractor and the contractor's subcontractors under this Contract and Medical/Professional Liability coverage when applicable.
  6. The Contractor shall provide a Certificate of Insurance as proof that the Contractor has the required insurance. The certificate shall identify the Department and the Division as the "Certificate Holder" and shall be valid for the contract's period of performance as detailed in Paragraph A. 2.
  7. The Contractor acknowledges and accepts full responsibility for securing and maintaining all licenses and permits, including the Delaware business license, as applicable and required by law, to engage in business and provide the goods and/or services to be acquired under the terms of this Contract. The Contractor acknowledges and is aware that Delaware law provides for significant penalties associated with the conduct of business without the appropriate license.
  8. The Contractor agrees to comply with all State and Federal licensing standards and all other applicable standards as required to provide services under this Contract, to assure the

quality of services provided under this Contract. The Contractor shall immediately notify the Department in writing of any change in the status of any accreditations, licenses or certifications in any jurisdiction in which they provide services or conduct business. If this change in status regards the fact that its accreditation, licensure, or certification is suspended, revoked, or otherwise impaired in any jurisdiction, the Contractor understands that such action may be grounds for termination of the Contract.

a) If a contractor is under the regulation of any Department entity and has been assessed Civil Money Penalties (CMPs), or a court has entered a civil judgment against a Contractor or vendor in a case in which DHSS or its agencies was a party, the Contractor or vendor is excluded from other DHSS contractual opportunities or is at risk of contract termination in whole, or in part, until penalties are paid in full or the entity is participating in a corrective action plan approved by the Department.

A corrective action plan must be submitted in writing and must respond to findings of non-compliance with Federal, State, and Department requirements. Corrective action plans must include timeframes for correcting deficiencies and must be approved, in writing, by the Department.

The Contractor will be afforded a thirty (30) day period to cure non-compliance with Section 8(a). If, in the sole judgment of the Department, the Contractor has not made satisfactory progress in curing the infraction(s) within the aforementioned thirty (30) days, then the Department may immediately terminate any and/or all active contracts.

9. Contractor agrees to comply with all the terms, requirements and provisions of the Civil Rights Act of 1964, the Rehabilitation Act of 1973 and any other federal, state, local or any other anti discriminatory act, law, statute, regulation or policy along with all amendments and revision of these laws, in the performance of this Contract and will not discriminate against any Applicant or employee or service recipient because of race, creed, religion, age, sex, color, national or ethnic origin, disability or any other unlawful discriminatory basis or criteria.
10. The Contractor agrees to provide to the Divisional Contract Manager, on an annual basis, if requested, information regarding its client population served under this Contract by race, color, national origin or disability.
11. This Contract may be terminated in whole or part:
  - a) by the Department upon five (5) calendar days written notice for cause or documented unsatisfactory performance,
  - b) by the Department upon fifteen (15) calendar days written notice of the loss of funding or reduction of funding for the stated Contractor services as described in Appendix B,
  - c) by either party without cause upon thirty (30) calendar days written notice to the other Party, unless a longer period is specified in Appendix A.

In the event of termination, all finished or unfinished documents, data, studies, surveys, drawings, models, maps, photographs, and reports or other material prepared by Contractor under this contract shall, at the option of the Department, become the property of the Department.

In the event of termination, the Contractor, upon receiving the termination notice, shall immediately cease work and refrain from purchasing contract related items unless otherwise instructed by the Department.

The Contractor shall be entitled to receive reasonable compensation as determined by the Department in its sole discretion for any satisfactory work completed on such documents and other materials that are usable to the Department. Whether such work is satisfactory and usable is determined by the Department in its sole discretion.

Should the Contractor cease conducting business, become insolvent, make a general assignment for the benefit of creditors, suffer or permit the appointment of a receiver for its business or assets, or shall avail itself of, or become subject to any proceeding under the Federal Bankruptcy Act or any other statute of any state relating to insolvency or protection of the rights of creditors, then at the option of the Department, this Contract shall terminate and be of no further force and effect. Contractor shall notify the Department immediately of such events.

12. Any notice required or permitted under this Contract shall be effective upon receipt and may be hand delivered with receipt requested or by registered or certified mail with return receipt requested to the addresses listed below. Either Party may change its address for notices and official formal correspondence upon five (5) days written notice to the other.

To the Division at:

Division name here  
address  
address  
Attn:

To the Contractor at:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. In the event of amendments to current Federal or State laws which nullify any term(s) or provision(s) of this Contract, the remainder of the Contract will remain unaffected.
14. This Contract shall not be altered, changed, modified or amended except by written consent of all Parties to the Contract.
15. The Contractor shall not enter into any subcontract for any portion of the services covered by this Contract without obtaining prior written approval of the Department. Any such subcontract shall be subject to all the conditions and provisions of this Contract. The approval requirements of this paragraph do not extend to the purchase of articles, supplies, equipment, rentals, leases and other day-to-day operational expenses in support of staff or facilities providing the services covered by this Contract.
16. This entire Contract between the Contractor and the Department is composed of these several pages and the attached Appendix \_\_\_\_.
17. This Contract shall be interpreted and any disputes resolved according to the Laws of the State of Delaware. Except as may be otherwise provided in this contract, all claims, counterclaims, disputes and other matters in question between the Department and Contractor arising out of or relating to this Contract or the breach thereof will be decided by arbitration if the parties hereto mutually agree, or in a court of competent jurisdiction within the State of Delaware.
18. In the event Contractor is successful in an action under the antitrust laws of the United States and/or the State of Delaware against a vendor, supplier, subcontractor, or other party who provides particular goods or services to the Contractor that impact the budget for this Contract, Contractor agrees to reimburse the State of Delaware, Department of Health and Social Services for the pro-rata portion of the damages awarded that are attributable to the goods or services used by the Contractor to fulfill the requirements of this Contract. In the event Contractor refuses or neglects after reasonable written notice by the Department to bring such antitrust action, Contractor shall be deemed to have assigned such action to the Department.
19. Contractor covenants that it presently has no interest and shall not acquire any interests, direct or indirect, that would conflict in any manner or degree with the performance of this Contract. Contractor further covenants that in the performance of this contract, it shall not employ any person having such interest.
20. Contractor covenants that it has not employed or retained any company or person who is working primarily for the Contractor, to solicit or secure this agreement, by improperly influencing the Department or any of its employees in any professional procurement process; and, the Contractor has not paid or agreed to pay any person, company, corporation, individual or firm, other than a bona fide employee working primarily for the Contractor, any fee, commission, percentage, gift or any other consideration contingent upon or resulting from the award or making of this agreement. For the violation of this provision, the Department shall have the right to terminate the agreement

without liability and, at its discretion, to deduct from the contract price, or otherwise recover, the full amount of such fee, commission, percentage, gift or consideration.

21. The Department shall have the unrestricted authority to publish, disclose, distribute and otherwise use, in whole or in part, any reports, data, or other materials prepared under this Contract. Contractor shall have no right to copyright any material produced in whole or in part under this Contract. Upon the request of the Department, the Contractor shall execute additional documents as are required to assure the transfer of such copyrights to the Department.

If the use of any services or deliverables is prohibited by court action based on a U.S. patent or copyright infringement claim, Contractor shall, at its own expense, buy for the Department the right to continue using the services or deliverables or modify or replace the product with no material loss in use, at the option of the Department.

22. Contractor agrees that no information obtained pursuant to this Contract may be released in any form except in compliance with applicable laws and policies on the confidentiality of information and except as necessary for the proper discharge of the Contractor's obligations under this Contract.
23. Waiver of any default shall not be deemed to be a waiver of any subsequent default. Waiver or breach of any provision of this Contract shall not be deemed to be a waiver of any other or subsequent breach and shall not be construed to be a modification of the terms of the Contract unless stated to be such in writing, signed by authorized representatives of all parties and attached to the original Contract.
24. If the amount of this contract listed in Paragraph C2 is over \$25,000, the Contractor, by their signature in Section E, is representing that the Firm and/or its Principals, along with its subcontractors and assignees under this agreement, are not currently subject to either suspension or debarment from Procurement and Non-Procurement activities by the Federal Government.
25. No activity is to be executed in an off shore facility, either by a subcontracted firm or a foreign office or division of the Vendor. The Vendor must attest to the fact that no activity will take place outside of the United States in its transmittal letter. Failure to adhere to this requirement is cause for elimination from future consideration.

#### C. Financial Requirements

1. The rights and obligations of each Party to this Contract are not effective and no Party is bound by the terms of this contract unless, and until, a validly executed Purchase Order is approved by the Secretary of Finance and received by Contractor, *if required by the State of Delaware Budget and Accounting Manual*, and all policies and procedures of the



Department of Finance have been met. The obligations of the Department under this Contract are expressly limited to the amount of any approved Purchase Order. The State will not be liable for expenditures made or services delivered prior to Contractor's receipt of the Purchase Order.

2. Total payments under this Contract shall not exceed \$ \_\_\_\_\_ in accordance with the budget presented in Appendix \_\_\_\_\_. Payment will be made upon receipt of an itemized invoice from the Contractor in accordance with the payment schedule, if any. The contractor or vendor must accept full payment by procurement (credit) card and or conventional check and/or other electronic means at the State's option, without imposing any additional fees, costs or conditions. Contractor is responsible for costs incurred in excess of the total cost of this Contract and the Department is not responsible for such costs.
3. The Contractor is solely responsible for the payment of all amounts due to all subcontractors and suppliers of goods, materials or services which may have been acquired by or provided to the Contractor in the performance of this contract. The Department is not responsible for the payment of such subcontractors or suppliers.
4. The Contractor shall not assign the Contract or any portion thereof without prior written approval of the Department and subject to such conditions and revisions as the Department may deem necessary. No such approval by the Department of any assignment shall be deemed to provide for the incurrence of any obligations of the Department in addition to the total agreed upon price of the Contract.
5. Contractor shall maintain books, records, documents and other evidence directly pertinent to performance under this Contract in accordance with generally accepted accounting principles and practices. Contractor shall also maintain the financial information and data used by Contractor in the preparation of support of its bid or proposal. Contractor shall retain this information for a period of five (5) years from the date services were rendered by the Contractor. Records involving matters in litigation shall be retained for one (1) year following the termination of such litigation. The Department shall have access to such books, records, documents, and other evidence for the purpose of inspection, auditing, and copying during normal business hours of the Contractor after giving reasonable notice. Contractor will provide facilities for such access and inspection.
6. The Contractor agrees that any submission by or on behalf of the Contractor of any claim for payment by the Department shall constitute certification by the Contractor that the services or items for which payment is claimed were actually rendered by the Contractor or its agents, and that all information submitted in support of the claims is true, accurate, and complete.
7. The cost of any Contract audit disallowances resulting from the examination of the Contractor's financial records will be borne by the Contractor. Reimbursement to the Department for disallowances shall be drawn from the Contractor's own resources and not charged to Contract costs or cost pools indirectly charging Contract costs.

8. When the Department desires any addition or deletion to the deliverables or a change in the services to be provided under this Contract, it shall so notify the Contractor. The Department will develop a Contract Amendment authorizing said change. The Amendment shall state whether the change shall cause an alteration in the price or time required by the Contractor for any aspect of its performance under the Contract. Pricing of changes shall be consistent with those prices or costs established within this Contract. Such amendment shall not be effective until executed by all Parties pursuant to Paragraph B.14.

D. Miscellaneous Requirements

1. *If applicable*, the Contractor agrees to adhere to the requirements of DHSS Policy Memorandum # 46, (PM # 46, effective 3/11/05), and divisional procedures regarding the reporting and investigation of suspected abuse, neglect, mistreatment, misappropriation of property and significant injury of residents/clients receiving services, including providing testimony at any administrative proceedings arising from such investigations. The policy and procedures are included as Appendix \_\_\_\_\_ to this Contract. It is understood that adherence to this policy includes the development of appropriate procedures to implement the policy and ensuring staff receive appropriate training on the policy requirements. The Contractor's procedures must include the position(s) responsible for the PM46 process in the provider agency. Documentation of staff training on PM46 must be maintained by the Contractor.
2. The Contractor, including its parent company and its subsidiaries, and any subcontractor, including its parent company and subsidiaries, agree to comply with the provisions of 29 Del. Code, Chapter 58: "Laws Regulating the Conduct of Officers and Employees of the State," and in particular with Section 5805 (d): "Post Employment Restrictions."
3. *When required by Law*, Contractor shall conduct child abuse and adult abuse registry checks and obtain service letters in accordance with 19 Del. Code Section 708; and 11 Del. Code, Sections 8563 and 8564. Contractor shall not employ individuals with adverse registry findings in the performance of this contract.
4. *If applicable*, the Contractor agrees to adhere to the requirements of DHSS Policy Memorandum # 40, and divisional procedures regarding conducting criminal background checks and handling adverse findings of the criminal background checks. This policy and procedure are included as Appendix \_\_\_\_\_ to this Contract. It is understood that adherence to this policy includes the development of appropriate procedures to implement the policy and ensuring staff receive appropriate training on the policy requirements. The Contractor's procedures must include the title of the position(s) responsible for the PM40 process in the contractor's agency.
5. *If applicable*, the Contractor agrees to adhere to the requirements of DHSS Policy Memorandum # 36 (PM #36, effective 9/24/2008), and divisional procedures regarding minimal requirements of contractors who are engaging in a contractual agreement to develop community based residential arrangements for those individuals served by Divisions within DHSS. This policy and procedure are included as Appendix \_\_\_\_\_ to this

Contract. It is understood that adherence to this policy includes individuals/entities that enter into a contractual arrangement (*contractors*) with the DHSS/Division to develop a community based residential home(s) and apartment(s). Contractors shall be responsible for their subcontractors' adherence with this policy and related protocol(s) established by the applicable Division.

6. All Department campuses are tobacco-free. Contractors, their employees and sub-contractors are prohibited from using any tobacco products while on Department property. This prohibition extends to personal vehicles parked in Department parking lots.
7. The laws of the State of Delaware shall apply, except where Federal Law has precedence. The successful Vendor consents to jurisdiction and venue in the State of Delaware.

In submitting a proposal, Vendors certify that they comply with all Federal, State and local laws applicable to its activities and obligations including:

- (1) the laws of the State of Delaware;
- (2) the applicable portion of the Federal Civil Rights Act of 1964;
- (3) the Equal Employment Opportunity Act and the regulations issued there under by the Federal Government;
- (4) a condition that the proposal submitted was independently arrived at, without collusion, under penalty of perjury; and
- (5) that programs, services, and activities provided to the general public under resulting contract conform with the Americans with Disabilities Act of 1990, and the regulations issued there under by the Federal government.

If any Vendor fails to comply with (1) through (5) of this paragraph, DHSS reserves the right to disregard the proposal, terminate the contract, or consider the Vendor in default.

The selected Vendor shall keep itself fully informed of and shall observe and comply with all applicable existing Federal and State laws, and County and local ordinances, regulations and codes, and those laws, ordinances, regulations, and codes adopted during its performance of the work.

8. If the scope of any provision of the contract is determined to be too broad in any respect whatsoever to permit enforcement to its full extent, then such provision shall be enforced to the maximum extent permitted by law, and the parties hereto consent and agree that such scope may be judicially modified accordingly and that the whole of such provisions of the contract shall not thereby fail, but the scope of such provisions shall be curtailed only to the extent necessary to conform to the law.
9. Other General Conditions

**(a)Current Version** – “Packaged” application and system software shall be the most current version generally available as of the date of the physical installation of the software

**(b) Current Manufacture** – Equipment specified and/or furnished under this specification shall be standard products of manufacturers regularly engaged in the production of such equipment and shall be the manufacturer's latest design. All material and equipment offered shall be new and unused.

**(c) Volumes and Quantities** – Activity volume estimates and other quantities have been reviewed for accuracy; however, they may be subject to change prior or subsequent to award of the contract.

**(d) Prior Use** – DHSS reserves the right to use equipment and material furnished under this proposal prior to final acceptance. Such use shall not constitute acceptance of the work or any part thereof by DHSS.

**(e) Status Reporting** – The selected Vendor will be required to lead and/or participate in status meetings and submit status reports covering such items as progress of work being performed, milestones attained, resources expended, problems encountered and corrective action taken, until final system acceptance.

**(f) Regulations** – All equipment, software and services must meet all applicable local, State and Federal regulations in effect on the date of the contract.

**(g) Changes** – No alterations in any terms, conditions, delivery, price, quality, or specifications of items ordered will be effective without the written consent of DHSS.

**(h) Additional Terms and Conditions** – DHSS reserves the right to add terms and conditions during the contract negotiations.

**(i) Dispute Resolution.** The State reserves the right to litigate in the appropriate court of law and/or equity.

10. **RFP Miscellaneous Information**

(a)**No Press Releases or Public Disclosure.** Vendors may not release any information about this RFP. DHSS reserves the right to pre-approve any news or advertising releases concerning this RFP, the resulting contract, the work performed, or any reference to the State of Delaware or DHSS with regard to any project or contract performance. Any such news or advertising releases pertaining to this RFP or resulting contract shall require the prior express written permission of DHSS.

(b)**RFP Reference Library.** DHSS has made every attempt to provide the necessary information within this RFP. DHSS will make the reference library available only to those vendors who have been selected for contract award or as otherwise required by law.

(c)**Definitions of Requirements; Real Party in Interest.** To prevent any confusion about identifying requirements in this RFP, the following definition is offered: The words *shall*, *will* and/or *must* are used to designate a mandatory requirement. Vendors must respond to all mandatory requirements presented in the RFP. Failure to respond to a mandatory requirement may cause the disqualification of your proposal. The terms DHSS, Division of Substance Abuse and Mental Health, the State of Delaware, the State, or the Agency are used interchangeably throughout this proposal. Each refers equally to the party issuing this RFP and seeking proposals.

E. Authorized Signatures:

For the Contractor:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

For the Department:

\_\_\_\_\_  
Rita M. Landgraf  
Secretary

\_\_\_\_\_  
Date

For the Division:

\_\_\_\_\_  
Kevin A. Huckshorn  
Director

\_\_\_\_\_  
Date

## **Attachment 1**

### *Monthly Usage Report*

<b>State of Delaware</b>
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Monthly Usage Report	
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