



DELAWARE HEALTH
AND SOCIAL SERVICES

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

REQUEST FOR PROPOSAL NO. HSS-14-024

**FOR
CRISIS ASSESSMENT CENTER (CAC) SERVICES**

FOR

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

Deposit	Waived
Performance Bond	Waived

**Date Due: June 9, 2014
11:00 A.M. LOCAL TIME**

A pre-bid meeting will be held on May 5, 2014 at 10:00 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-14-024

Sealed Proposals for CRISIS ASSESSMENT CENTER (CAC) SERVICES for the DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH will be **received** by:

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 **11:00a.m., June 9, 2014**. At which time the proposals will be opened and recorded.

A **pre-bid meeting** will be held on **May 5, 2014 at 10:00 a.m.** 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

Public notice has been provided in accordance with 29 *Del. C.* § 6981

NOTIFICATION TO BIDDERS

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. In addition, Bidder shall list any contract awarded to it or its predecessor firm(s) by the State of Delaware during the past ten (10) years if such contract was terminated by the State for cause, and shall include an explanation of the circumstances of such termination.

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."

There will be a ninety (90) day period during which the agency may extend the contract period for renewal if needed.

IMPORTANT: ALL PROPOSALS MUST HAVE OUR HSS NUMBER ON THE OUTSIDE ENVELOPE. IF THIS NUMBER IS OMITTED YOUR PROPOSAL WILL IMMEDIATELY BE REJECTED.

FOR FURTHER BIDDING INFORMATION PLEASE CONTACT:

Kieran Mohammed
Kieran.mohammed@state.de.us
DELAWARE HEALTH AND SOCIAL SERVICES
PROCUREMENT BRANCH
MAIN ADMIN BLD, SULLIVAN STREET
2ND 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 B,C, D and E 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 AND MENTAL HEALTH, 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 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
CRISIS ASSESSMENT CENTER (CAC) SERVICES
FOR
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Availability of Funds

Funds are available for the selected vendor(s) to provide services in the area of Crisis Assessment Center (CAC) Services as set forth herein. The contract term is **five (5) years**. Funding will be added to the contract at the beginning of the each state fiscal year, 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.

Pre-Bid Meeting

A pre-bid meeting will be held. The meeting will be on **Monday, May 5, 2014 at 10:00 a.m.** 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 to questions posed at the pre-bid meeting will be distributed to bidders attending the pre-bid meeting.

Further Information

Inquiries regarding this RFP should be addressed to:

Ceasar McClain
Contracts Manager
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 **Monday, May 12, 2014** the complete list of questions and their answers will also 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.

Contact with State Employees

Direct contact with State of Delaware employees other than the State of Delaware Designated Contact(s) regarding this RFP is expressly prohibited without prior consent. Vendors directly contacting State of Delaware employees risk elimination of their proposal from further consideration. Exceptions exist only for organizations currently doing business in the State who require contact in the normal course of doing that business. In the case of such exception, communication may not include an active RFP.

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
CRISIS ASSESSMENT CENTER (CAC) SERVICES**

FOR

DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

I INTRODUCTION

A. Background

The majority of individuals in Delaware who are experiencing a behavioral health crisis receive their initial evaluation of the crisis in a hospital based setting, specifically a hospital emergency department. These settings generally lack the resources to provide evidence-based behavioral health evaluations, treatment and/or referral. The result is that a large number of individuals are involuntarily detained and transported to a locked psychiatric facility for which they receive services that may not benefit them and services that cost significantly more than appropriate community based services.

DSAMH is concerned about the overuse of “deep-end” inpatient services when less restrictive, less costly and more appropriate services would be sufficient. There are a variety of current community based services, throughout the State, that would properly meet the needs of these individuals.

In addition, the State of Delaware and the United States Department of Justice entered into a settlement agreement in 2011 regarding full compliance with Title II of the Americans with Disabilities Act ("the ADA"), 42 U.S.C. § 12101 and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794. In essence, this settlement agreement directs the provision of services and supports to individuals that reflect those most appropriate to that individual's needs and that prevents inpatient hospitalization or institutionalization whenever possible. The goal of this request for proposal is to further develop DSAMH’s community based crisis service system in order to better serve individuals experiencing a behavioral health crisis.

B. Project Goals/Overview

The Delaware Division of Substance Abuse and Mental Health (DSAMH) currently has one community based (Recovery Resource Center) and one hospital based (CAPES or Crisis Assessment and Psychiatric Emergency Services) Crisis Assessment Centers (CAC). The goals of these programs are:

1. To provide 24 hour/7 days a week emergency behavioral health screening, assessment, treatment and referral services to address the needs of the individual in crisis in a safe, efficient, trauma informed, and least restrictive setting.

2. To provide timely identification of and provision for addressing any critical medical/physical health and mental health/substance use disorder signs or symptoms required to keep the individual safe and to provide education to the individual on how to follow-up.
3. To provide timely discharge planning that includes the individual and provides for individualized services and supports required to ensure that the individual's acute and longer term (if appropriate) care needs are met in whatever setting is most appropriate as the next step, whether in the community or an inpatient setting.
4. To reduce the amount of time that an individual must wait in an emergency department before they receive needed, comprehensive, behavioral health services, including screening, assessment, triage, services and discharge planning.
5. To eliminate or reduce the amount of time law enforcement officers must be involved in the transportation and supervision of individuals experiencing a behavioral health crisis.
6. To reduce the use of hospitalization when more appropriate and cost effective community based services are available.

While the two current Crisis Assessment Programs have had some success in meeting these goals, they are not sufficient to meet the ongoing demand throughout the State's behavioral health crisis services. Thus, it is the intent of DSAMH to develop another Crisis Assessment Center, one that is free-standing and in New Castle County. In addition the current NCC Crisis Assessment Program is up for a re-bid due to state laws.

C. Responsibilities of DHSS/DSAMH

DHSS' responsibility for providing Crisis Assessment Center Services stems from the Americans with Disabilities Act (ADA), the Rehabilitation Act of 1973, and Olmstead precepts. It is further codified in Delaware State law in 16 *Del. C.* chapter 1, subchapter VII ("Community Mental health Treatment Act). Additionally, DHSS is currently being monitored for compliance with the terms of a Settlement Agreement between the State of Delaware and the United States Department of Justice arising out of the case *United States v. State of Delaware*, C.A. No. 11-591-LPS. The terms of the Settlement Agreement are publicly available at: <http://www.ada.gov/delaware.htm>. The terms of the Settlement Agreement represent an additional baseline performance measure for any Vendor and DHSS's compliance with the terms of that Agreement shall constitute an essential and material term for any contract resulting from a vendor's proposal in response to this RFP.

D. Funding and Program Capacity

DSAMH will enter into a Fee for Service contract with the successful applicant(s) to provide the range of services stipulated in this RFP. Start-up funding to cover expenses, from contract

inception to the date the program begins service delivery, will be negotiated with the awarded vendor. It is expected that the services obtained as a result of this RFP will increase throughout the course of the project.

The contract term is **five (5) years**. Funding will be added to the contract at the beginning of the each state fiscal year, 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.

II TARGET POPULATION

The provider shall serve the following individuals:

1. Adults (18 and older) with serious behavioral health disorders including mental illness, substance use conditions and individuals with co-occurring mental health, substance use disorders and/or intellectual disabilities.
2. Adults with co-existing medical, psychiatric, and/or substance use disorders where the medical conditions are believed to be stable.
3. Adults with a behavioral health condition who may be experiencing other socio-economic issues such as homelessness, legal involvement, unemployment, financial difficulties, or family problems.
4. Adults who may be referred from Emergency Departments, Law Enforcement, Mobile Crisis Intervention Services, and other public and private referrals sources.

Adults with co-existing medical, psychiatric, and/or substance use disorders where the medical conditions are believed to be **unstable** are to be either diverted to general medical hospitals or sent to these facilities from the NCC CAC should they initially present at the NCC CAC program. Once these medical conditions are stabilized, they may then be referred back to the NCC CAC program, or, in consultation with DSAMH, sent to other community based services, including psychiatric hospitals.

III SCOPE OF SERVICES

The NCC Crisis Assessment Center program shall provide 24/7 screening, assessment, crisis stabilization, and discharge planning/referral services to people experiencing a behavioral health crisis. The NCC CAC staff will admit, screen, orient, assess, treat, refer, and link individuals experiencing a behavioral health crisis while assuring that the services they receive are the most appropriate and least restrictive for the individual served and that the individual is included in all decisions to the greatest extent possible.

A. Specific Service and Program Expectations

The provider shall operate a 24/7 Crisis Assessment Center (CAC) in NCC. 24/7 Services shall include:

1. Screening, triage, and assessment of all individuals, presenting for service; 1) to identify the causal factors leading to the crisis situation; 2) how best to effectively and efficiently resolve the crisis in a manner that directly involves the individual and their family/friends if possible; 3) is focused on meeting the individual's needs in the most recovery oriented manner possible; and, 4) that leads to successful resolution using the least restrictive services and supports available.
2. Provision of a safe environment that reduces any risks for persons experiencing suicidal or homicidal or assaultive ideation or behaviors to include appropriate and respectful body and belonging searches to reduce access to weapons, intoxicating substances, fire setting tools or any other belongings that may need to be restricted due to documented reasons with clear rationale.
3. The use of credible and valid medical, psychiatric, substance use disorder and traumatic life experience screening and assessment tools by competent, credentialed staff. These assessment tools and instruments should be standardized across the state of Delaware while allowing discussion on best tools going forward.
4. The provision of reassessments of clients for those who were placed on a 24 hour detention order at another location and then transported to the CAC program.
5. Medical/physical screening and evaluation that shall include the assessment of vital signs (e.g. monitoring blood pressure, pulse, respirations, temperature); the taking of a medical history by a non-physician medically trained professional; and the provision of a History and Physical by a Licensed Independent Professional (LIP).
6. An immediate response if an individual requires emergent or emergency medical care for any reason by calling 911 while assuring that basic life support responses can be provided including the ability 24/7 to provide basic life support capabilities such as CPR; pulse oximetry and external oxygen support; immediate non laboratory BAL measurement; suctioning equipment; and the use of an Emergency Automatic Defibrillator (EAD). All staff is required to receive evidence based training and credentialing in these procedures.
7. A minimization of the current use of hospital Emergency Departments in New Castle county for the purpose of "medical clearance" for persons under the age of 50 years old who appear to be in good health and have no observable signs or symptoms that would require such emergency room clearance prior to receiving services. This reduction in use of EDs for this population will need to be demonstrated in monthly data submissions under the programs Performance Improvement Program.

8. The 24/7 day availability of prompt access to basic laboratory tests such as a Blood Alcohol Test (BAL), Urinalysis (UA), and/or Chem 7 Screen are highly desirable though it is understood that the CAC provider may use these only when necessary.
9. That referrals to and from local Emergency Departments shall require nurse to nurse or nurse to doctor or doctor to doctor verbal information exchanges and all paper work and labs shall be sent with the individual requiring care. The NCC CAC will be required to create separate medical records for each client seen and this associated documentation will need to be included in that record.
10. The ability to provide, 24/7 day state approved formulary medications for individuals experiencing a psychiatric emergency and the ability to provide very limited access, only by credentialed staff, to controlled substances stored in this program.
11. The provision of program staff that is competent, and supervised to provide short term Crisis Intervention counseling and support throughout the individual's stay.
12. The availability of Peer Support Services throughout the individual's stay during day and evening hours, at a minimum.
13. Aggressive referral, linkage, and transition of individuals in the NCC CAC care to needed services; including collaboration with programs currently linked with the individual in crisis (e.g. Assertive Community Treatment teams, behavioral health outpatient programs, etc.).
14. Intent to work collaboratively with the DSAMH Mobile Crisis Intervention Teams and other community based service providers that offer 24/7 crisis support services, including law enforcement. Understanding of the need to contact, if appropriate, the client's community based service provider to assist in both the assessment and the disposition for either community based or hospital based services.
15. Intent to coordinate, in many cases with the DSAMH Eligibility and Enrollment Unit (EEU) or the Medicaid Managed Care Organizations, admissions to community psychiatric hospitals, detoxification programs, outpatient treatment providers and other community based services, as needed.
16. Intent to work closely with DSAMH Targeted Care Managers (TCM) for individuals who are not yet connected to community based behavioral health resources or who are not well served by resources they are currently receiving.
17. Intent to work closely with the individual's family members, friends, and other natural supports as a means of enlisting their resources to support the needs and ongoing recovery of the individual.

B. General Provisions:

1. The program shall be located in a facility suitable to the required program needs and approved by the Division.
2. The program will be open to all walk-ins and any person that requires this kind of service including police referrals from NCC.
3. The program shall provide constable staff for security on site (24/7) and provide secure transportation to other facilities. Constables and other staff in place shall allow local law enforcement to return to their duties as rapidly as possible.
4. The program shall have the capacity to manage individuals within the program for up to Twenty-three hours. The program must have the capacity to administer medications that could allow the individual to be discharged or driven directly to an out-patient mental health or substance abuse center, when possible, and clinically appropriate.

C. Expected Outcomes:

1. The NCC CAC will provide accessible and best practice directed screening, triage, assessment, treatment, and referral services by staff and will assure that all individuals seeking services and supports, and staff, are safe from harm, trauma, or re-traumatization. This outcome expects the provider to understand the core strategies to reduce conflict and violence in mental health settings and expects the very rare use of seclusion, restraint or other coercive measures. In addition, this outcome will also expect the timely identification of serious medical/physical illnesses that require treatment in another setting. This outcome will also require the collection and reporting of data, to DSAMH, that demonstrates the provider's outcomes and work on this goal. Specific data measures will be negotiated with the provider, post award.
2. The NCC CAC will provide individualized services and supports that meet the individual's needs during the crisis and beyond. Including the effective referral of clients to other settings, services, and/or supports as directed by that individual and/or by the individual's needs. This outcome measure may include the development of agreements including "Memorandums of Agreement" or other cross agency documentation that will assure that all clients receive timely care and services under the DSAMH umbrella. This outcome will also require the collection and reporting of data, to DSAMH, that demonstrates the provider's outcomes and work on this goal. Specific data measures will be negotiated with the provider, post award.
3. The NCC CAC will reduce the utilization of inpatient emergency hospitalizations resulting from behavioral crises and the use of the involuntary commitment code as a standard practice to deal with these events. Data will be collected to demonstrate the referral outcomes for CAC clients, including the acceptance and recovery based value of supporting voluntary admissions to CAC and on to other services. Neither the NCC CAC

clients nor NCC CAC provider will be harmed financially or otherwise dis-incentivized in supporting an individual's voluntary desire for needed services or supports. Nor will the provider or client be affected if the supports and services need to be involuntary. This decision rests on the client and the provider and the situation. In all situations clients need to be educated and encouraged to accept help if their behavior demonstrates this level of need.

4. The NCC CAC provider will be expected to develop strong professional and collaborative ties with hospital emergency departments, community behavioral health organizations including DSAMH mobile crisis staff, the DSAMH Eligibility and Enrollment Unit (i.e. EEU), peer support organizations, law enforcement, client families and natural supports, etc. The provider will need to document and report to DSAMH accessibility for other agencies services, time frames of responses, and outcomes related.
5. The NCC CAC provider will need to assure provision or organization of 24/7 day accessibility to transportation services, both by CAC staff and/or other entities (law enforcement, ambulance, private medical transport organization, family, community based programs) that best meets the needs and circumstances of the individual served. All efforts need to go into assuring that the use of handcuffs or other kinds of coercive measures during transportation are avoided. Costs associated with these transports also need to be reported to DSAMH, along with the type and kind of transportation used for each client transported under direction of CAC.
6. The NCC CAC provider will utilize the use of an electronic system of data collection that collects, categorizes, and reports on all clients seeking and or receiving services at CAC in a manner than can be then used to report such data by client, by day, by staff person, by diagnoses, by referral, by quarter, and annually.

D. Quality Improvement

All proposals shall include a documented 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/DSAMH 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.

E. Staffing Requirements:

Staffing shall include:

1. 24/7 licensed nursing staff sufficient for the needs of the target population.
2. 24/7 behavioral health staff including individuals with sufficient training and experience to provide the services and supports to individuals with a variety of behavioral health conditions, as noted above.
3. Psychiatric coverage, of which at least 20 hours/week must be on-site. Contractors may use tele-psychiatry for additional coverage.
4. The NCC CAC provider will ensure that their proposed staffing resources adequately meet the linguistic needs of the population to be served.
5. The NCC CAC provider will assure the provision of security/Constable staff adequate to meet the security and transportation needs of the CAC service.
 - Individuals requiring inpatient (voluntary or involuntary) psychiatric treatment shall be transferred to Meadowood, Rockford, Wilmington Hospital, Dover Behavioral Health or the Delaware Psychiatric Center and transported by the most clinically appropriate means.
 - Individuals requiring treatment for identified and acute medical conditions will be transferred to a local medical hospital.
 - Individuals requiring "sober up" services expected to last more than 23 hours or who require medical detoxification shall be transferred to appropriate services based on client needs.

F. Record Keeping Requirements:

The NCC CAC contractor shall provide monthly statistical reports, as defined by DSAMH, to monitor program activities, client demographics, program performance and outcomes.

This data set shall include, but not be limited to, the following:

1. Demographics of persons served in the NCC CAC including date, year, time admitted to the service, duplicated. Also including age, gender expression/sex, ethnicity, race, religion, initial diagnoses, discharge diagnosis, discharge placement, community

provider of record, name of individual Care Manager of record, county of residence and initial referral site or source, when appropriate.

2. Serious medical issues or other information not sent by initial referral source.
3. Discharge and referral information for each individual upon leaving NCC CAC, including the name and organization, as appropriate, of the person receiving the “warm hand off”.
4. Recidivism data and reasons why recidivism occurred including notification to any relevant providers.
5. Time spent in the NCC CAC per individual by hours by day and by events by day, week, month, and year.
6. Voluntary and involuntary hospitalization data.
7. Data on the number of individuals who presented at the NCC CAC under involuntary detentions and the number that eventually were transferred to an inpatient setting and the number for whom the 24 hour detention order was dismissed.
8. Staff serving persons, while in the NCC CAC, and ability to also demonstrate individual staff contacts with persons receiving services by day, week and month.
9. Individual's served and family/friends satisfaction with the NCC CAC services.
10. Past community provider name, site and staff if available most recently serving the individual now in the NCC CAC.
11. Contact with Mobile Crisis, EEU, other IMDS, DPC, other community providers. Date and contact reason.
12. Other DHSS Divisions serving the client and last contact date. Type of service provided.

G. Pharmacy:

Contractor will be required to be in compliance with Board of Pharmacy regulations for maintaining, administering and storing medications on site.

IV FUNDING AND PAYMENT METHODOLOGY

Awarded vendor will be required to enroll as a participating provider with Medicaid, MCO's and other third party insurance carriers.

Reimbursements for services are based upon a Medicaid fee schedule established by the State of Delaware. DSAMH will provide reimbursement for uninsured individuals utilizing the same fee schedule.

The proposed rate is pending CMS approval of the state plan amendment and will require the program to be certified by DSAMH.

Billing for this program must comply with the following Medicaid requirements for insured and uninsured individuals:

Crisis Intervention (CI)

CI services are provided to any citizen who is experiencing a behavior health crisis, designed to interrupt and/or ameliorate a crisis experience including an assessment, immediate crisis resolution, and de-escalation, and referral and linkage to appropriate services to avoid, where possible, more restrictive levels of treatment. The goals of CI are symptom reduction, stabilization, and restoration to a previous level of functioning. All activities must occur within the context of a potential or actual behavioral health crisis. CI is a face-to-face intervention and can occur in a variety of locations including, but not limited to an emergency room or clinic setting, in addition to other community locations where the individual lives, works, attends school, and/or socializes.

Specific activities include:

- A.** An assessment of risk and mental status, as well as the need for further evaluation or other mental health services. Includes contact with the client, family members, or other collateral sources (e.g., caregiver, school personnel) with pertinent information for the purpose of an assessment and/or referral to other alternative mental health services at an appropriate level.
- B.** Short-term CI including crisis resolution and de-briefing with the identified Medicaid individual.
- C.** Follow up with the individual, and as necessary, with the individual's caretaker and/or family member(s) including follow up for the individual who is in crisis and assessed in an emergency room prior to a referral to the CI team.
- D.** Consultation with a physician or with other qualified providers to assist with the individual's specific crisis.

Qualified staff shall assess, refer, and link all Medicaid beneficiaries in crisis. This shall include, but not be limited to performing any necessary assessments; providing crisis stabilization and de-escalation; development of alternative treatment plans; consultation, training and technical assistance to other staff; consultation with the psychiatrist; monitoring of beneficiaries; and arranging for linkage, transfer, transport, or admission as necessary for Medicaid beneficiaries at the conclusion of the CI service. CI specialists shall provide CI counseling, on and off-site; monitoring of beneficiaries; assessment under the supervision of a certified assessor; and referral and linkage, if indicated. CI specialists, who are nurses, may also provide medication monitoring and nursing assessments. Psychiatrists in each crisis program perform psychiatric assessments, evaluation and management as needed; prescription and monitoring of medication; as well as supervision and consultation with CI program staff. Certified peers may be utilized under clinical supervision for the activities of crisis resolution and de-briefing with the identified Medicaid beneficiary and follow up.

Consumer Participation Criteria

These rehabilitative services are provided as part of a comprehensive specialized psychiatric program available to all Medicaid beneficiaries and the underinsured (no insurance). CI services must be medically necessary. The medical necessity for these rehabilitative services must be recommended by a licensed practitioner of the healing arts who is acting within the scope of his/her professional license and applicable State law to promote the maximum reduction of symptoms and/or restoration of a individual to his/her best age-appropriate functional level. Licensed practitioners of the health arts include, but are not limited to: LBHPs, APNs, NPs, and physicians. All beneficiaries who are identified as experiencing a seriously acute psychological/emotional change which results in a marked increase in personal distress and which exceeds the abilities and the resources of those involved to effectively resolve it are eligible.

A individual in crisis may be represented by a family member or other collateral contact who has knowledge of the individual's capabilities and functioning. Beneficiaries in crisis who require this service may be using substances during the crisis. Substance use should be recognized and addressed in an integrated fashion as it may add to the risk increasing the need for engagement in care. The assessment of risk, mental status, and medical stability must be completed by a credentialed mental health screener, LBHP, APN, NP, or physician with experience regarding this specialized mental health service, practicing within the scope of their professional license or certification. The crisis plan developed from this assessment and all services delivered during a crisis must be qualified staff provided under a certified program. Crisis services cannot be denied based upon substance use. The individual's chart must reflect resolution of the crisis which marks the end of the current episode. If the individual has another crisis within seven calendar days of a previous episode, it shall be considered part of the previous episode and a new episode will not be allowed.

A unit of service is defined according to the HCPCS approved code set unless otherwise specified.

Provider Qualifications

Individual practitioners may be licensed as:

- Psychiatrists, board certified emergency physicians, or a physician in another area of specialty. Board certified emergency physicians must also complete a required informational training. Physicians in other areas of specialty must attend four hours of training and be credentialed by DSAMH.
- RN.
- APRN operating in collaboration with a Delaware licensed physician under a signed collaborative agreement.
- Licensed psychologist.
- LCSW.
- LPCMH.
- LMFT.
- Licensed PA supervised by a licensed physician.

Individual practitioners may be certified as:

- Credentialed mental health screeners, who are not licensed, must meet all State requirements including having two years of clinical and/or crisis experience; at least a bachelors or master's degree in a mental health related field; and completing 40 hours of crisis services in an employed position under direct supervision of a psychiatrist or credentialed mental health screener following completion of the mental health screener training and satisfactory score on the mental health screener credentialing examination.
- A certified peer on a CI team is an individual who has self-identified as a survivor of mental health and/or SUD services, is at least 21 years of age, and meets the qualifications set by the State including specialized peer specialist training, certification and registration. The training provided/contracted by DSAMH shall be focused on the principles and concepts of peer support and how it differs from clinical support. The training will also provide practical tools for promoting wellness and recovery, knowledge about client rights and advocacy, as well as approaches to care that incorporate creativity. A certified peer must have at minimum a high school education or GED, (preferably with some college background) and be currently employed as a peer supporter in Delaware. Delaware state-approved standardized peer specialist training includes academic information as well as practical knowledge and creative activities.

A Crisis Intervention Specialist is an unlicensed mental health professional with a bachelors or master's degree in a mental health related field. The CI specialist must receive training and regularly scheduled clinical supervision from a person meeting the qualifications of a LBHP, APN, NP, or physician with experience regarding this specialized mental health service.

Programs shall be certified by Medicaid and/or its designee as a crisis program. Each crisis program is supervised by a licensed practitioner of the healing arts who is acting within the scope

of his/her professional licensed and applicable State law. A licensed practitioner of the healing arts who is acting within the scope of his/her professional license and applicable State law (e.g., LBHP, physician, NP, or APN) is available for consultation and able to recommend treatment 24 hours a day, 7 days a week to the CI program.

Amount, Duration, and Scope

A unit of service is defined according to the HCPCS approved code set unless otherwise specified. CI services by their nature are crisis services and are not subject to prior approval. CI services are authorized for no more than 23 hours per episode. Activities beyond the 23 hour period must be prior authorized by the State or its designee. Providers receiving referrals to visit individuals at home following a visit to an emergency room will bill only the follow-up HCPCS codes. Providers visiting individuals discharged from a site-based program within 24 hours is considered reimbursement within in the original 23 hour charge. Service components that are not provided to, or directed exclusively toward the treatment of the Medicaid beneficiary are not eligible for Medicaid reimbursement.

The CI services should follow any established crisis plan already developed for the individual, if it is known to the team, as part of an individualized treatment plan to the extent possible. The CI activities must be intended to achieve identified care plan goals or objectives.

Reimbursement for Crisis Intervention Behavioral Health Services

Reimbursements for services are based upon a Medicaid fee schedule established by the State of Delaware.

If a Medicare fee exists for a defined covered procedure code, then Delaware will pay psychologists at 100% of the Medicaid physician rates as outlined under Attachment 4.19-B, item 5. If a Medicare fee exists for a defined covered procedure code, then Delaware will pay LCSWs, LPCMH, LMFTs at 75% of the Medicaid physician rates as outlined under Attachment 4.19-B, item 5.

Where Medicare fees do not exist for a covered code, the fee development methodology will build fees considering each component of provider costs as outlined below. These reimbursement methodologies will produce rates sufficient to enlist enough providers so that services under the State Plan are available to beneficiaries at least to the extent that these services are available to the general population, as required by 42 CFR 447.204. These rates comply with the requirements of Section 1902(a)(3) of the Social Security Act and 42 CFR 447.200, regarding payments and consistent with economy, efficiency, and quality of care. Provider enrollment and retention will be reviewed periodically to ensure that access to care and adequacy of payments are maintained. The Medicaid fee schedule will be equal to or less than the maximum allowable under the same Medicare rate, where there is a comparable Medicare rate. Room and board costs are not included in the Medicaid fee schedule.

Except as otherwise noted in the State Plan, the State-developed fee schedule is the same for both government and private individual providers and the fee schedule and any annual/periodic adjustments to the fee schedule are published in the Delaware Register of Regulations. The

Agency's fee schedule rate was set as of October 2, 2013, and is effective for services provided on or after that date. All rates are published on the DMAP website at www.dmap.state.de.us/downloads/hcpcs.html.

The fee development methodology will primarily be composed of provider cost modeling, through Delaware provider compensation studies, cost data, and fees from similar State Medicaid programs may be considered, as well. The following list outlines the major components of the cost model to be used in fee development.

- Staffing assumptions and staff wages.
- Employee-related expenses, benefits, employer taxes (e.g., FICA, unemployment, and workers compensation).
- Program-related expenses (e.g., supplies).
- Provider overhead expenses.
- Program billable units.

The fee schedule rates will be developed as the ratio of total annual modeled provider costs to the estimated annual billable units.

Additional billing guidance and technical assistance will be provided to the successful applicant.

Crisis Intervention Coding

HCPCS Code	Modifier		Provider Qualification	Tx Context	Description	Units	Rate Per	
	(1)	(2)					¼ hour	Diem
S9485				Ind	CI mental health services, per diem.	Per Diem		\$766.52
H2011				Ind	CI service, per 15 minutes, mobile crisis team or follow-up service	15 min.	\$146.99	

V SPECIAL TERMS AND CONDITIONS

A. Length of Contract

The contract term is **five (5) years** based on funding availability and contractor performance

B. Subcontractors

The use of subcontractors will NOT be 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.

E. Termination Conditions

The Department may terminate the contract resulting from this RFP at any time that the vendor fails to carry out its provisions or to make substantial progress under the terms specified in this RFP and the resulting proposal.

Prior to taking the appropriate action as described in the contract, the Department will provide the vendor with thirty (30) days notice of conditions endangering performance. If

after such notice the vendor fails to remedy the conditions contained in the notice, the Department shall issue the vendor an order to stop work immediately and deliver all work and work in progress to the State. The Department shall be obligated only for those services rendered and accepted prior to the date of notice of termination.

The 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,
- c) by either party without cause upon thirty (30) calendar day's written notice to the other Party, unless a longer period is specified.

F. 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.

G. 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.

H. 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.

VI. 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 15th (or next business day after the 15th 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. 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.

Data Submission

Effective 7/1/2012 all providers submitting electronic data will be required to use the state's Secure File Transfer Protocol (SFTP) site. Providers who are not able to install the SFTP software must submit a request to use other reporting methods. Other reporting methods include encrypted message or hand carried. The request must clearly explain the provider's inability to use the SFTP site. Contact the DSAMH Management Information Systems (MIS) unit for information on creating an account and any other questions or concerns about data reporting requirements.

Data submission elements will be specified in the scope of work for each contract.

To accomplish this several authorization forms need to be completed and returned to the DSAMH MIS unit. In addition, SFTP client software is required to be installed on your computer for the file transfer. This software is available free on the Internet.

The following links contain instructions necessary for setting up the software and authorization forms.

1. Secure File Transfer Memorandum of Agreement
<http://dhss.delaware.gov/dhss/dms/irm/files/sftpmoa01292010.pdf>
2. Secure File Transfer User Procedures
http://dhss.delaware.gov/dhss/dms/irm/files/sftpuserprocedures_20120611.pdf
3. DHSS SFTP Quick Start Guide
<http://dhss.delaware.gov/dhss/dms/irm/files/sftpquickstartguide06112012.pdf>
4. Biggs Data Center User Authorization Form (UAF)
<http://www.dhss.delaware.gov/dms/files/authoriz.pdf>
5. Instructions for completing Biggs Data Center UAF
<http://www.dhss.delaware.gov/dms/files/uafinstructions011007.pdf>
6. Biggs Data Center Non-Disclosure Form
<http://www.dhss.delaware.gov/dhss/dms/files/irmnon-d02072013.pdf>
7. DTI State Information Transport Network (SITN) Acceptable Use Policy
<http://dti.delaware.gov/pdfs/pp/AcceptableUsePolicy.pdf>

Providers requiring access to the SFTP site must identify an organizational point of contact and list all employees who will require site access. The Provider will maintain the accuracy of the list providing updates to DSAMH as changes occur.

DSAMH is in the process of requirements definition for a future EHR/EMR module that will be developed as part of the consolidated DHSS EMR system by Core Solutions, Inc. that is being currently being implemented for two other DHSS divisions. DSAMH would like to develop a HL7 interface between the Core module to be developed for DSAMH and bidder's software. Preference will be given to bidders who have successfully developed an interface to an EMR system. Bidder will describe their relevant experience in this area, their ability to develop this proposed interface and suggest what would need to be developed by your firm vs. Core Solutions. Development of this interface will not be part of this contract and bidder is not expected to propose anything at this point. We are only asking bidders to describe their knowledge and capabilities in this area. Development of this interface would be at the sole discretion of the State at some future date and would be done through an amendment to this contract.

VII TECHNICAL PROPOSAL REQUIREMENTS:

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.

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

A. Bidder's Signature Form

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

B. 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 (listed on page one of this RFP).

C. Table of Contents

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

D. Confidential Information

The following items, if required in response to this RFP, are to be included in a separate section of your proposal and marked as confidential. These items are: 1) any financial information relating to the company or organization (not the RFP pricing or budget); 2) Organization Charts.

E. Qualifications and Experience

This section shall contain sufficient information to demonstrate experience and staff expertise to carry out the project. A statement must be included that the vendor either has or certifies he/she will secure a Delaware Business License prior to initiation of the project. Attach articles of incorporation and IRS certification of tax exempt status if applicable.

The specific individuals who will work on this project must be identified, along with the nature and extent of their involvement. The qualifications of these individuals shall be presented (in resumes or other formats). If conducting this project will require hiring of one or more individuals who are not currently employed by the bidding organization, applications shall provide detailed job descriptions, including required qualifications and experience.

If subcontractors are to be used, the proposal shall also contain similar information regarding each subcontractor.

F. 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. In addition, Bidder shall list any contract awarded to it or its predecessor firm(s) by the State of Delaware during the past ten (10) years if such contract was terminated by the State for cause, and shall include an explanation of the circumstances of such termination.

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.

G. Proposed Methodology and Work Plan

This section shall describe in detail the approach that will be taken to carry out the activities described in the Scope of Services section of this RFP. Specific completion dates for the various tasks must be shown. The workplan shall outline specific objectives, activities and strategies, and resources.

Program Abstract

Applicant must describe how it will provide recovery oriented services in a person-centered manner, with the goal of treatment being improvement of quality of life, increase in support systems, and maintenance in the community with concurrent reduction in re-arrests and incarcerations.

Applicant must provide a description of its clinical management philosophy with respect to new, innovative and creative approaches and include an understanding of how this works with a focus on recovery, outcomes, and flexibility.

Scope of Services:

Applicant proposals must clearly describe how the organization will provide the core services in Section III of this RFP.

Capacity/Location

Applicants must identify the site in Delaware and the specific building where they propose to operate the Crisis Assessment Center. Applicant must identify the anticipated capacity of the proposed program (# of individuals to be served at any one time)

Proposers must provide proof that they already own or have a commitment to purchase or lease of a facility suitable for the proposed program. DSAMH is willing to negotiate the date by which the facility must be ready for occupancy. However, unless there are extraordinary circumstances, the usual expectation is that the site/facility will be ready for occupancy no later than 90-days from inception of contract.

The proposer must identify and describe the facility in which the proposed program will be provided.

At a minimum, the proposer must provide:

- a) The address of the proposed facility.
- b) A description of the facility, including a floor plan that indicates the location within the facility proposed for use for the proposed program (if co-located with another program).
- c) A description of any facility renovations or improvements that will be needed to make the facility suitable for use. First year contract funds may, with prior approval, be used for minor renovations and repairs to the facility, and for purchase of necessary equipment/furnishings.
- d) Assurances that the proposed facility is suitable for use in the provision of the proposed program and that it will meet all applicable zoning, licensing, life-safety, environmental or other requirements. (NOTE – The facility must meet all such requirements, and the contractor must obtain all required approvals prior to program opening and acceptance of any residents.)
- e) Agreement to work in conjunction with DSAMH to notify elected officials, civic and neighborhood associations to assure acceptance and support of the community.

Language Accessibility:

The provider must demonstrate that they have access to the requisite language resources for individuals assigned to their program who do not speak English.

H. Staffing:

Applicants must present an organization chart depicting where the Drug Court Diversion program fits in the overall organizational/agency structure, and a separate organization chart for the Drug Court Diversion Program itself

Applicants must present a complete staffing pattern with job descriptions for key positions. 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. Job Descriptions must contain the educational and work experience and any credentials that will be required for each position. Applicants must assure that the proposed job descriptions include competencies to deliver the services described above in this RFP. The lead employee for the Drug Court Diversion program must have at least one year of experience providing substance abuse and case management services to criminal justice involved individuals.

1. 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.

2. 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.

3. Staff Training/Orientation and Development

A staff training and/or orientation plan to the applicant organization for applicable to all staff who will be assigned to the program must be presented.

The Department reserves the right to require training. DSAMH will identify all relevant and mandatory training during negotiations with the successful bidder.

I. 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.

J. Required Reporting

Applicant must indicate its ability to comply with reporting requirements. These include, but are not limited to:

- Monthly Consumer Reporting Forms (CRF) to the DSAMH MIS Office within the stipulated timeframes on all individuals receiving CAC services.
- Statistical data as outlined in Section F
- Monthly expenditure and revenue data utilizing a prescribed format.
- annual independent audit as outlined in the awarded contract

DSAMH is in the process of requirements definition for a future EHR/EMR module that will be developed as part of the consolidated DHSS EMR system by Core Solutions, Inc. that is being currently being implemented for two other DHSS divisions. DSAMH would like to develop a HL7 interface between the Core module to be developed for DSAMH and bidder's software. Preference will be given to bidders who have successfully developed an interface to an EMR system. Bidder will describe their relevant experience in this area, their ability to develop this proposed interface and suggest what would need to be developed by your firm vs. Core Solutions. Development of this interface will not be part of this contract and bidder is not expected to propose anything at this point. We are only asking bidders to describe their knowledge and capabilities in this area. Development of this interface would be at the sole discretion of the State at some future date and would be done through an amendment to this contract.

K. 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.

L. 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 C & D)

M. Standard Contract

Appendix F is a copy of the standard boilerplate contract for the State of Delaware, Delaware Health and Social Services, DIVISION OF SUBSTANCE ABUSE & 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.

VIII BUSINESS PROPOSAL REQUIREMENTS

The operating budget is to capture the requirements of the successful vendor in meeting the service requirements of the program. The sample line item budget to be submitted as part of this RFP is to reflect the proposed operational costs of providing these services and will not be the basis of reimbursement in the awarded contract. 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.

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. Also disclose the existence of any related entities (sharing corporate structure or principal officers) doing business in the field of correctional health care. 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 Two (2) **CD** copies (Each 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-14-024

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., June 9, 2014**. 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, 2018**. The State of Delaware reserves the right to ask for an extension of time if needed.

E. 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.

F. Realistic Proposals

It is the expectation of the State of Delaware 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 State of Delaware 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.

G. 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 State of Delaware

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:

Cesar McClain
Community Mental Health Contracts Manager
dsamhbusinessoperations@state.de.us
Fax: (302)-255-9395

Deadline for submission of all questions is **Monday, May 12, 2014**. Responses will be posted to the bids website <http://bids.delaware.gov> tentatively by **Monday, May 19, 2014**

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. 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.

O. 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

P. 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.

Q. 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.

All terms, and conditions contained in the proposal will remain fixed and valid for 5 year(s) after proposal due date.

R. Cost of Proposal Preparation

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

S. Proposed Timetable

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

<u><i>Activity</i></u>	<u><i>Date</i></u>
RFP Advertisement	04/15/2014
Pre-bid Meeting	05/05/2014
Questions Due	05/12/2014
Answers to Questions	05/19/2014
Bid Opening	06/09/2014
Selection Process Begins	06/10/2014
Oral Reviews (dates should be held open by applicants)	06/23/2014
Vendor Selection (tentative)	06/26/2014
Contract Negotiations	07/11/2014
Project Begins	08/01/2014

T. 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

Category	Weight
Meets mandatory RFP provisions	Pass/Fail
CD's properly submitted	
Hard Copies Properly Submitted	
Forms properly submitted	
Applicant's Experience and Expertise	25
Proposed Program Design	35
Capacity to meet requirements	20
<u>Budget</u>	<u>20</u>
Total	100

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 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 made available on the www.bids.delaware.gov website.

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:

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: _____

Definitions

The following definitions are from the State Office of Supplier Diversity

Vendors wishing to apply for certification or gain more information on Supplier Diversity programs may do so at:

<http://gss.omb.delaware.gov/osd/certify.shtml>

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

Definitions

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:

Michelle Morin

Office of Supplier Diversity

(302) 857-4554

Fax (302) 677-7086

APPENDIX E
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: _____

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

Comments: _____

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: _____

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: _____

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: _____

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

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

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

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.

b.

c.

d.

8. What are your procedures for purchasing?

a) Solicitation and bids for service

b) Receipt and inspection of goods (Summarize)

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: _____

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

Comments: _____

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

Comments: _____

10. Petty cash procedures:

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

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

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

d. What are the limits on individual transactions?

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

11. Billing for services:

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

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

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

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

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

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

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

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

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: _____

c. Accurate and complete book of accounts?

Comments: _____

d. Financial reports?

Yes _____ No _____

Comments: _____

e. Proper documentation?

Yes _____ No _____

Comments: _____

f. Annual audit?

Yes _____ No _____

Comments: _____

g. Bonding of employees handling money?

Yes _____ No _____

Comments: _____

13. Corporation Data:

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

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

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)

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 F

Contract Boilerplate



**DELAWARE HEALTH
AND SOCIAL SERVICES**

**CONTRACT # _____
BETWEEN
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH
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.

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.

E. Authorized Signatures:

For the Contractor:

Signature

Name (please print)

Title

Date

For the Department:

Rita M. Landgraf
Secretary

Date

For the Division:

[Division Director Name Here]

Date

Attachment 1

Monthly Usage Report

The following definitions are from the State Office of Supplier Diversity

Vendors wishing to apply for certification or gain more information on Supplier Diversity

programs may do so at:

<http://gss.omb.delaware.gov/osd/certify.shtml>

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

Definitions

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:

Michelle Morin

Office of Supplier Diversity

(302) 857-4554

Fax (302) 677-7086