**1. Organizational Requirements (maximum 25 pages per Respondent, 25 pages per Subcontractor, if applicable)**

General – Responses to the requirements in this section must describe the Respondent’s and Subcontractor’s background and experience. The responses must also address details regarding the Respondent’s size and resources, and its experience relevant to Medicaid and SAGA Disability Determination.

**To submit a responsive proposal, THE RESPONDENT SHALL** provide the following information:

1. **Organization Background**

* 1. **Governance**

1. The Board of Director’s governance and policy-making roles;
2. The name, work address, and percentage of time spent on the contract for each responsible director;
3. An organizational chart defining levels of ownership, governance, and management;
4. A complete description of all related-party relationships and transactions. Past exercise of influence or control does not need to be shown only the potential or capability to directly or indirectly exercise influence or control. The Respondent must fully disclose any expected payments to a related party. (Note: Such payments are unallowable unless the resultant contractor provides adequate data to satisfy the Department of Social Services that the costs are needed and reasonable.);
5. Entity type, parent organization (if applicable), years in operation;
6. Office location and where contracted services are provided;
7. Respondent’s current range of services and description of client base currently served;
8. Respondent’s percentage of time spent that will be devoted to MEDDS versus other work performed for other customers; and
9. Name, address, and entity type of all other customers the Respondent currently serves (if none, indicate “none.”)
10. A description of any other current or planned contractual obligations that might have an influence on the Respondent’s ability to perform the work under a resultant contract.

**Evaluator:** **Was the Respondent complete and transparent in its response to Governance and is the organization represented as one that can deliver MEDDS services, or not?**

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| |  | | --- | |  | | Does Not Meet Requirement(s) | 0 1 2 3 4 5 | Exceeds Requirement(s) | |

**Evaluator’s comments should justify score given.**

**Comments:**

1. **Key Personnel and Staff Resources.** The resultant contractor must receive the Department’s prior written approval for key personnel changes and include name and credentials of any persons proposed to replace existing or previously proposed project management staff, or other key personnel identified by the State. Changes in key personnel must not negatively affect the Department or adversely affect resultant contractor’s capability to meet any RFP or resultant contract requirement or deliverables.
2. **Corporate Project Unit**
3. Provide an organizational chart detailing how the staffing for the proposed MEDDS project fits within the entire structure of the Respondent organization.
4. Provide the names and titles of proposed key personnel i.e. staff responsible for the success of the MEDDS program, hours and percentages of time dedicated to MEDDS. Include supervisory structure, chain of command, and span of control for each person. An appropriate and sufficient task force identified by the Respondent to complete Medicaid Disability Determinations in the manner and within the timelines described in this RFP, including required registered nurse disability examiners, licensed physician(s), licensed psychiatrist(s), licensed clinical psychologist(s), vocational rehabilitation specialist(s), and other specialties as appropriate
5. Provide assurance it has enough qualified staffing resources to successfully meet its RFP response requirements in light of any other similar obligations for any other entity.

**Evaluator: Was the Respondent complete in its response and is the staffing that is proposed qualified to deliver the MEDDS services, or not?**

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**Evaluator’s comments should justify score given.**

**Comments:**

1. **Management Plan**
2. Provide a description of each key personnel’s duties, authority, and responsibilities, including the number and type of key personnel under their direct supervision
3. Provide the names of key personnel who are not full-time staff of the Respondent including a complete description of their employment status with the Respondent.
4. Provide the company’s organizational structure indicating lines of authority.

**Respondent: Was the Respondent complete in its response and does this organization represent management in a capacity to be leaders to staff and possess the ability to manage a successful MEDDS program, or not?**

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| |  | | --- | |  | | Does Not Meet Requirement(s) | 0 1 2 3 4 5 | Exceeds Requirement(s) | |

**Evaluator’s comments should justify score given.**

**Comments:**

1. **Project Manager:** Identify a Project Manager who will:
2. Implement and manage the Medicaid/SAGA Disability Determination project.
3. Oversee day-to-day MEDDS project tasks.
4. Attend MEDDS project meetings at the request of the Department.

1. Respond to the Department’s requests for status updates and ad hoc and interim reports.

**Evaluator: Does the Project Manager proposed, meet the requirements as listed above and have the ability to manage the MEDDS program?**

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| |  | | --- | |  | | Does Not Meet Requirement(s) | 0 1 2 3 4 5 | Exceeds Requirement(s) | |

**Evaluator’s comments should justify score given.**

**Comments:**

1. **Job Descriptions and Resumes**

1. Provide job descriptions for proposed key personnel positions and resumes for existing key personnel proposed to fill the positions.
2. Describe the contract-related experience, credentials, education and training, and work experience required in job descriptions for proposed positions. In the resumes for existing key personnel proposed to fill the positions include:

• Experience with Respondent.

• Education, experience, and training relevant to the RFP services.

1. References: Names, positions, titles, and telephone numbers of persons able to provide information concerning the existing key personnel’s experience and competence.
2. **Job Personnel and Tasks of the Respondent:**

Describe the relationship between specific personnel for whom resumes have been submitted (or job descriptions for proposed positions) and the specific tasks and assignments proposed to accomplish the Scope of Services and a justification of the individual’s function based on the individual’s competence including the Respondent’s:

• Procedures to secure, train, and retain professional staff to meet the resultant contract requirements.

• Method to evaluate personnel performance.

**Evaluator: Was the Respondent complete in its response to both 5) and 6) above and does the response verify the experience and training needed to achieve a successful MEDDS program, or not?**

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**Evaluator’s comments should justify score given.**

**Comments:**

**d. Corporate Experience.** The Respondent’s response to this section must clearly demonstrate that the Respondent (and any proposed subcontractor) has a minimum of three years of experience in providing medical disability assessments. Failure to demonstrate the minimum experience requirement shall disqualify the Respondent (and any proposed subcontractor) from further consideration.

1. Determination Contract Experience: Describe experience and success related to the Scope of Services for the Medicaid /SAGA Disability Determination project including the following information concerning the Respondent’s experience with other contracts or projects similar to the type of services contemplated by this RFP, whether ongoing or completed.
2. Identify all state agencies and commercial vendors for which the Respondent engaged in similar or related contract work during the past five years and describe the contracts and work performed.
3. Listing of all sanctions, fines, penalties, or letters of noncompliance issued against the Respondent by any of the contracting entities listed above.

a.1) The list shall describe the circumstance eliciting the sanction or letter of noncompliance and the corrective action or resolution to the sanction, fine, penalty, or letters of noncompliance.  
  
a.2) If no sanctions, fines, penalties, or letters of noncompliance were issued within the last three years preceding the date of this RFP, the Respondent must submit a statement that attests this fact).

1. Description of how the Respondent contributed creativity, innovation, and problem-solving expertise to a collaborative relationship with the governmental entity or commercial vendors identified in section 2) immediately above.

**Evaluator: Was the Respondent complete in its response? Does this Respondent possess the required experience as well as a creative approach to the work they deliver, or not? Are there any concerns with any information provided that might need discussion?**

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**Evaluator’s comments should justify score given.**

**Comments:**

1. Respondent References: Provide a list of three (3) specific programmatic references for the Respondent.

One (1) reference shall be a state agency or commercial vendor representative for which the Respondent engaged in similar or related contract work during the past five years.

The remaining two (2) references must be persons able to comment on the Respondent’s capability to perform the services specified in this RFP. The contact person must be an individual familiar with the organization and its day-to-day performance. If the Respondent has been a State contractor within the last five years, the Respondent must include a reference. Respondents are strongly encouraged to call or write their planned references to ensure the accuracy of their contact information and their willingness and capability to be a reference. Include the listed references’ organization names, addresses, current telephone numbers, and specific person’s title. The Department expects to use these references in its evaluation process. Respondent References are not included in section page limitation.

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| |  | | --- | |  | | Does Not Meet Requirement(s) | 0 1 2 3 4 5 | Exceeds Requirement(s) | |

**Evaluator’s comments should justify score given.**

**Comments:**

**2. Service Requirements (maximum 25 pages per Respondent, 25 pages per Subcontractor, if applicable)**

General – Responses for this section must describe the Respondent’s competence to perform the requirements specified in this RFP. Respondents that propose using subcontractors must present the same information about the proposed subcontractors as for Respondents.

No Rewrites – The Department does not want a rewrite of the RFP requirements, since such a proposal shows a lack of understanding of the project and an inability to provide appropriate levels of support and guidance for this type of project implementation.

**To submit a responsive proposal, THE RESPONDENT SHALL** respond to each section and subsection below:

1. **Project Activities**
2. **General Program Operations**
   1. Adequately describe the standards of timeliness, efficiency, and customer service activities available to Medicaid/SAGA members and how to overcome any existing or anticipated barriers. Identify anticipated barriers to serve this population and solutions that you will provide.
   2. The Respondent’s understanding of the MEDDS project, including how the Respondent will provide all Medicaid/SAGA Disability Determination services as described in this RFP and also propose alternate processes that will yield equal or better results.

**Evaluator: Does the response to this requirement represent an organization that understands what must be delivered for a successful MEDDS and is this Respondent responsive it “new” ideas to better serve, or not?**

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| Does Not Meet Requirement(s) | 0 1 2 3 4 5 | Exceeds Requirement(s) |

**Evaluator’s comments should justify score given.**

**Comments:**

* 1. Hours of operation and catchment areas.
  2. Office locations with addresses where this work will be performed.

1) Describe where staff will be physically located (street address, town, and state) and how the in-person communications with Department staff will be coordinated.

(*At a minimum, a Connecticut U.S. Postal service address or Connecticut P.O. Box is required for the delivery of paper mail as required by current operation processes.*)

**Evaluator: Is this response adequate to the requirements for a successful MEDDS program, or not?**

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| Does Not Meet Requirement(s) | 0 1 2 3 4 5 | Exceeds Requirement(s) |

**Evaluator’s comments should justify score given.**

**Comments:**

* 1. Capacity to handle cases (including any waitlist protocols) indicating how many cases can correctly process per month under the requirements of this RFP.
  2. All procedural steps to send, gather, and complete medical packets for the SAGA and Medicaid disability program in accordance with the requirements of this RFP.
  3. All procedural steps to review completed medical packets for Medicaid Disability, EM, and the **SAGA** program and reach a decision about eligibility as defined in this RFP.

**Evaluator: Does the Respondent’s response indicate an understanding and is capable to deliver the requirements as listed above, or not?**

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| |  | | --- | |  | | Does Not Meet Requirement(s) | 0 1 2 3 4 5 | Exceeds Requirement(s) | |

**Evaluator’s comments should justify score given.**

**Comments:**

1. **Translation Services for Medicaid/SAGA members**
2. Describe telephonic interpretation services.

Clearly explain the needs for and rationale of proposed alternative methods of interpretation, and how the planned methods are appropriate for this population.

1. If subcontractors are used, identify subcontractors with local language agencies to provide Medical Interpretation Services to Medicaid/SAGA members, and/or subcontract with qualified individual medical interpreters and use qualified staff to provide interpretation services to Medicaid/SAGA members and to ensure all interpreters providing services to Medicaid/SAGA members must meet the enrollment criteria described in this RFP.
2. Describe informational materials and how they will be disseminated to inform clients and Providers about what Medical Interpretation Services are and where and how to access them.

**Evaluator: Does the response to this requirement provide assurance that this Respondent can reach out and provide, or not?**

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| |  | | --- | |  | | Does Not Meet Requirement(s) | 0 1 2 3 4 5 | Exceeds Requirement(s) | |

**Evaluator’s comments should justify score given.**

**Comments:**

1. **Grievances and Appeals.** Clearly describe in detail:
2. The system to handle grievances and how adequate records to document filed grievances, including the personnel involved, actions taken to resolve the issue, and resolution.
3. The appeals and denial resolutions that address a Notice of Action (NOA)/Denial of Medical/SAGA Interpretation Services by the Broker to a Medicaid/SAGA member for denial of Medical/SAGA Interpretation Services.   
   (Note: A Department Hearing Officer will make the final decision on whether the Broker appropriately denied Medical/SAGA Interpretation Services to a Medicaid/SAGA client.)

**Evaluator: Does the Respondent have a system in place that will address grievances and appeals adequately, or not?**

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| |  | | --- | |  | | Does Not Meet Requirement(s) | 0 1 2 3 4 5 | Exceeds Requirement(s) | |

**Evaluator’s comments should justify score given.**

**Comments:**

1. **Staffing/ Support** 
   1. Review Team: Identify a review team sufficient to complete Medicaid /SAGA Disability Determination reviews.
   2. Subcontractor Oversight: Describe oversight of any subcontractors.

**Evaluator: Does this response identify a review team that is capable to complete the reviews and if applicable, will subcontractors be guided appropriately, or not?**

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| Does Not Meet Requirement(s) | 0 1 2 3 4 5 | Exceeds Requirement(s) |

**Evaluator’s comments should justify score given.**

**Comments:**

* 1. Quality Assurance Approach

Propose an approach for independently (different staff) measuring the quality (completeness and accuracy) of the determinations. Describe how the results will be used to provide transparency and drive process improvements, staff changes, etc.

The QA approach, if acceptable to the Department, will be used as a basis for establishing contract QA SLAs.

**Evaluator, Does the response indicate that the Quality of services is held in high regard to improve continually, or not?**

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| |  | | --- | |  | | Does Not Meet Requirement(s) | 0 1 2 3 4 5 | Exceeds Requirement(s) | |

**Evaluator’s comments should justify score given.**

**Comments:**

**3. Data and Technology Requirements (maximum 10 pages per Respondent, 10 pages per Subcontractor, if applicable)**

**To submit a responsive proposal, THE RESPONDENT SHALL** provide a description of Data and Technology elements. Information provided will be rated and contribute to the Respondents final overall score:

* 1. Available and in use computer hardware and software.
  2. E-Mail/Internet Capability.
  3. Ability and methodology used to assess client satisfaction.
  4. Ability and methodology to construct performance measures with quantifiable outcomes.
  5. Ability and methodology to conduct Program Evaluation.
  6. Description of your record keeping, data collection, storage, and reporting capabilities.
  7. Description of your IT infrastructure and hardware and software quality.

Note: if subcontractors are to be used, include the above information (a-g) for each subcontractor.

**Evaluator: Does the Respondent’s response to this section, indicate that this organization has the technology to provide the services as listed above for a successful MEDDS program, or not?**

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| |  | | --- | |  | | Does Not Meet Requirement(s) | 0 1 2 3 4 5 | Exceeds Requirement(s) | |

**Evaluator’s comments should justify score given.**

**Comments:**

**4. Implementation Plan (maximum 10 pages)**

**a. Timeline for Implementation**

**To submit a responsive proposal, THE RESPONDENT SHALL** provide a timeline for implementation to execute these contracted services that identifies the following items:

1. Start date for the contracted services.
2. Description of deliverables.
3. Timetable and schedule of deliverables.
4. Measurable objectives.

**Evaluator: Was the Respondent complete to the timeline requirements and does the plan represent a successful MEDDS program, or not?**

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| |  | | --- | |  | | Does Not Meet Requirement(s) | 0 1 2 3 4 5 | Exceeds Requirement(s) | |

**Evaluator’s comments should justify score given.**

**Comments:**