

Department of Social Services Procurement Plan for Purchase of Services Contracts State Fiscal Years 2013 - 2015

I. Purpose

This plan describes the approach that the Department of Social Services (DSS) will take during the next three state fiscal years to purchase, through Purchase of Service (POS) contracts, quality and cost-effective human services for clients from private providers. The plan is designed to combine DSS operational requirements with state and federal requirements, while requiring a consistent, open, transparent, fair, and competitive process for the procurement of services. The plan will direct all aspects of such procurements and will be periodically reviewed to ensure its continued relevance. Changes in DSS operational requirements, state and federal requirements, and a commitment by DSS to have the most responsive and effective service delivery system possible may necessitate adjustments to the plan. Such adjustments will be proposed to OPM as an amendment to the approved plan.

II. Procurement Process

The Department of Social Services provides a broad range of services to the elderly, persons with disabilities, families, and individuals who need assistance in maintaining or achieving their full potential for self-direction, self-reliance and independent living. It administers over 90 legislatively authorized programs and one-third of the state budget. By statute it is the state agency responsible for administering a number of programs under federal legislation, including the Rehabilitation Act, the Food Stamp Act, the Older Americans Act, and the Social Security Act. The department is also designated as a public housing agency for the purpose of administering the Section 8 program under the federal Housing Act.

To support the department's current programs DSS has entered into more than 540 Purchase of Service (POS) contracts for the provision of direct client services totaling \$577,611,154.00. Many of the existing contracts for direct client services have been historically funded following a determination that the quality of the services provided coupled with the need for continuity of services outweighed the benefit of competitive procurement. All contractors are monitored for compliance with program delivery requirements and fiscal accountability.

The decision to conduct a competitive procurement, regardless of the historical funding of contracts supporting a particular program is impacted by several factors:

- the identification of a new service need;
- changes to the current program by design or through state and/or federal requirements;
- a desire to restructure the existing service delivery system;
- Contractor performance issues; or
- Changes to available program funding.

The decision to conduct a competitive procurement is first addressed by the specific programmatic division. Programmatic divisions within the Department that operate

programs supported by POS contracts include the Division of Aging, Community and Social Work; Children's Trust Fund; Medical Care Administration; Strategic Planning; and Bureau of Rehabilitative Services¹. Staff within these divisions have experience in the design and delivery of services to the elderly, persons with disabilities, families, and individuals who need assistance in maintaining or achieving their full potential for self-direction, self-reliance, and independent living, and are knowledgeable regarding the populations' needs.

Division staff responsible for the underlying program contacts Contract Administration /Procurement when the need to conduct a competitive procurement has been identified. The procurement development process is facilitated by the Procurement Unit, within the Contract Administration Division. Procurement Unit staff control the working document, request the necessary approvals from OPM and post the RFP to the State Contracting Portal and DSS website. Procurement Staff are responsible for the procurement process, coordinating the receipt and responses to questions and the development of the evaluation tool. Procurement staff coordinate the scoring meetings, reference checks and any requests for clarification. A member of the Procurement Unit is the Official Contact for each procurement. Respondents are advised not to discuss the procurement with any other DSS representative or they will risk disqualification. Procurement staff facilitate the scoring meetings to ensure that such meetings are conducted in accordance with the procurement standards. Following the conclusion of the scoring session and following the recommendation of the evaluation team, the Procurement Unit submits a Procurement Summary and Recommendation to the Commissioner.

While Procurement Unit staff manage the development of the procurement and the procurement process, both the development and process require the active participation of Program Staff and Fiscal Staff. Program Staff, located within the program division, are responsible for ensuring that the scope of the procurement accurately reflects the programmatic needs. They are also responsible for identifying the documentation and information to be included in a response to a procurement that will allow the Department to select the most qualified respondent. Fiscal staff, within the Program Division (if available) and the Division of Financial Management and Analysis, address the programmatic funding and fiscal reporting requirements and assist in the fiscal review to validate the financial health of responding organizations and the proposed use of funds.

Competitive procurements initiated by DSS adhere to the procurement standards set forth in the Connecticut General Statutes and established by the Secretary of OPM in the [Procurement Standards: for Personal Service Agreements and Purchase of Service Contracts](#), which is embedded in this section as a hyperlink. RFPs are standardized to the greatest extent possible, regardless of the services being sought, though each RFP is tailored to meet the needs of the program. On those rare occasions when a procurement result is contested or appealed, the Procurement Unit is charged with the

¹ The Bureau of Rehabilitative Services is attached to the Department for administrative purposes only. It is comprised of the former DSS Bureau of Rehabilitation Services; Commission on the Deaf and Hearing Impaired; Board of Education and Services for the Blind; the driver training program for persons with disabilities, formerly at the Department of Motor Vehicles; and the rehabilitation programs for employees suffering compensable injuries that have disabled them from performing their customary or most recent work, formerly at the Workers Compensation Commission.

review of the procurement. This is usually handled by a member of the Procurement Unit that was not directly involved in the procurement in question and members of the Division of Quality Assurance.

III. Planning Approach

This procurement plan has been developed by Procurement Staff in the Contract Administration Division with input from the DSS staff who are responsible for the administration of each program identified in this plan. Specifically, the program managers have recommended programs that will require competitive procurement or waivers from competitive procurement to ensure continuity of services to DSS clients.

Particular challenges were encountered in aligning State requirements with actual and anticipated federal requirements, while ensuring continuity of services to DSS clients.

IV. Procurement Schedule

The [DSS Procurement Schedule](#) is attached and embedded in this section as a hyperlink.

V. Planning Factors

Several important factors were considered by DSS when determining when and/or how to procure a particular program/service. Procurement planning for human services must consider the client first and foremost. Competitively procuring services should not take priority over continuity of care for vulnerable populations and should minimize disruption in services. Procurements for programs/services with multiple funding sources need to be coordinated to ensure that programs remain fully operational.

Development of the procurement schedule involved consideration of the date of the last RFP, the identification of changes to the program, both anticipated and planned, the performance of the current contractors and changes to the available funding for the program. Program services that remain unchanged with level funding and Contractors that are performing well under contracts that were procured during the last procurement schedule were identified as those that the Department could request to be renewed absent a competitive procurement and thereafter scheduled for a future RFP cycle.

The DSS programs identified in the procurement plan are supported by multiple Purchase of Service (POS) contracts with uniform contract periods that usually conform to the fiscal year of the funding source (State or federal). When preparing the schedule the Department schedules the procurement for a program rather than for individual contracts.

A. Key Principles

This procurement plan is guided by the following principles:

1. Maintenance of continuity of care for the vulnerable populations DSS serves to ensure that disruption in services is minimized as programs are competitively procured and new contracts are implemented;

2. Stimulation of quality, innovation, current best practices, and efficiency in service delivery;
3. Use of clearly defined, measurable outcomes and quality/performance measures;
4. A procurement schedule based on a strategic approach that considers client needs, barriers, and best timing; and
5. Coordination of procurement activities with other State human service agencies.

B. Best Practices

In addition, the procurement process reflects best practices in the public sector, which include the following principles:

1. **Openness** – Current service providers will be notified at least 90 days in advance when one of their funded services will be competitively procured. Requests for Proposals (RFPs) are posted on the State Contracting Portal and DSS RFP web page.
2. **Transparency** – RFPs clearly state the criteria by which proposals will be evaluated. Results of the RFP process are posted on the State Contracting Portal.
3. **Fairness** – Private providers that participate in the development of an RFP for new or existing service delivery models or programs are not allowed to compete for the right to negotiate a contract to provide those services. Members of the RFP development and evaluation teams are required to sign an Ethics and Confidentiality Statement, in which they declare and attest that they have no personal or financial interests in the outcome of the RFP process.
4. **Competition** – All eligible private providers have an equal opportunity to compete for the right to negotiate a contract with DSS. No RFP requirements specify any features that unnecessarily discriminate, either directly or indirectly, against current or prospective providers.
5. **Consistency** – A standardized procurement process is implemented. The process includes the use of a standardized RFP template, uniform submission requirements including a minimum of seven weeks between release of the RFP and the proposal due date, and standardized proposal review and scoring procedures.

B. Requests for Waivers from Competitive Procurement

DSS is requesting waivers from competitive procurement for specific programs. The following factors were considered in making a determination about which programs should seek waivers from competitive procurement:

1. The current contracts are for clients with chronic conditions requiring ongoing care;
2. The State has invested a significant amount of bond money in real property or physical plant for the program;
3. DSS is contracting with a municipality or other governmental entity;
4. Zoning or citing implications make location or relocation of the service problematic;
5. The cost to the State of a competitive procurement process would outweigh the benefits of such a process;
6. Services will be provided by a contractor mandated by Connecticut General Statutes, a public act or special act;
7. The contractor will provide emergency services, including those needed for the protection of life or health;
8. The contractor has special capability, unique experience, proprietary services, or patent rights; and/or
9. Services will be provided by a contractor mandated by the federal government.

C. Multi-year Contracting

To minimize the administrative burden of an RFP process on its contractors and DSS staff, DSS is considering efficiencies into the development of the procurement schedule. While DSS generally executes multi-year contracts with a maximum term of three years, DSS is considering pursuing approval for some longer-term contracts when appropriate to reduce the frequency of competitive procurement and to allow staggered RFP issue dates. DSS is also considering the ability to extend certain contracts, originally entered into through an RFP, without a subsequent competitive procurement, if circumstances and performance warrant the pursuit of such a request with OPM. New providers with limited or no performance history and/or contracts for the provision of new program services will have shorter contract terms until an acceptable performance history has been demonstrated.

Benefits of longer-term, multi-year contracts for both State agencies and private providers include:

1. Stabilized services and contractor relationships;
2. Long-term program and performance targets; and
3. Reduced paperwork.

VI. Communication Protocol

Upon approval of the procurement plan, it will be posted on the DSS web site. The DSS Contract Administrator is the primary contact for questions pertaining to the procurement plan.

Current service providers will be notified at least 90 days in advance when one of their funded services will be competitively procured.

All RFPs are posted on the State Contracting Portal and the DSS RFP web page. DSS designates one procurement staff member as the "Official Agency Contact" for the purposes of each RFP.

VII. Implementation and Oversight

This plan shall be implemented upon approval by OPM. The DSS procurement plan is effective for State Fiscal Years 2013 through 2015 and shall be subject to review and modification as may be necessary from time to time. All modifications will be submitted to OPM for approval. Requests for Proposals during the time period covered in this procurement plan shall be issued in accordance with the guidelines of this plan. The end date of this procurement plan shall be June 30, 2015.

Currently the Department of Social Services is undergoing organizational changes. The Deputy Commissioner of Administration remains responsible for the Contract and Procurement Units and will, with the assistance of staff, monitor the progress of the procurement plan with the Deputy Commissioner of Programs and staff from the Program Division. Monitoring activities will include:

- A. A review, no less frequently than quarterly of the status of the procurement plan with updates, as needed;
- B. Issuance of recommendations regarding timing and sequencing of release of RFPs for each program/service;
- C. Issuance of recommendations regarding requests for waiver from competitive procurement;
- D. Review and issue recommendations of the potential need to modify DSS' procurement processes and procedures as needed; and
- E. Provide ongoing communication with Executive Leadership to ensure consistency with DSS' overall strategic planning.

This oversight will focus on all competitive procurement for DSS, whether it involves new, first-time funding or competitive procurement of existing services. This will ensure that regardless of the type of procurement the same standardized process, procedure, internal levels of review, and consistency with overall strategic planning will be followed.

The program staff responsible for the administration of each programmatic area encompassed in this plan will be asked to review the plan periodically and will be given the opportunity to request changes in the plan.

Operational oversight of DSS procurement activities is provided by the Procurement Supervisor and the Official Agency Contact for the purposes of each RFP.

DEPARTMENT OF SOCIAL SERVICES		PROCUREMENT SCHEDULE FOR SFY 2013, 2014, 2015					
a) Program/Service Name	b) Last RFP (SFY, Qtr)	c) \$ Amount (Total)	d) Contracts (Number)	e) Next RFP (SFY, Qtr)	f) RFP (In Years)	g) Waiver Narrative	
Adaptive Technology (BRS)	NONE	109,975	4	WAIVER		h	Each contractor has been determined to be uniquely qualified in the field of Rehabilitation Engineering/Assistive Technology to directly provide or facilitate the delivery of services in accordance with the Rehabilitation Act of 1973 and/or Federal A.T. Act of 1998, as amended. An open process of application to provide services exists and thus eliminates the need for a formal competitive solicitation, which would be at an additional cost to the State.
Aging & Disability Resource Center Initiative	NONE	936,499	7	WAIVER		i	Contractors were named in the federal grant application
AIDS Residential Services	2008	4,866,821	24	2014, 2	3		
Alzheimer's Day Care	NONE	181,359	5	WAIVER		e	The Alzheimer's Day Care program, through the five Area Agencies on Aging (AAAs), provides funding to adult day care centers to support staff aide positions serving persons diagnosed with Alzheimer's disease or related dementias. Funding is provided to the AAAs who select adult day centers through an RFP process. AAAs subcontract with the adult day centers to fund salary and fringe benefits for these staff aide positions. Currently, funding of \$181,359 supports approximately 25 part-time positions statewide. Since the five AAAs incorporate this program into their existing RFP process for funds provided by the Department, as part of an existing, broader SFA contract with the Department, it is more cost effective to have the AAAs competitively procure and develop subcontracts than for the Department to competitively procure. A competitive procurement process is conducted, but by the AAAs, not the State.
Alzheimer's Disease & Supportive Services Program	NONE	200,000	2	WAIVER		i	Contractors were named in the federal grant application
Architect/Project Manager Services (BRS)	2008, 2	475,000	5	2013, 1	3		
Before and After School (BAS)	UNKNOWN	282,000	7	2014, 3	3		
Beyond Shelter Program (BSP)	UNKNOWN	1,206,576	11	2013, 4	4		

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a) Program/Service Name	b) Last RFP (SFY, Qtr)	c) \$ Amount (Total)	d) Contracts (Number)	e) Next RFP (SFY, Qtr)	f) RFP (In Years)	g) Waiver Narrative	
Carr vs. Wilson-Coker Settlement	2009, 3	987,000		WAIVER		f	Funds are earmarked lawsuit settlement funds that are in a non-lapsing account and the use is to be determined by the plaintiff, Greater Hartford Legal Aid
Centers for Independent Living (BRS)	NONE	3,472,765	6	WAIVER		f,h,i	Connecticut General Statutes 17b-614 established a statewide network of independent living centers and Connecticut General Statutes 17b-615 established the State Independent Living Council (SILC), in accordance with Title VII of the Rehabilitation Act of 1973 as amended. The contracted independent living centers and SILC are the only entities capable of satisfying the requirements set forth by Sec 705 of the Rehabilitation Act/CFR 364. The contractors' federally approved status, unique qualifications, and/or specialized capabilities or expertise are not prevalent in other organizations and thus mitigate the need for competitive procurement.
CHOICES	NONE	1,709,102	7	WAIVER		f	CGS Sec 17b-427
Community Services Block Grant (CBG)	NONE	8,160,904	13	WAIVER		i	Funds are specifically designated to "eligible entities" or Community Action Agencies as mandated in sections 673 - 678D of CBG federal regulations
Congregate Housing Services Program	NONE	485,990	2	WAIVER	3	i	HUD-designated region
Cognitive Training	NONE	53,245	1	WAIVER		h	Contractor is the only provider of this particular type of service
CT Dental Health Partnership (DEN)	2008, 3	3,849,981	1	WAIVER		e	Program was originally competitively procured; contractor is extremely successful; competitively procuring would require rebuilding a system that is working well
CT Home Care Program for Elders	2007, 2	270,000,000	3	2013, 3	5		
Disability and Unemployability Determinations (MED)	UNKNOWN	3,559,350	1	2014, 3	5		
Disability Waiver Services	2011, 4	2,343,096	1	WAIVER		a,e	Program was competitively procured in 2011, 4; current contract term is 10/1/2011 - 9/30/2014 with the option of two one-year extensions
Elderly Health Screening (EHS)	UNKNOWN	361,683	5	2012, 3	3		
Elderly Nutrition	NONE	2,495,942	5	WAIVER		f,i	State funds follow federal Older Americans Act

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Emergency Food Program (EFP)	NONE	440,769	2	WAIVER		h	Current contractors are CT's 2 food banks that have the capability to store and transport USDA commodities
Emergency Shelter Grant	NONE	171,305	24	2014, 2	UNKNOWN		
Emergency Shelter Services (ESS)/Transitional Living Program (TLP) Middlesex County	UNKNOWN	258,693	3	2012, 3	3		
Emergency Solution Grant #1 ¹	NONE	7,466,031	45	2014, 2	UNKNOWN		
Emergency Solution Grant #2 ²	NONE	658,859	UNKNOWN	2012, 3	UNKNOWN		
Eviction Protection Program (EPP)	2008, 4	1,311,390	5	2012, 4	3		
Fall Prevention	NONE	475,000	1	WAIVER		f	CGS Sec 17b-33; enter into contracts with agencies "deemed qualified" by Commissioner
Family Empowerment Initiative (CTF)	2007, 1	211,402	7	WAIVER		a,d,e,h	Contractors were originally selected through a competitive procurement process. Contractors have successfully provided more than 12 years of services to parents who are seeking assistance from organizations for issues related to domestic violence, substance abuse, mental health services, incarceration, etc. The contractors have embedded the parenting services into a unique setting where the target population is receiving another service. Based on the years of program success, special capabilities, and training of the staff, the cost to the State of a competitive procurement process would outweigh the benefits of the process and could cause hardships to families requiring the services. It will be difficult and costly to re-establish and replicate these unique settings -- a prison, domestic violence shelter, substance abuse facility, hospital, and child guidance clinic.

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Family School Connection (CTF)	2008, 1	930,000	5	WAIVER		a,d,e,h	Contractors were originally selected through a competitive procurement process to provide home visiting services to families of children identified at risk for child abuse and neglect based on school observations of the children's readiness for school and the parents' responsiveness to their children's needs. Each contractor has developed a Memorandum Of Agreement with an elementary school and the corresponding school district, and have spent time developing protocols to work within these schools, with the teachers and administrators. Based on the program's success implementing and unique experience through 180 hours of training to ensure quality service and program delivery, the cost to the State of a competitive procurement process would outweigh the benefits of the process and could cause hardships to families. Services can be provided to families for the length of time a child attends the partner school.
Fatherhood Initiative Program (FIP)	1999	195,000	6	WAIVER		e,f	CGS Sec 17b-33; enter into contracts with agencies "deemed qualified" by Commissioner, as per the goals of PA 99-193
Geriatric Assessment Program	UNKNOWN	53,239	1	2012, 3	3		
Healthy Start (HSP)	2002	1,490,220	5	WAIVER		a,c,f	Contractors were originally selected through a competitive procurement. Contractors' and subcontractors' staff provide expedited eligibility services to pregnant women and children: case management; care coordination; and health insurance application assistance. Based on their success in delivering services, unique experience, training, and special capacity disruption of services could result in a hardship for prenatal and postnatal mothers.

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Help Me Grow (CTF)	NONE	336,582	1	WAIVER		a,e,h	Contractor is the only provider of this particular type of service. Contractor provides researched connections to referrals and resources for relative and professional caregivers of children utilizing the 2-1-1 database system. It would be cost prohibitive to create a duplicate system.
Hispanic Human Resource Development (HHD)	UNKNOWN	1,202,249	14	2014, 4	3		
Housing Assistance Program/Rental Assistance Program/Section 8	UNKNOWN	94,700,000	1	2013, 3	2		
Housing Assistance Program/Mobility	UNKNOWN	244,000	3	2012, 3	3		
Housing First for Families (HFF)	2010, 4	333,330	5	2013, 4	4		
Housing Opportunities for Persons with AIDS	2010, 3	275,362	2	2012, 3	2		
Human Resource Development (HRD)	UNKNOWN	251,779	6	2014, 4	3		
Human Services Infrastructure (HSI)	NONE	3,418,970	12	WAIVER		g,i	Funds are used to support the goals and objectives of CBG program and the "eligible entities" or Community Action Agencies as mandated in sections 672 - 678D of CBG federal regulations
HUSKY Plus	1997	465,000	1	2013, 3	4		
Industry Specific Training Programs (BRS)	2011, 4	3,328,902	5	WAIVER		e,h,i	Industry Specific Training Programs (ISTP) will be included in Vocational Rehabilitation/Community Rehabilitation Provider (VR/CRP) program upon expiration of current ISTP contracts (6/14/2013 - 8/14/2014); each VR/CRP program contractor has been determined to be uniquely qualified in the field of Vocational Rehabilitation and to directly provide or facilitate the delivery of services in accordance with the Rehabilitation Act of 1973, which requires "informed choice" of the program's consumers in selecting service providers from amongst all those qualified. An open process of application to provide services exists and thus eliminates the need for a formal competitive solicitation, which would be at an additional cost to the State.
Lead Abatement and Healthy Homes (LAMPP)	NONE	1,392,475	1	WAIVER		a,b,h,i	Contractor is the only children's hospital in the State (part of the federal grant application)

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Lifespan Respite Coalition Initiative	NONE	98,694	1	WAIVER		i	Contractors were named in the federal grant application
Low Income Home Energy Assistance Program (ECH)	NONE	79,530,774	12	WAIVER		g	LIHEAP services are frequently provided on an emergency basis to households that are either out of fuel, have a utility disconnection or are facing a disconnection. LIHEAP contractors are required to address these emergency situations within a 24-hour period. Remedies include the immediate authorization of fuel, and/or utility reconnection assistance. These essential services are provided in an effort to ensure the health and safety of the State's low-income residents. In addition, the services enable households to live safely within their own homes during the winter heating season.
Medicare Legal Assistance	NONE	139,911	1	WAIVER		h	Contractor is the only provider of this service
Nurturing Families Network (CTF)	2008, 1	10,614,446	38	WAIVER		a,d,e,h	Contractors were originally selected through a competitive procurement process to provide one of three program components -- nurturing connections, home visiting services or nurturing parenting groups to first-time parents. Contractors are either one of or working with the 29 birthing hospitals in CT. The hospitals are a critical partner in the implementation of the program. Contractors that are not birthing hospitals have established Memoranda of Agreement with the hospitals and the establishment of protocols over time, which allow NFN staff access to medical records, the maternity ward, and affiliated prenatal clinics. It would be difficult and costly to re-establish and replicate these working relationships. Contractors' staff have gained unique experience through 180 hours of training, at the State's expense, to ensure quality service and program delivery. Given there are no problems with the effective delivery of this program, disruption would cause hardship to the families who are offered this service for up to five years. The contractors have also established a network of community-based services for families.

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Nutrition Services Incentive Program (NSIP)	NONE	1,504,816	5	WAIVER		i	Older Americans Act funds
Nutrition Supplemental Program (NSP)	NONE	604,422	1	WAIVER		f	CGS Sec. 17b-791
Preadmission Screening and Level of Care	2009, 4	1,952,315	1	WAIVER		a,e,h	The scope of services recently expanded to include development of a web-based application and database for the CT Home Care Program for Elders waiver program. It would be cost prohibitive to bring in a new contractor after the current contractor has developed systems that required extensive development and training and are now operating effectively and efficiently.
Refugee Assistance Program (RAP)	NONE	1,070,121	11	WAIVER		h,i	The Refugee Assistance Program is 100% federally funded and is required to assist refugees access case management, employment services and Department of Social Services public assistance programs. The Connecticut State Plan for Refugee Resettlement is approved by the federal Office of Refugee Resettlement and specifically identifies refugee resettlement agencies as providers of resettlement services under federal regulatory requirements described in Title IV of the Immigration and Nationality Act.
Retired Senior Volunteer Program	UNKNOWN	92,698	11	2013, 3	3		
Representation of Indigent Children (CTF)	NONE	150,000	1	WAIVER		f	The Legislature mandated funding to this nonprofit agency, which provides indigent children with experienced lawyers who give them a voice in family court, provides information in legal matters, and advocates for policies that advance their well-being and best interest.
Senior Community Services (SCS)	UNKNOWN	976,537	5	2014, 3	3		
Senior Medicare Patrol (SMP)	NONE	280,000	6	WAIVER		i	Older Americans Act funds
Seniors Helping Seniors "Volunteers from the Heart"	UNKNOWN	29,839	1	2013, 3	3		
Shelter Services Program (SSP)	UNKNOWN	6,231,293	15	WAIVER		g	Contracts are for domestic violence shelters that are in specific locations that are not disclosed to the general public to protect life and keep people safe.

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SNAP Employment and Training 50% Reimbursement (FSE)	2009, 3	1,160,510	2	WAIVER		e	Program was competitively procured in 2009; 14 respondents were offered the right to negotiate a contract; 2 contracts have been executed
SNAP Employment and Training 100% Grant (FSE)	2007, 4	622,024	4	2012, 4	3		
SNAP Nutrition Education (FSP)	UNKNOWN	3,094,559	5	WAIVER		h,i	100% federally funded; state plan identifying nutrition education contractors must be submitted annually and approved by Food and Nutrition Service (FNS)
SNAP Outreach (FSP)	UNKNOWN	1,029,353	3	2012, 4	3		
Social Services Block Grant (SBG) ³	UNKNOWN	4,417,910	52	2012, 3	4		
Statewide Respite Care Program	NONE	2,294,388	6	WAIVER		f	CGS Sec 17B-349E for Area Agencies on Aging only
Supportive Housing Program (SHP) ⁴							
Teen Pregnancy Prevention	2009, 2	555,000	5	2013, 3	3		
Title III	NONE	14,261,100	5	WAIVER		i	Older Americans Act funds
Title VII	NONE	256,431	5	WAIVER		i	Older Americans Act funds
Transitional Living Program	NONE	2,633,347	21	2014, 2	4		
Transportation to Work	UNKNOWN	3,200,000	5	2013, 1	2		
Vocational Rehabilitation/Community Rehabilitation Provider (BRS)	NONE	21,151,600	70	WAIVER		e,h,i	Each contractor has been determined to be uniquely qualified in the field of Vocational Rehabilitation and to directly provide or facilitate the delivery of services in accordance with the Rehabilitation Act of 1973, which requires "informed choice" of the program's consumers in selecting service providers from amongst all those qualified. An open process of application to provide services exists and thus eliminates the need for a formal competitive solicitation, which would be at an additional cost to the State.
Waiver Narrative							
a. The services are for clients with chronic conditions requiring ongoing care							
b. The State has invested a significant amount of bond money in real property or physical plant for the program							

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c. The State is contracting with a municipality or other governmental entity							
d. Zoning or siting implications make location or relocation of the service problematic							
e. The cost to the State of a competitive solicitation process would outweigh the benefits of such a process							
f. Services will be provided by a contractor mandated by CT General Statutes, a public act or special act							
g. Contractor will provide emergency services, including those needed for the protection of life or health							
h. Contractor has special capability, unique experience, proprietary services, or patent rights							
i. Services will be provided by a contractor mandated by the federal government							
Notes:							
¹ Pending federal Housing and Urban Development (HUD) guidance							
² Pending federal Housing and Urban Development (HUD) guidance							
³ Includes former Community Services (CSV) program							
⁴ Transitioning current contracts to Housing Assistance/Rental Assistance Program/Section 8							