

**PROCUREMENT NOTICE**  
**Request for Proposals (RFP)**  
**Title: FY 2026 Children's Community Clinical Response**

The State of Connecticut, Department of Developmental Services (DDS) is seeking proposals to start a Clinical Community Response program for children (ages 8-20) who have intellectual disability and behavioral health needs, who are experiencing significant disruption within the family home or returning to the family home after a hospitalization. The program will focus on establishing a positive behavioral support program with-in the family home, training family members on the program, modeling the program for the family and support the family on setting up appropriate, on-going in-home supports.

A Request for Proposal Conference will be held virtually **on Friday, January 23, 2026, at 10:00 AM**. Letters of Intent must be submitted by **January 23, 2026, by 9:30 AM**. Details regarding the virtual Proposal Conference will be given to any proposer who submits a letter of intent by **January 23, 2026**.

The Request for Proposal is available in electronic format on the State Contracting Portal at: [https://portal.ct.gov/das/ctsource/bidboard?language=en\\_US](https://portal.ct.gov/das/ctsource/bidboard?language=en_US) (CTSource) or from the Department's Official Contact:

Name: Kyle Fishbein  
Address: DDS, Central Office, 460 Capitol Ave., Hartford, CT 06106  
Telephone: (860) 418-6050  
E-Mail: Kyle.Fishbein@ct.gov

The RFP link is also available on the Department's website at [https://portal.ct.gov/dds/searchable-archive/rfps/general/rfp?language=en\\_US](https://portal.ct.gov/dds/searchable-archive/rfps/general/rfp?language=en_US). A printed copy of the RFP can be obtained from the Official Contact upon request. **Deadline for submission of proposals is 4:00 p.m. on April 7, 2026.**

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

*Below is an outline of this Request for Proposal.*

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

**I. GENERAL INFORMATION**

**A. INTRODUCTION**

1. **RFP Name:** FY 2026 Community Clinical Response (CCR)
2. **RFP Number –** 33856
3. **RFP Summary -** The State of Connecticut, Department of Developmental Services (DDS) is seeking proposals to start a Community Clinical Response program for children with intellectual disability, ages 8 up to age 20 who are experiencing significant disruption within the family home or returning to the family home after a hospitalization. The program will focus on establishing a positive behavioral support program within the family home, training family members on the program, modeling the program for the family, and supporting the family, in setting up appropriate, on-going in-home supports. The Community Clinical Response can be provided for up to 180 days per individual.

DDS is seeking proposals from private providers to develop, operate, supervise and manage the administrative duties associated with the operation of this program. The successful proposer will be required to provide supports within the family home, complete a functional behavioral assessment (FBA), develop a positive behavior program, train the family on implementing the plan, model program implementation and provide consultation to other in-home support providers, and develop a transition to discharge. They will also be required to provide nursing consultation, if needed, regarding medication and medical needs.

The due date for proposals is 4:00 p.m. on **Wednesday, April 7, 2026**. Proposals must be emailed as one consolidated file to Kyle.Fishbein@ct.gov. Late submissions will not be accepted.

DDS is authorized in accordance with Section 17a-210 of the Connecticut General Statutes. The requested services will be awarded through a competitive procurement process and funded by State dollars.

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

- 85000000: Healthcare Services

The commodity codes are used when posting the RFP on the State Contracting Portal.

**B. ABBREVIATIONS / ACRONYMS / DEFINITIONS**

ABA	Applied Behavior Analysis
BFO	Best and Final Offer

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

- **Administrator:** The person responsible for overall management, operation and provision of services within the Connecticut licensed community living arrangement.
- **Community Companion Home (CCH):** CCH is licensed by the DDS to provide participants with residential supports in a family setting.
- **Community Living Arrangement (CLA):** A residential facility in which the licensee provides residential services to 15 or fewer individuals with intellectual and/or developmental disabilities.
- **CLA Licensure:** A review based on the CLA regulations that evaluate developmental and clinical services provided to individuals living in licensed "group homes". Review also identifies environmental issues that could affect health and safety and gauge compliance with DDS policy.
- **Continuous Residential Supports (CRS):** A non-licensed setting other than a family home with readily available third shift staff awake or asleep, supports available throughout non-work hours though some time alone as approved by the team would be allowed.
- **Contractor:** A private provider organization, CT State agency, or municipality that enters a POS contract with the Department as a result of this RFP.
- **Health Insurance Portability and Accountability Act:** Administrative, technical, and physical safeguards required to prevent unauthorized access to protected health care information.
- **Official Agency Contact:** The only authorized contact for this procurement and, as such, who will handle all related communications on behalf of the Department.
- **Principal of the Entity:** The designated person primarily responsible for the overall management, operation and provision of services within the entity.
- **Proposer:** A private provider organization, CT State agency, or municipality that has submitted a proposal to the Department in response to this RFP.
- **Proposer's Authorized Representatives:** The authorized employees of the contractor to communicate and discuss the merits of the proposal with the Department.

- **Qualified Provider:** A private agency that has submitted a complete application packet and been approved by DDS to have met the minimum standards for providing supports to individuals with an intellectual disability.
- **Prospective Proposer:** A private provider organization, CT State agency, or municipality that may submit a proposal to the Department in response to this RFP but has not yet done so.
- **Subcontractor:** An individual (other than an employee of the contractor) or business entity hired by a contractor to provide a specific health or human service as part of a POS contract with the Department as a result of this RFP.

## C. INSTRUCTIONS

1. **Official Agency Contact.** The Department has designated the individual below as the Official Contact for purposes of this RFP. The Official Contact is the **only authorized contact** for this procurement and, as such, handles all related communications on behalf of the Department. Proposers, prospective proposers, and other interested parties are advised that any communication with any other Department employee(s) (including appointed officials) or personnel under contract to the Department about this RFP is strictly prohibited. Proposers or prospective proposers who violate this instruction may risk disqualification from further consideration. Please ensure that e-mail screening software (if used) recognizes and accepts e-mails from the Official Agency Contact.

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

Name: Kyle Fishbein  
Address: DDS, Central Office, 460 Capitol Ave., Hartford, CT 06106  
Telephone: (860) 418-6050  
E-Mail: Kyle.Fishbein@ct.gov

DDS reserves the right to appoint an alternate Official Agency Contact if necessary. A formal amendment will be issued to provide contact information for the alternate Official Agency Contact. Proposers will be required to limit their contact regarding the RFP to the person named therein. The amendment will be posted on the State Contracting Portal at [https://portal.ct.gov/das/ctsource/bidboard?language=en\\_US](https://portal.ct.gov/das/ctsource/bidboard?language=en_US) (CTSource)

Proposers may also access the "Provider Gateway" (RFP) link on the State of Connecticut Department of Developmental Services web site at [https://portal.ct.gov/dds/searchable-archive/rfps/general/rfp?language=en\\_US](https://portal.ct.gov/dds/searchable-archive/rfps/general/rfp?language=en_US) to view the amendment.

2. **Proposer's Authorized Representatives. (Form 1)** Proposers must designate an authorized representative and one (1) alternate. The form is included in this RFP. The form must be signed by the organization's Chief Executive Officer or another official with signatory authority and submitted as Attachment A. Providers must submit a Proposer's Authorized Representative Form along with the Letter of Intent to enable other staff to communicate with the Department during the open submission period. A new Proposer's Authorized Representative Form may be submitted with the proposal to reflect any changes the provider may wish to make.

3. **RFP Information.** This RFP, amendments to this RFP, and other information associated with this procurement is available in hard copy, upon request, from the Official Agency Contact or in electronic format from the Internet at the following locations:
- State Contracting Portal  
[https://portal.ct.gov/das/ctsource/bidboard?language=en\\_US](https://portal.ct.gov/das/ctsource/bidboard?language=en_US) (CTSource)
  - Department of Developmental Services Web Page [https://portal.ct.gov/dds/searchable-archive/rfps/general/rfp?language=en\\_US](https://portal.ct.gov/dds/searchable-archive/rfps/general/rfp?language=en_US)

It is strongly recommended that any proposer or prospective proposer interested in this procurement subscribe to receive e-mail alerts from the State Contracting Portal. Subscribers will receive a daily e-mail announcing procurements and addendums that are posted on the portal. This service is provided as a courtesy to assist in monitoring activities associated with State procurements, including this RFP.

Printed copies of all documents are also available from the Official Contact upon request.

4. **Contract Awards.** The award of any contract pursuant to this RFP is dependent upon the availability of funding to the Department. The Department anticipates the following:
- Total Maximum Funding Available: Not to exceed **\$420,000** annually
  - Maximum Number of Awards: Will depend on number of submitted proposals that meet criteria and ensure all regional areas are accounted for.
  - Contract Term: 2 years
5. **Eligibility.** Private providers are eligible to submit proposals in response to this RFP. Those providers, not already qualified, will need to go through the DDS qualification process, if awarded. An agency that has been placed on Enhanced Monitoring may be disqualified in accordance with the Enhanced Monitoring Policy.
6. **Minimum Qualifications of Proposers.** To qualify for a contract award, a proposer must have the following minimum qualifications:
- a) The organization must have at least two years of experience administering clinical-behavioral supports to children and/or young adults with behavioral health needs.
  - b) Clinical staff member(s) must have a minimum of two (2) years of experience providing positive behavioral supports to individuals with intellectual and/or developmental disabilities, as well as a credential in an appropriate clinical or behavioral discipline. Acceptable credentials include, but are not limited to:
    - Positive Behavior Support (PBS), Board Certified Behavior Analyst (BCBA) or Doctoral Degree and current licensure in Psychology, or Master's Degree in Psychology, Special Education, Social Work or related field (Proof of licensure for Licensed Clinical Social Worker, Marriage and Family Therapist or Professional Counselor)
    - Applied Behavior Analysis (ABA), Board Certified Behavior Analyst (BCBA) or Doctoral Degree and current licensure in Psychology, or Master's Degree in Special Education and current teacher certification.
  - c) An additional one staff member must be a registered nurse (RN)

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

January 13, 2026	RFP Released
January 23, 2026 9:30 AM	Letter of Intent, the Non-Disclosure Form, and the Proposer's Authorized Representative's Form must be submitted on or before the deadline, January 23, 2026, 9:30 am, in order to attend the Proposer's Conference and be eligible for the award.
January 23, 2026 10:00 AM	Proposers' Conference. <b>Virtual attendance is required.</b>
February 10, 2026 4:00 PM	Deadline for Inquiries
February 17, 2026	Anticipated Release of Official Answers to Inquiries
April 7, 2026 4:00 PM	Proposals Due
April 21, 2026	Proposal Review Committee begins
June 2, 2026	Anticipated Selection of Contractor
August 3, 2026	Anticipated Date of Program(s) Opening

8. **Letter of Intent.** Any proposer intending to respond to this RFP must submit a Letter of Intent (LOI), a Non-Disclosure Form and a Proposer's Authorized Representative Form to the Official Agency Contact e-mail not later than **9:30 am on January 23, 2026**. Early submissions are encouraged. The LOI must clearly identify the sender, including name, postal address, telephone number, fax number, and e-mail address. The Non-Disclosure Form (**Form 2**) is included in this RFP. The LOI is non-binding in that the proposer is not required to submit a proposal. It is the sender's responsibility to confirm the Department's receipt of the LOI. The purpose of the LOI is to enable the agency to send interested proposers to the Proposer's Conference and receive any new information concerning this RFP. Interested proposers may submit a LOI to the designated DDS staff prior to the start of the Proposer's Conference. Failure to submit the required LOI in accordance with the requirements set forth herein will result in disqualification from further consideration. The Department will communicate only with the authorized official signing the Non-Disclosure Form on behalf of the organization or the Authorized Representatives.

9. **Inquiry Procedures.** All questions regarding this RFP must be directed, in writing via email, to the Official Agency Contact by **4:00 p.m. on February 10, 2026**. The early submission of questions is encouraged. Questions will not be accepted or answered verbally – neither in person nor over the telephone. All questions received before the deadline will be answered. However, the Department will not answer questions when the source is unknown (i.e., nuisance or anonymous questions). Questions deemed unrelated to the RFP, or the procurement process, will not be answered. At its discretion, the Department may or may not respond to questions received after the deadline. The Department reserves the right to answer questions only from those who have submitted such a Letter of Intent. The Department may combine similar questions and give only one

answer. All questions and answers that the Department considers to be HIPAA protected will be sent out separately through a secured email to proposers that have submitted an LOI. All other questions and answers will be compiled into a written amendment to this RFP. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the amendment and duly noted as such. A formal amendment to this RFP is anticipated to be issued not later than **February 17, 2026**, to provide answers to questions. The amendment will be posted on the State Contracting Portal at [https://portal.ct.gov/das/ctsource/bidboard?language=en\\_US](https://portal.ct.gov/das/ctsource/bidboard?language=en_US) (CTSource). Proposers may also visit [https://portal.ct.gov/dds/searchable-archive/rfps/general/rfp?language=en\\_US](https://portal.ct.gov/dds/searchable-archive/rfps/general/rfp?language=en_US) to view the amendment. A notice of amendment will also be sent to interested proposers who submit a letter of intent prior to the Proposer's Conference.

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

Date: **January 23, 2026**

Time: **10:00 a.m.**

Location: To be held virtually. Details to be provided to all proposers who submit a letter of intent, a Non-Disclosure Form and a Proposer's Authorized Representative by the deadline of **1/23/26 at 9:30 am.**

For advance registration, please contact the Official Agency Contact. **ATTENDANCE IS REQUIRED.** Proposers that have failed to submit an LOI, the Non-Disclosure Form, and the Proposer's Authorized Representative's Form by **January 23, 2026**, in accordance with the requirements set forth herein or attend the Proposer's Conference shall result in disqualification from further consideration and will not be allowed admission to the Proposer's Conference. *Prospective proposers are asked to bring a copy of the RFP to the conference.* Attendees will be given information regarding the specific purpose of this program. The Department is seeking proposals from providers who have experience working with children and young adults (ages 8-20) who have an intellectual disability and behavioral health needs, to develop and operate a Children's Community Clinical Response program. The Children's Community Clinical Response program is intended to increase the involvement of community supports (both access to in-home providers and developing person-centered programs) that will best meet the needs of the individual, where individuals are treated with respect and dignity and are afforded the appropriate supports to facilitate stability and the ability to remain in the family home. Proposers will be allowed to ask oral questions at the conference that Department representatives may answer verbally. Oral answers given at the conference are tentative and not binding on the Department. All questions asked at the conference will be compiled and issued as a written amendment to the RFP. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the amendment and duly noted as such. The written amendment will serve as the Department's official response to questions asked at the conference. A formal amendment to this RFP is anticipated to be issued not later than **February 17, 2026**, to provide answers to questions. **Any information specific to individuals that is deemed to be HIPAA protected will not be included in the amendment.**

The amendment will be posted on the State Contracting Portal at [https://portal.ct.gov/das/ctsource/bidboard?language=en\\_US](https://portal.ct.gov/das/ctsource/bidboard?language=en_US) (CTSource). Proposers may also access the RFP link on the State of Connecticut DDS web site at [https://portal.ct.gov/dds/searchable-archive/rfps/general/rfp?language=en\\_US](https://portal.ct.gov/dds/searchable-archive/rfps/general/rfp?language=en_US) to view the

amendment. A notice of amendment will also be sent to interested proposers who submit a letter of intent prior to the Proposer's Conference.

Prospective proposers must submit a LOI, the Non-Disclosure Form, and the Proposer's Authorized Representative's Form by **January 23, 2026**, and attend the conference in accordance with the requirements set forth herein.

11. **Proposals Due.** Proposal must be received no later than **4:00 p.m. on April 7, 2026**. Submitted proposals must be sent via e-mail as one consolidated file to Kyle.Fishbein@ct.gov. Late submissions will not be accepted. Proposals received after the due date and time may be accepted by the Department as a clerical function, but late proposals will not be evaluated. At the discretion of the Department, late proposals may be destroyed or retained for pick up by the submitters.

Proposals are to be submitted to:

Name: Kyle Fishbein  
Address: DDS, Central Office, 460 Capitol Ave., Hartford, CT 06106  
Telephone: (860) 418-6050  
E-Mail: Kyle.Fishbein@ct.gov

Note: E-mailed proposals must be submitted as one consolidated file.

12. **Declaration of Confidential Information.** Proposers are advised that all materials associated with this procurement are subject to the terms of the Freedom of Information Act (FOIA), the Privacy Act, and all rules, regulations and interpretations resulting from them. If a proposer deems that certain information required by this RFP is confidential, the proposer must label such information as CONFIDENTIAL. In Section C of the proposal submission, the proposer must reference where the information labeled CONFIDENTIAL is located in the proposal. *EXAMPLE: Section G.1.a.* For each subsection so referenced, the proposer must provide a convincing explanation and rationale sufficient to justify an exemption of the information from release under the FOIA. The explanation and rationale must be stated in terms of (a) the prospective harm to the competitive position of the proposer that would result if the identified information were to be released and (b) the reasons why the information is legally exempt from release pursuant to C.G.S. § 1-210(b).
13. **Conflict of Interest - Disclosure Statement (Form 5).** Proposers must include a disclosure statement concerning any current business relationships (within the last three (3) years) that pose a conflict of interest, as defined by C.G.S. § 1-85. A conflict of interest exists when a relationship exists between the proposer and a public official (including an elected official) or state employee that may interfere with fair competition or may be averse to the interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. A conflict of interest may, however, become a legal matter if a proposer tries to influence, or succeeds in influencing, the outcome of an official decision for their personal or corporate benefit. The Department will determine whether any disclosed conflict of interest poses a substantial advantage to the proposer over the competition, decreases the overall competitiveness of this procurement, or is not in the best

interests of the State. In the absence of any conflict of interest, a proposer must affirm such in the disclosure statement.

#### D. PROPOSAL FORMAT

1. **Required Outline.** All proposals must follow the required outline presented in Section IV – Proposal Outline. Proposals that fail to follow the required outline will be deemed non-responsive and not evaluated.
2. **Cover Sheet.** The proposer must develop a Cover Sheet that includes the information below. *Legal Name* is defined as the name of private provider organization, CT State agency, or municipality submitting the proposal. Proposer's *authorized representative* is defined as the individual who can provide additional information about the proposal or who has immediate responsibility for the proposal. *Authorized Official* is defined as the individual empowered to submit a binding offer on behalf of the proposer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto.
  - RFP Name
  - Program # of the Proposal
  - Legal Name:
  - FEIN:
  - Street Address:
  - Town/City/State/Zip:
  - Authorized representatives:
  - Title:
  - Phone Number:
  - FAX Number:
  - E-Mail Address:
  - Authorized Official:
  - Title:
  - Signature:
3. **Table of Contents.** Proposers must include a Table of Contents that lists sections and subsections with page numbers that follow the organization outline and sequence for this proposal are required. (See Section IV.)
4. **Executive Summary.** Proposals must include a high-level executive summary of the main proposal and budget summary, not exceeding 2 pages.
5. **Attachments.** Attachments other than the required Appendices or Forms identified in Section IV are not permitted and will not be evaluated. Further, the required Appendices or Forms must not be altered or used to extend, enhance, or replace any component required by this RFP. Failure to abide by these instructions will result in disqualification.
6. **General Requirements.**
  - All required forms must be submitted with the proposal as attachments.
  - Do not use material dependent on color distinctions, animated electronics, etc., in proposals.

7. **Style Requirements.** Submitted proposals must conform to the following specifications:
  - Binding Type: None specified
  - Dividers: None
  - Paper Size: 8 ½ x 11, Portrait
  - Page Limit: None specified
  - Print Style: All pages **except** Financial Statement(s) must be numbered and double-sided.
  - Font Size: None specified
  - Font Type: Times New Roman
  - Margins: 1" minimum on the top, bottom, and sides of all pages
  - Line Spacing: None specified
  
8. **Pagination.** The proposer's name must be displayed in the header of each page. All pages, including the required appendices and forms, must be numbered in the footer. The RFP and all attachments must be paginated in sequential order from beginning to end, even if some attachments have their own pagination system. (e.g. the financial audit, annual reports, etc.)

## E. EVALUATION OF PROPOSALS

1. **Evaluation Process.** It is the intent of the Department to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. When evaluating proposals, negotiating with successful proposers, and awarding contracts, the Department will conform to its written procedures for POS procurements (pursuant to C.G.S. § 4-217) and the State's Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85). Only proposals found to be responsive (that is, complying with all instructions listed herein) to this RFP will be evaluated, rated, and scored. The Screening Committee will reject a proposal if the components required by this RFP are not submitted as directed.
  
2. **Screening Committee.** The Department will designate a Screening Committee to evaluate proposals submitted in response to this RFP. The Screening Committee may be composed of individuals, families, DDS staff or other designees as deemed appropriate. The contents of all submitted proposals, including any confidential information, will be shared with the Screening Committee. The Screening Committee shall evaluate all proposals that meet the Minimum Submission Requirements and make recommendations. The Commissioner of the DDS will make the final selection. Attempts by any proposer (or representative of any proposer) to contact or influence any member of the Screening Committee may result in disqualification of the proposer.
  - **Minimum Submission Requirements.** All proposals must comply with the requirements specified in this RFP. To be eligible for evaluation, proposals must (1) be received on or before the due date and time; (2) meet the Proposal Format and conform to the style, packaging and labeling requirements; (3) follow the required Proposal Outline; (4) proposed budget must be no more than the maximum financial

amount identified and (5) be complete. Proposals that fail to follow instructions or satisfy these minimum submission requirements will not be reviewed further. The Department will reject any proposal that deviates significantly from the requirements of this RFP.

3. **Quality Reviews.** Proposals that meet the minimum submission requirements will then be reviewed for quality. The quality review includes the demonstrated commitment to individualized supports for people with disabilities, affirmative action, organizational profile, statement of work, personnel resources, and proposed cost.

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

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

5. **Meetings with Proposers.** The Screening Committee may convene meetings with proposers in order to gain a fuller understanding of their proposals. The meetings may involve demonstrations, interviews, presentations or review of sample clinical support plans. The Official Agency Contact will contact proposers to make an appointment. Any such meetings are tentatively scheduled to begin on or after **April 21, 2026**. During such meetings, proposals may not be supplemented, changed or corrected in any way. No comments about other proposers or proposals will be permitted. Any and all costs associated with such meetings will be entirely at the proposer's expense. The criteria listed below will be used to evaluate the proposal to determine the top-ranking proposers (Refer to **Section VI C**).

Support Strategies:	25%
Preferences & Relationships:	25%
Proposed Time Frames:	25%
Budget/ Cost Effectiveness:	25%

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

7. **Contractor Selection.** Upon completing its review of proposals, the Screening Committee will recommend the top-ranking proposers to the Commissioner. The final selection of a successful proposer is at the discretion of the Commissioner. Any proposer selected will be so notified and awarded an opportunity to negotiate a contract with the Department. Such negotiations may, but will not automatically, result in a contract. Pursuant to Governor M. Jodi Rell's Executive Order No. 3, any resulting contract will be posted on the State Contracting Portal. All unsuccessful proposers will be notified by e-mail or U.S. mail, at the Department's discretion, about the outcome of the evaluation and proposer selection process. It is DDS's intention to notify the successful proposer by **June 2, 2026**, and to initiate this engagement as soon as possible thereafter.
8. **Debriefing.** Within ten (10) days of receiving notification from the Department, unsuccessful proposers may contact the Official Agency Contact and request information about the evaluation and proposer selection process. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the ten (10) days. If unsuccessful proposers still have questions after receiving this information, they may contact the Official Agency Contact and request a meeting with the Department to discuss the evaluation process and their proposals. If held, the debriefing meeting will not include any comparisons of unsuccessful proposals with other proposals. The Department will schedule and hold the debriefing meeting within fifteen (15) days of the request. The Department will not change, alter, or modify the outcome of the evaluation or selection process as a result of any debriefing meeting.
9. **Appeal Process.** Proposers may appeal any aspect of the Department's competitive procurement, including the evaluation and proposer selection process. Any such appeal must be submitted to the Department head. A proposer may file an appeal at any time after the proposal due date, but not later than thirty (30) days after an agency notifies unsuccessful proposers about the outcome of the evaluation and proposer selection process. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the thirty (30) days. The filing of an appeal shall not be deemed sufficient reason for the Department to delay, suspend, cancel, or terminate the procurement process or execution of a contract. More detailed information about filing an appeal may be obtained from the Official Agency Contact.
10. **Contract Execution.** Any contract developed and executed as a result of this RFP is subject to the Department's contracting procedures, which may include approval by the Office of the Attorney General.

## II. MANDATORY PROVISIONS

This section of the RFP provides information about the State's mandatory procurement and contracting requirements, including, the standard Purchase of Service contract, proposer assurances, the terms and conditions of this RFP, the rights reserved to the State, and compliance with statutes and regulations. The Department is solely responsible for rendering decisions in matters of interpretation of all mandatory provisions.

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### A. POS STANDARD CONTRACT, PARTS I AND II

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

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

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

Note:

Included in Part II of the standard contract is the State Elections Enforcement Commission's notice (pursuant to C.G.S. § 9-612(g)(2)) advising executive branch State contractors and prospective State contractors of the ban on campaign contributions and solicitations. If a proposer is awarded an opportunity to negotiate a contract with the Department and the resulting contract has an anticipated value in a calendar year of \$50,000 or more, or a combination or series of such agreements or contracts has an anticipated value of \$100,000 or more, the proposer must inform the proposer's principals of the contents of the SEEC notice.

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

### B. ASSURANCES

*By submitting a proposal in response to this RFP, a proposer implicitly gives the following assurances:*

- 1. Collusion.** The proposer represents and warrants that the proposer did not participate in any part of the RFP development process and had no knowledge of the specific contents of the RFP prior to its issuance. The proposer further represents and warrants that no agent, representative, or employee of the State participated directly in the preparation of the proposer's proposal. The proposer also represents and warrants that the submitted proposal is in all respects fair and is made without collusion or fraud.
- 2. State Officials and Employees.** The proposer certifies that no elected or appointed official or employee of the State has or will benefit financially or materially from any contract resulting from this RFP. The Department may terminate a resulting contract if it is determined that gratuities of

any kind were either offered or received by any of the aforementioned officials or employees from the proposer, contractor, or its agents or employees.

3. **Competitors.** The proposer assures that the submitted proposal is not made in connection with any competing organization or competitor submitting a separate proposal in response to this RFP. No attempt has been made, or will be made, by the proposer to induce any other organization or competitor to submit, or not submit, a proposal for the purpose of restricting competition. The proposer further assures that the proposed costs have been arrived at independently, without consultation, communication, or agreement with any other organization or competitor for the purpose of restricting competition. Nor has the proposer knowingly disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor.
4. **Validity of Proposal.** The proposer certifies that the proposal represents a valid and binding offer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto. The proposal shall remain valid for a period of 180 days after the submission due date and may be extended beyond that time by mutual agreement. At its sole discretion, the Department may include the proposal, by reference or otherwise, into any contract with the successful proposer.
5. **Press Releases.** The proposer agrees to obtain prior written consent and approval of the Department for press releases that relate in any manner to this RFP or any resultant contract.

### C. TERMS AND CONDITIONS

*By submitting a proposal in response to this RFP, a proposer implicitly agrees to comply with the following terms and conditions:*

1. **Equal Opportunity and Affirmative Action.** The State is an Equal Opportunity and Affirmative Action employer and does not discriminate in its hiring, employment, or business practices. The State is committed to complying with the Americans with Disabilities Act of 1990 (ADA) and does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities.
2. **Preparation Expenses.** Neither the State nor the Department shall assume any liability for expenses incurred by a proposer in preparing, submitting, or clarifying any proposal submitted in response to this RFP.
3. **Exclusion of Taxes.** The Department is exempt from the payment of excise and sales taxes imposed by the federal government and the State. Proposers are liable for any other applicable taxes.
4. **Proposed Costs.** No cost submissions that are contingent upon a State action will be accepted. All proposed costs must be fixed through the entire term of the contract.
5. **Changes to Proposal.** No additions or changes to the original proposal will be allowed after submission. While changes are not permitted, the Department may request and authorize proposers to submit written clarification of their proposals, in a manner or format prescribed by the Department, and at the proposer's expense.
6. **Supplemental Information.** Supplemental information will not be considered after the deadline submission of proposals, unless specifically requested by the Department. The Department may ask a proposer to give demonstrations, interviews, oral presentations or further explanations to

clarify information contained in a proposal. Any such demonstration, interview, or oral presentation will be at a time selected and in a place provided by the Department. At its sole discretion, the Department may limit the number of proposers invited to make such a demonstration, interview, or oral presentation and may limit the number of attendees per proposer.

7. **Presentation of Supporting Evidence.** If requested by the Department, a proposer must be prepared to present evidence of experience, ability, data reporting capabilities, financial standing, or other information necessary to satisfactorily meet the requirements set forth or implied in this RFP. The Department may make onsite visits to an operational facility or facilities of a proposer to evaluate further the proposer's capability to perform the duties required by this RFP. At its discretion, the Department may also check or contact any reference provided by the proposer.
8. **RFP Is Not an Offer.** Neither this RFP nor any subsequent discussions shall give rise to any commitment on the part of the State or the Department or confer any rights on any proposer unless and until a contract is fully executed by the necessary parties. The contract document will represent the entire agreement between the proposer and the Department and will supersede all prior negotiations, representations or agreements, alleged or made, between the parties. The State shall assume no liability for costs incurred by the proposer or for payment of services under the terms of the contract until the successful proposer is notified that the contract has been accepted and approved by the Department and, if required, by the Attorney General's Office.

#### D. RIGHTS RESERVED TO THE STATE

*By submitting a proposal in response to this RFP, a proposer implicitly accepts that the following rights are reserved to the State:*

1. **Timing Sequence.** The timing and sequence of events associated with this RFP shall ultimately be determined by the Department.
2. **Amending or Canceling RFP.** The Department reserves the right to amend or cancel this RFP on any date and at any time, if the Department deems it to be necessary, appropriate, or otherwise in the best interests of the State. All amendments to this RFP will be posted on the State Contracting Portal found at [https://portal.ct.gov/das/ctsource/bidboard?language=en\\_US](https://portal.ct.gov/das/ctsource/bidboard?language=en_US) (CT Source). Proposers may also access the RFP link on the State of Connecticut DDS's web site at [https://portal.ct.gov/dds/searchable-archive/rfps/general/rfp?language=en\\_US](https://portal.ct.gov/dds/searchable-archive/rfps/general/rfp?language=en_US) to view the posted amendments. Failure to adapt a proposal in accordance with the instructions contained in the amendments may result in a proposal not being considered.
3. **No Acceptable Proposals.** In the event that no acceptable proposals are submitted in response to this RFP, the Department may reopen the procurement process, if it is determined to be in the best interests of the State.
4. **Award and Rejection of Proposals.** The Department reserves the right to award in part, to reject any and all proposals in whole or in part, for misrepresentation or if the proposal limits or modifies any of the terms, conditions, or specifications of this RFP. The Department may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. The Department reserves the right to reject the proposal of any proposer who submits a proposal after the submission date and time.
5. **Sole Property of the State.** All proposals submitted in response to this RFP are to be the sole property of the State. Any product, whether acceptable or unacceptable, developed under a contract awarded as a result of this RFP shall be the sole property of the State, unless stated

otherwise in this RFP or subsequent contract. The right to publish, distribute, or disseminate any and all information or reports, or part thereof, shall accrue to the State without recourse.

6. **Contract Negotiation.** The Department reserves the right to negotiate or contract for all or any portion of the services contained in this RFP. The Department further reserves the right to contract with one or more proposer for such services. After reviewing the scored criteria, the Department may seek Best and Final Offers (BFO) on cost from proposers. The Department may set parameters on any BFOs received.
7. **Clerical Errors in Award.** The Department reserves the right to correct inaccurate awards resulting from its clerical errors. This may include, in extreme circumstances, revoking the awarding of a contract already made to a proposer and subsequently awarding the contract to another proposer. Such action on the part of the State shall not constitute a breach of contract on the part of the State since the contract with the initial proposer is deemed to be void *ab initio* and of no effect as if no contract ever existed between the State and the proposer.
8. **Key Personnel.** When the Department is the sole funder of a purchased service, the Department reserves the right to approve any additions, deletions, or changes in key personnel, except for key personnel who have terminated employment. The Department also reserves the right to approve replacements for key personnel who have terminated employment. The Department further reserves the right to require the removal and replacement of any of the proposer's key personnel who do not perform adequately, regardless of whether they were previously approved by the Department.

## E. STATUTORY AND REGULATORY COMPLIANCE

*By submitting a proposal in response to this RFP, the proposer implicitly agrees to comply with all applicable State and federal laws and regulations, including, but not limited to, the following:*

1. **Freedom of Information, C.G.S. § 1-210(b).** The Freedom of Information Act (FOIA) generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). Proposers are generally advised not to include in their proposals any confidential information. If the proposer indicates that certain documentation, as required by this RFP, is submitted in confidence, the State will endeavor to keep said information confidential to the extent permitted by law. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The proposer has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While a proposer may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.
2. **Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive.** CT statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to ensure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.

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

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

4. **Gift and Campaign Contributions, C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8 and No. 7C, Para. 10; C.G.S. § 9-612(g)(2). (Form 7)** If a proposer is awarded an opportunity to negotiate a contract with an anticipated value of \$50,000 or more in a calendar or fiscal year, the proposer must fully disclose any gifts or lawful contributions made to campaigns of candidates for statewide public office or the General Assembly. Municipalities and CT State agencies are exempt from this requirement. The gift and campaign contributions certification is included in this RFP.

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

5. **Nondiscrimination Certification, C.G.S. §§ 4a-60(a)(1) and 4a-60a(a)(1).** If a proposer is awarded an opportunity to negotiate a contract, the proposer must provide the Department with *written representation or documentation* that certifies the proposer complies with the State's nondiscrimination agreements and warranties. A nondiscrimination certification is required for all State contracts – regardless of type, term, cost, or value. Municipalities and CT State agencies are exempt from this requirement. The nondiscrimination certification forms are available on OPM's website at [http://www.ct.gov/opm/fin/nondiscrim\\_forms](http://www.ct.gov/opm/fin/nondiscrim_forms).

IMPORTANT NOTE: The successful proposer must complete and submit the appropriate nondiscrimination certification form to the awarding Department prior to contract execution.

### III. PROGRAM INFORMATION

#### A. DEPARTMENT OVERVIEW

##### Mission Statement

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

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

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

##### DDS Services and Supports

DDS serves children and adults with an intellectual disability in a variety of settings. These include:

- Extensive in-home services
- Community Companion Home
- Individualized Home Supports
- Continuous Residential Supports
- Community Living Arrangement
- **Intermediate Care Facilities for Individuals with Intellectual Disabilities** Competitive Employment
- Individual Supported Employment
- Group Supported Employment
- Individual Enterprise or Entrepreneurship
- Business Enterprise
- Day Support Options
- Senior Supports
- Individualized Day Supports
- Blended programs
- Prevocational Supports

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

from a traditional agency or from an Agency with Choice or may select a combination of these approaches.

## **B. PROPOSAL OVERVIEW**

1. DDS is seeking proposals from providers for a Clinical Community Response (CCR) program for children (age 8 up to age 20) who have intellectual disability and behavioral health needs, who are experiencing significant disruption within the family home or returning to the family home after a hospitalization. The program will focus on establishing a positive behavioral support program within the family home, training family members on the program, modeling the program for the family, and supporting the family in setting up appropriate, on-going in-home supports.
2. The program will support up to ten individuals concurrently and is expected to work toward maintaining full capacity once fully operational.
3. The successful proposer will be required to provide supports within the family home, complete a functional behavioral assessment (FBA), develop a positive behavior support plan, train the family on implementing the plan, model program implementation, provide clinical consultation to other in-home support providers and collaborate with in-patient hospitals (as needed), and develop a transition to discharge. They will also be required to provide nursing consultation, if needed, regarding medication and medical needs.
4. Providers will need to demonstrate that they will accurately document and maintain data on the following:
  - Number of referrals
  - Region of referral
  - Length of time from referral to admission
  - Length of time from admission to discharge
  - Recidivism rate
  - Hours of family/ caregiver training support
  - Individual behavior data
  - Number of face-to-face hours (behaviorist and RN)
  - Number of indirect hours (behaviorist and RN)
5. Preference will be given to proposers that are willing and able to: 1) develop and open the program within the proposed timelines; 2) provide the required supports for the identified program in a cost-effective manner and within the maximum financial amount.
6. Proposers must have (1) experience and demonstrated success working with children and/or young adults who have behavioral health needs, who may be non-verbal or have limited verbal skills, and behavioral health needs; (2) sufficient managerial and administrative support staff to implement the proposed service; (3) sufficient resources to operate the proposed program; (4) the capacity to supervise staff in a community setting; (5) the ability to provide their staff with access to training; (6) a continuous improvement process to ensure quality services; (7) experience in linking an individual and a family to community and state funded supports, (8) experience training community providers and families in positive behavior plans to maintain stability in the family home; (9) ability to provide trauma-informed, culturally responsive, treatment and stabilization, tailored to the developmental stage and age-specific needs of the child in crisis.

7. Proposers should directly hire or have access to the following professionals:
  - Behaviorist
  - Registered Nurse
  
8. Proposers must develop a work plan to address transitional and operational activities for the development and operation of this program. The CCR can be in place up to 180 days. The plan should address administrative, clinical, transition planning, and other organizational tasks. The following items should be included in the plan:
  - How the proposer will provide in-person age-appropriate crisis intervention, triage and support service planning for individuals ages 8-20.
  - What steps will be taken to complete a functional behavioral assessment (FBA) and develop a positive behavior support plan.
  - How the proposer will train the family on implementing the plan, model program implementation.
  - How the proposer will provide clinical consultation to other in-home support providers and collaborate with in-patient hospitals (as needed).
  - How the proposer will identify when nursing consultation will be included for medication and medical needs. This will include ensuring medication management is understood by the family.
  - How the proposer will develop transitions to discharge.
  - Proposed delivery of training for staff regarding health and safety, first aid, CPR, and individualized treatment approaches for individuals who have significant behavioral health concerns. Training should also include trauma informed care, behavioral intervention approaches, Abuse & Neglect recognition and prevention.
  - How medical appointments will be bridged to the family home.
  - How the proposer will connect the support between home and the school to ensure consistency for the individual.
  - Plan on how staff allotted time will be utilized per individual.
  - How the proposer will assess strengths and needs of both the child and the family.
  - How the proposer will identify community supports and services available to assist the family.
  - Develop Emergency back-up plans for behavior responses. Plans should specify interventions that will be used, describing the least to most intrusive intervention methods.
  - How the proposer will conduct weekly team meetings.
  
9. Proposers must outline how they will provide family training on the positive behavior support plan, model the program for the family, and support the family on setting up appropriate, on-going in-home supports.
  
10. The successful proposer will be notified on or around **June 2, 2026**.
  
11. The award will have a maximum amount of \$420,000 per year for two years.

## C. PROPOSAL COMPONENTS

### **Program – Children's Community Clinical Response Program ~ # 1**

**ADDRESS** TBD

**DDS REGION** Central Office

**PROGRAM DESCRIPTION:** Program will be within the family home and community.

**SUMMARY:** The maximum capacity of this program will be Ten (10) individuals concurrently for up to 180 days per individual. The specific purpose of this program is to address the needs of children with intellectual disability who are experiencing significant disruption within the family home or returning to the family home after a hospitalization. The program will focus on establishing a positive behavioral support program with-in the family home, training family members on the program, modeling the program for the family and support the family on setting up appropriate, on-going in-home supports. Extensions to this time frame need the approval of the Children's Services Division Psychologist or designee.

**SUPPORT REQUIREMENTS:** Proposers must have at least One (1) behaviorist and One (1) registered nurse.

**CLINICAL REQUIREMENT:** Clinical supports, nursing and behavioral supports, will be required. Must have a proficiency in completing child-focused risk assessments, safety plans, and documentation that meets mandated reporting requirements. Access to a bi-lingual clinician preferred.

**DATA and TECHNOLOGY REQUIREMENTS:** The provider must have E-Mail/Internet Capabilities to collect, analyze, and report behavioral data and behavior plans. The proposer is encouraged to explore efficiencies using assistive technology.

### **FINANCIAL REQUIREMENTS:**

- The maximum annual obligation based on award per provider.
- The successful proposers will receive the awarded annual amount over a 12-month period in equal and consistent payments using a rate methodology to be determined by DDS.
- There are no start-up funds for this award.

#### IV. PROPOSAL OUTLINE

*This section presents the **required** outline that must be followed when submitting a proposal in response to this RFP. Proposals must include a Table of Contents that exactly conforms to the required proposal outline (below). Proposals must include all the components listed below, in the order specified, using the prescribed lettering and numbering scheme. Incomplete proposals will not be evaluated.*

##### A. COVER SHEET

The Cover Sheet should have the following components:

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

##### B. TABLE OF CONTENTS

##### C. DECLARATION OF CONFIDENTIAL INFORMATION

If a proposer deems that certain information required by this RFP is confidential, the Proposer must label such information as CONFIDENTIAL. If applicable, the proposer must reference where the information labeled CONFIDENTIAL is located in the proposal. (EXAMPLE: Section G.1.a.)

*If this is not applicable, insert N/A for the page number.*

##### D. CONFLICT OF INTEREST - DISCLOSURE STATEMENT (Form 5)

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

##### E. EXECUTIVE SUMMARY

Proposals **must** include a high-level summary, not exceeding 2 pages of the main proposal and associated cost. The executive summary must provide a summary of the services being offered to meet the Department's needs, the proposer's approach to providing the services, and why this approach is in the best interest of the Department and the individuals the Department supports. The summary must also include the organization's eligibility and qualifications to respond to this RFP.

##### F. MAIN PROPOSAL

###### 1. Organizational Profile

- a. **Qualifications.** Provide an overview of your organization including years in operation, mission statement, and the current range of services the organization provides. Describe how your organization meets the required contractor qualifications of this RFP: (1) experience and demonstrated success working with the target population; (2) Board of Directors composition and role in management and oversight; (3) sufficient managerial and administrative support to implement the programmatic services required by this RFP in the proposed service area including the ability to meet data submission requirements; (4) sufficient clinical resources to operate the proposed program(s); (5) the ability to supervise staff in community settings; (6) the capacity to provide staff with professional development or training opportunities; and (7) a continuous improvement process to ensure quality services; (8) a copy of the Internal Revenue Service letter that verifies the provider is a 501(3) private non-profit organization (**Attachment C**).
- b. **Summary of Relevant Experience.** Provide a list of projects that your organization has completed within the last Three (3) years in the subject area with emphasis on activities relevant and related to the proposed project.
- c. **Organization Chart.** Provide a diagram showing the hierarchical structure of functions and positions within your organization (**Attachment D**). Indicate on the diagram where the following functions related to this project will be located: supervision of the Program Manager, contract management, staff development, program development, continuous quality improvement and administrative support.
- d. **Executive Management Personnel.** Provide the names and job titles of the administrator of the organization and the Executive Management Team. Provide a copy of each individual's resume (**Attachment E**).
- e. **Proposer Performance Reviews.** Provide documentation to demonstrate that the proposer has provided quality programs and services to individuals with an intellectual disability over the past few years (**Attachment F**). Include Four (4) consumer satisfaction surveys, and if available, the two most recent Quality Service Reviews performed by DDS or a similar review completed by another state agency, the most recent CARF Accreditation (if applicable), and the four (4) most recent CT Licensing inspection reports or similar out of state reports. **Any such documentation should be redacted of HIPAA protected information for individuals not associated with the facility or program for which the agency proposal is submitted.**
- f. **Service Area.** Provide a rationale explaining why your organization is well suited to provide services in the proposed area.
- g. **Financial Condition.** Include the most recent annual financial statements prepared by an independent Certified Public Accountant and reviewed or audited in accordance with Generally Accepted Accounting Principles (USA) (**Attachment G**). If a proposer has been in business for less than two years, such proposer must include any financial statements prepared by a Certified Public Accountant and reviewed or audited in accordance with Generally

Accepted Accounting Principles (US) for the entire existence of such firm or corporation.

- h. **References.** Include Three (3) letters of reference from individuals and/or family members the agency have recently provided supports and services (**Attachment H**). For the purpose of this RFP, "individual" is defined as an individual with an intellectual disability who has been supported by or otherwise benefited from the proposer's services. Provide the following information for each reference: Name, title, address, and telephone number where the person can be reached during daytime hours.

## G. SCOPE OF SERVICES

2. **Proposed Services.** Provide a description of the proposed services to be provided.  
At a minimum, the description should identify the proposed programmatic support, any identified individual specific needs to be provided, staffing, administrative oversight, clinical behavioral supports, nursing oversight, use of community resources and examples of data collection the proposer will provide. Include a description of discharge services upon discharge.
3. **Support Strategies.** Describe how the proposed program will meet the health and safety, behavioral, habilitative, and the overall quality of life needs of the people to be served. Detail any specialized services and supports for one or more of the people to be served, which may include medical, nursing and behavioral services, unique staff skills, language and cultural needs, etc. Describe how the organization will incorporate the utilization of community services for on-going support needs.
4. **Personal Preferences and Relationships.** Describe and provide specific examples of how the organization will address the personal preferences and relationships of the people to be served. Detail how the organization will recognize and value the person-centered planning process and the preferences of the individual to determine the focus of services. Detail how the organization will assist individuals and their families and friends to maintain important relationships. This might include providing transportation for family visits, inviting family and friends into the normal routine of the program, strengthening involvement in planning activities, etc.
5. **Transition planning for continuing community services.** The successful proposer will have to demonstrate how they will facilitate timely admissions and discharges.

## H. STAFFING PLAN

1. **Staff Plan.** Submit a staffing plan that discusses how and when your organization will hire staff and orient them to your organization, the program, the community, and their roles and responsibilities.

2. **Recruitment and Retention.** Describe the direct support staff turnover rate, staff recruitment and retention strategies for the agency.
3. **Staffing Schedule.** Minimum staffing requirements must be provided by proposers. Provide a staff schedule for the program. Proposer will specify how the Ten (10) hours of nursing and 20 hours of the behaviorist are spread out among Ten (10) individuals at a time. Include what days and hours they will be working.
4. **Organization Chart for the Program.** Provide an organization chart showing anticipated lines of authority (reporting relationships) of the program staff (**Attachment J**).
5. **Key Personnel.** Provide the name and job title of the individual within your organization who will supervise the Program Manager. Provide a copy of this individual's resume, as well as the Program Manager's and Clinical Supervisor's (**Attachment K**). On the organization chart required in Section 3, indicate this individual's location within your organization.

#### I. DATA AND TECHNOLOGY

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

#### J. SUBCONTRACTORS

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

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

#### K. WORK PLAN

1. Include a statement that your organization "has read and understands DDS's quality service requirements for these services and agrees to implement these services in accordance with DDS's policies and procedures."
2. **Work Plan.** Develop a work plan **from the date of award through the first year of operation**, describing **what steps** (activities, actions, tasks) your organization will take to implement DDS's requirements for these services within the proposed service area. This plan must include projected dates for acquiring a behaviorist and a registered nurse (if applicable), establishing admission process for individuals/families, crisis triage, intervention, and planning, development of behavioral support plans or other safety guidelines, consultation

services, training/orientation of staff and family, discharge planning with services in place, etc.

3. **Methods.** Describe **how** your organization will accomplish each step of the work plan, providing a detailed explanation of the procedures or processes that will be used to attain the expected outcomes.
4. **Timetable.** Include a proposed timetable indicating **when** each step of your organization's proposed work plan will be accomplished. Identify any significant milestones or deadlines.

## L. COST PROPOSAL

### 1. Financial Profile

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

### 2. Budget and Budget Narrative

- a. Include a separate budget on the attached Budget Summary Sheet (**Form 4**).
- b. Include a budget narrative to detail operating and administrative expenses. The budget narrative should include the wage rate structure for direct support staff and supervisors including the starting wage. The budget narrative should provide the background descriptive information for each of the budget lines in the Budget Summary Form.

NOTE 1: All proposed costs are subject to the standards developed by the State's Office of Policy and Management for the purchase of service (POS). The cost standards must be incorporated into the provisions of all new State awards effective on or after January 1, 2007. Be advised that your organization's cost proposal is subject to revision prior to award in order to ensure compliance with the cost standards. For more information, go to <https://portal.ct.gov/opm/fin-pos/standards/pos-cost-standards>, then click on "Purchase of Service (POS) Cost Standards."

## M. APPENDICES

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

**Attachment A** - Proposer's Authorized Representatives (**Form 1**)

**Attachment B** - Agency Agreement and Assurance Form (**Form 3**)

**Attachment C** - Copy of the Internal Revenue Service letter that verifies the provider is a 501(3) private non-profit organization (**no form provided**)

**Attachment D** - Organization Chart (**no form provided**)

**Attachment E** - Executive Management Resumes. Provide a copy of the resume for the administrator of the organization and the Executive Management Team (**no form provided**).

- Attachment F** - Proposer Performance Reviews (*no form provided*)  
**Attachment G** - The most recent annual financial statements prepared by an independent Certified Public Accountant and reviewed or audited in accordance with Generally Accepted Accounting Principles (USA). If a proposer has been in business for less than two years, such proposer must include any financial statements prepared by a Certified Public Accountant and reviewed or audited in accordance with Generally Accepted Accounting Principles (US) for the entire existence of such firm or corporation. (*no form provided*)  
**Attachment H** - Letters of Reference (3 total) (*no form provided*)  
**Attachment I** - Visual Staffing Schedule (*no form provided*)  
**Attachment J** - Program Organization Chart (*no form provided*)  
**Attachment K** - Key Program Personnel Resumes (*no form provided*)  
**Attachment L** - Consulting Agreement Affidavit (OPM Ethics Form 5) (**Form 6**)  
**Attachment M** - Gift and Campaign Contributions Certification (OPM Ethics Form 1) (**Form 7**)

## V. FORMS

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

- Form 1** - Proposer's Authorized Representatives  
**Form 2** - Non-Disclosure Form  
**Form 3** – Agency Agreement and Assurances Form  
**Form 4** – Budget Summary Form  
**Form 5** – Conflict of Interest Form  
**Form 6** – Consulting Agreement Affidavit  
**Form 7** – Gift and Campaign Contributions Certification

**STATE OF CONNECTICUT  
 DEPARTMENT OF DEVELOPMENTAL SERVICES**

**A. PROPOSERS AUTHORIZED REPRESENTATIVE FORM**

Applicant Agency: \_\_\_\_\_  
 Legal Name

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

**Authorized Representative:**

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

**Alternate:**

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

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

\_\_\_\_\_  
 Signature of Authorizing Official  
 \_\_\_\_\_  
 Typed Name and Title

\_\_\_\_\_  
 Date



# State of Connecticut Department of Developmental Services



Ned Lamont  
Governor

Jordan Scheff  
Commissioner

Elisa Velardo  
Deputy Commissioner

## **B. NON-DISCLOSURE FORM** HIPAA and Privacy Rights Acknowledgement and Agreement

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

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

\_\_\_\_\_  
Executive Director/Authorized Agent

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

**Department of Developmental Services (DDS)**  
**C. AGREEMENTS AND ASSURANCES**

The undersigned proposer affirms and declares that:

**1. General**

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

**2. DDS Policies and Procedures**

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

---

Legal Name of Organization

---

Authorized Signatory Date

### D. BUDGET SUMMARY

Proposal Submitted by: \_\_\_\_\_

Budget for: \_\_\_\_\_

<b>Administrative and General Expenses</b>	<b>Salary &amp; Wages</b>	<b>Amount</b>	<b>FTE</b>
	Administration		
	Business		
	Secretarial/Clerical		
	Other (Specify)		
	<b>Total Salary &amp; Wages</b>		\$0.00
	<b>Non-Salary</b>	<b>Amount</b>	<b>FTE</b>
	Accounting & Auditing		
	Office Supplies (including postage)		
	Occupancy Costs (utilities, telephone, repairs, rent, taxes)		
	Insurance		
	Employee Mileage		
	Lease Equipment & Maintenance		
Other (Specify)			
<b>Total Non-Salary</b>		\$0.00	
<b>Total Administrative and General Expenses</b>		\$0.00	
<b>Program Expenses</b>	<b>Salaries &amp; Wages</b>	<b>Amount</b>	<b>FTE</b>
	Supervisor		
	Manager		
	Clinical Staff		
	Behaviorist		
	Registered Nurse		
	Per Diem/Substitute Staff		
	Other (Specify)		
<b>Total Salaries &amp; Wages</b>		\$0.00	

**Program Expenses  
(continued)**

<b>Employee Benefits</b>	<b>Amount</b>	<b>FTE</b>
Social Security (FICA)		
Unemployment		
Workers Compensation		
Insurance (Health, Dental, Disability, Life)		
Retirement		
Other (Specify)		
<b>Total Employee Benefits</b>		\$0.00
<b>Non-Salary Contract Personnel</b>	<b>Amount</b>	<b>FTE</b>
Occupational Therapy		
Physical therapy		
Registered Nurse		
Speech		
Psychiatry		
Psychology		
Other (Specify)		
<b>Total Non-Salary Contract Personnel</b>		\$0.00
<b>Supplies and Services</b>	<b>Amount</b>	<b>FTE</b>
General Supplies & Services		
Employee Training, Fees and Supplies		
Client Med. & Education & Recreation		
<b>Total Supplies and Services</b>		\$0.00
<b>Transportation</b>	<b>Amount</b>	<b>FTE</b>
Transportation (excluding Vehicle Interest)		
Vehicle Interest		
<b>Total Transportation</b>		\$0.00
<b>Total Program Expenses</b>		<b>Amount</b> \$0.00
<b>Total Administrative and Program Cost</b>		<b>Amount</b> \$0.00

**E. CONFLICT OF INTEREST**

**\*\*This form must be printed on your company letterhead\*\***

I, \_\_\_\_\_  
(Name, Title)

\_\_\_\_\_  
(Organization)

\_\_\_\_\_  
(Address)

certifies that this business entity

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

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

\_\_\_\_\_  
Legal Signature

\_\_\_\_\_  
Date

**If you circled "does" above, please explain:**

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

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



**STATE OF CONNECTICUT**  
**G. GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION**

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

**INSTRUCTIONS:**

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

**CHECK ONE:**  Initial Certification  12 Month Anniversary Update (Multi-year contracts only.)  
 Updated Certification because of change of information contained in the most recently filed certification or twelve-month anniversary update.

**GIFT CERTIFICATION:**

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

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

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

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

**FORM 7**

**CAMPAIGN CONTRIBUTION CERTIFICATION:**

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

**Lawful Campaign Contributions to Candidates for Statewide Public Office:**

<u>Contribution Date</u>	<u>Name of Contributor</u>	<u>Recipient</u>	<u>Value</u>	<u>Description</u>

**Lawful Campaign Contributions to Candidates for the General Assembly:**

<u>Contribution Date</u>	<u>Name of Contributor</u>	<u>Recipient</u>	<u>Value</u>	<u>Description</u>

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

\_\_\_\_\_  
**Printed Contractor Name**

\_\_\_\_\_  
**Printed Name of Authorized Official**

\_\_\_\_\_  
**Signature or Authorized Official**

Subscribed and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
**Commissioner of the Superior Court (or Notary Public)**

\_\_\_\_\_  
**My Commission Expires**

**VI. MISCELLANEOUS INFORMATION**  
**A. MINIMUM SUBMISSION REQUIREMENTS**

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

Yes	No	Requirement
		<b>Provider Qualification:</b>
		- Not on Enhanced Contract Monitoring
		- Organization has 2 yrs administering clinical behavioral supports to children with ID
		- Clinical staff has 2 yrs providing positive behavioral supports to individuals with ID
		- 1 staff is a registered nurse (RN)

Yes	No	Requirement
		Proposal received before deadline (4pm April 7, 2026) no fax
		If hand delivered or mailed, Proposal meets packaging and labeling requirements:
		- submitted in sealed package
		- addressed to official agency contact
		- name & address of proposer appears on package ( <b>upper left corner</b> )
		- <b>title of RFP lower left corner</b>
		- includes signed original ( <b>labeled as original</b> )
		If emailed, Proposal meets file requirements:
		- Proposal, including attachments, submitted as one document
		Proposal follows the required format:
		- page size ( <b>8 ½ X 11 / portrait</b> ), font size, font type ( <b>Times New Roman</b> ), margins ( <b>1" all sides</b> ) & pagination ( <b>all pages numbered and double sided</b> )
		- no material dependent on color distinctions or animations
		- no notebooks or binders
		- no prohibited attachments ( <b>required Attachments A-M</b> )
		- Proposal is complete ( <b>includes all nine sections</b> )
		Proposal includes required Outline documentation:
		- Cover Sheet
		- Table of Contents
		- Declaration of Confidential Information
		- Conflict of Interest Disclosure Statement <b>Signed and either does/does not is circled</b>
		- Executive Summary
		Main proposal includes required Sections:
		- Organizational profile
		- Scope of Services
		- Staffing Plan

		- Data and Technology
		- Subcontractors
<b>Yes</b>	<b>No</b>	<b>Requirement</b>
		- Work Plan
		- Cost Proposal - A. Budget Summary Form - B. Budget Narrative
		- Proposed budget must be no more than the maximum financial amount identified for each grouping
		- Proposer's Authorized Representatives (Attachment A)- <b>signed</b>
		- Agreements and Assurances Form (Attachment B) - <b>signed</b>
		- Copy of the Internal Revenue Service letter that verifies the provider is a 501(3) private non-profit organization (Attachment C)
		- Organization Chart (Attachment D)
		- Executive Management Resumes (Attachment E) – - A. Administrator of the organization - B. Executive Management Team
		- Proposer Performance Reviews (Attachment F) – - 4 Consumer Satisfaction Surveys, - 2 QSR, Carf Accreditation, Licensing Reports
		- 2 Financial Statements (Attachment G) - 2 most recent <b>or</b> if <2yrs operation then CPA statements reviewed or audited
		- 3 Letters of Reference (Attachment H)
		- Staffing Schedule (Attachment I)
		- Program Organization Chart (Attachment J)
		- Key Personnel Resumes (Attachment K)
		- Consulting Agreement Affidavit (Attachment L)
		- Gift and Campaign Contributions Certification (Attachment M)
		- Multiple Submission Proposal (Attachment N) - <b>If applicable</b>

**B. QUALIFYING PROPOSAL EVALUATION CHECKLIST**

Agency \_\_\_\_\_ Date of Review \_\_\_\_\_

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

**A. Organization**

- |  | <b>Rating</b>            |
|--|--------------------------|
| 1. Mission statement and philosophy              | <input type="checkbox"/> |
| 2. Organization resources to accomplish proposal | <input type="checkbox"/> |
| 3. Board of Directors                            | <input type="checkbox"/> |

**Total** (Average X Weight = Score A)

Divided BY  =  X  =

**B. Previous Agency Performance**

- |  | <b>Rating</b>            |
|--|--------------------------|
| 1. Past performance reviews- programmatic and legal  | <input type="checkbox"/> |
| 2. Past performance reviews- consumer satisfaction   | <input type="checkbox"/> |
| 3. Past performance reviews- fiscal  | <input type="checkbox"/> |
| 4. Past performance reviews- housing/project Development                                     | <input type="checkbox"/> |
| 5. Past performance reviews- evidence of efficient and effective financial management system | <input type="checkbox"/> |

**Total** (Average X Weight = Score B)

Divided BY  =  X  =

*Continue on next page*

### Qualifying Proposal Evaluation Checklist

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

#### C. Support Strategies

- |  | Rating                   |
|--|--------------------------|
| 1. Individual supports and services          | <input type="checkbox"/> |
| 2. Adherence to RFP                          | <input type="checkbox"/> |
| 3. Community Resources and Personal Networks | <input type="checkbox"/> |
| 4. Legal Requirements                        | <input type="checkbox"/> |

**Total** (Average X Weight = Score C)  
 Divided BY 4 =  X .15 =

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#### D. Personal Preferences and Relationships

- |                         | Rating                   |
|-------------------------|--------------------------|
| 1. Personal Preferences | <input type="checkbox"/> |
| 2. Relationships        | <input type="checkbox"/> |

**Total** (Average X Weight = Score D)  
 Divided BY 2 =  X .15 =

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#### E. Proposed Work Plan and Time Frame

**Rating** (Rating X Weight = Score E)  
 X .10 =

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#### F. Support staff/Staffing Patterns

**Rating** (Rating X Weight = Score F)  
 X .15 =

Continue on next page

### Qualifying Proposal Evaluation Checklist

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

- |                                      |                          |
|--------------------------------------|--------------------------|
| <b>G. Budget/Cost Effectiveness</b>  | <b>Rating</b>            |
| 1. Relationship to Available Funding | <input type="checkbox"/> |
| 2. Compare Budget to Other Proposals | <input type="checkbox"/> |
| 3. Indirect Costs                    | <input type="checkbox"/> |
| 4. Feasibility of Proposal           | <input type="checkbox"/> |

(Average X Weight = Score G)

<input type="checkbox"/>	Divided BY	<input type="checkbox"/>	=	<input type="checkbox"/>	X	<input type="checkbox"/>	=	<input style="border: 2px solid black;" type="checkbox"/>
		4				.15		

---

SCORES	A	B	C	D	E	F	G	Total Score
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	= <input style="border: 2px solid black;" type="checkbox"/>

Total Score		Final Score
<input style="border: 2px solid black;" type="checkbox"/>	X	<input type="checkbox"/>
		20
	=	<input style="border: 2px solid black;" type="checkbox"/>

---

Comments:

Reviewer Initials:

### C. INTERVIEW EVALUATION CHECKLIST

Agency \_\_\_\_\_ Date of Review \_\_\_\_\_

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

#### A. Support Strategies

- |  | Rating                   |
|--|--------------------------|
| 1. Individual supports and services          | <input type="checkbox"/> |
| 2. Adherence to RFP                          | <input type="checkbox"/> |
| 3. Community Resources and Personal Networks | <input type="checkbox"/> |
| 4. Legal Requirements                        | <input type="checkbox"/> |

(Average X Weight = Score A)

**Total**  Divided BY  4 =  X  .25 =

#### B. Personal Preferences and Relationships

- |                         | Rating                   |
|-------------------------|--------------------------|
| 1. Personal Preferences | <input type="checkbox"/> |
| 2. Relationships        | <input type="checkbox"/> |

(Average X Weight = Score B)

**Total**  Divided BY  2 =  X  .25 =

#### C. Support staff/Staffing Patterns

(Rating X Weight = Score C)

**Rating**  X  .25 =

*Continue on next page*

### Interview Evaluation Checklist

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**D. Budget/Cost Effectiveness**

5. Relationship to Available Funding

**Rating**

6. Compare Budget to Other Proposals

7. Indirect Costs

8. Feasibility of Proposal

**Total** (Average X Weight = Score D)

Divided BY  4 =  X  .25 =

---

SCORES      A      B      C      D      =      Total Score

+  +  +  =

Total Score      Final Score

X  20 =

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Comments:

Reviewer Initials:



organizations, etc.), seeking competitive jobs in the real workplace, etc.

Where possible review the history of the agency to identify actual and historical practices, which may support their stated philosophy and proposed actions (i.e., do they "practice what they preach").

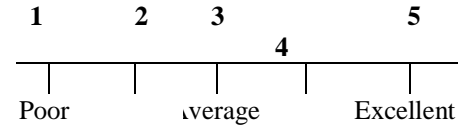
**2. Organizational Resources:** Review the relative strengths and weaknesses of the organization based on any identified areas of demonstrated expertise. (e.g., strong history of supporting people with severe challenging behaviors or significant medical needs, etc.).

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

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

**Rating Scale Guidelines**

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



**(1) POOR:**

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

**(2)**

**(3) AVERAGE:**

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

**(4)**

**5) EXCELLENT:**

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

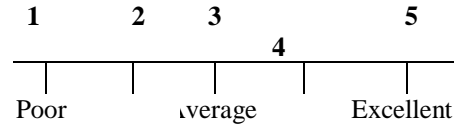


and or day program facilities. Evaluate the timeliness of acquisition, quality of housing, general upkeep and maintenance of facilities and ability to operate housing within budget or established reimbursement rates.

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

**Rating Scale Guidelines**

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



**(1) POOR:**

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

**(2)**

**(3) AVERAGE:**

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

**(4)**

**5) EXCELLENT:**

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



## SECTION D: Personal Preferences and Relationships

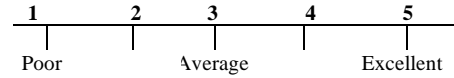
Evaluate the proposal in terms of strategies, which encourage and facilitate the inclusion of personal preferences and relationships as a mechanism for meeting individual needs.

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

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

### **Rating Scale Guidelines**

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



**(1) POOR:**

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

**(2)**

**(3) AVERAGE:**

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

**(4)**

**(5) EXCELLENT:**

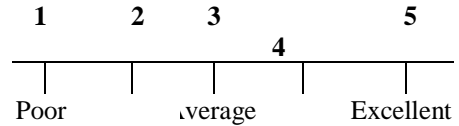
The proposal places a special emphasis on valuing and including personal preferences as means of shaping the services and supports. Unique or exceptionally powerful strategies are identified to develop and strengthen personal relationships for the people to be served.

## SECTION E: Proposed Work Plan and Time Frames

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

### Rating Scale Guidelines

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



#### **(1) POOR:**

The proposal does not address a majority of the transitional and operational activities and is not able to meet the identified time-frame for the project start-up. Financing is uncertain. There is no evidence of a feasible plan to start the program within a reasonable period of time if problem in development occur.

#### **(2)**

#### **(3) AVERAGE:**

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

#### **(4)**

#### **(5) EXCELLENT:**

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

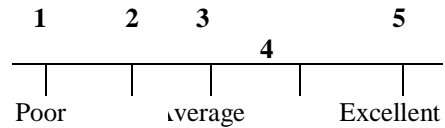
## SECTION F: Support/Staffing Patterns

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

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

### **RATING SCALE GUIDELINES**

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



**(1) POOR:**

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

(2)

**(3) AVERAGE:**

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

(4)

**(5) EXCELLENT:**

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

