



**Request for Applications 16-001**

**HIGH RISK INFANT FOLLOW-UP QUALITY OF CARE INITIATIVE**

Department of Health Care Services  
Systems of Care Division  
California Children's Services Program  
MS Code 8100  
1515 K Street, Suite 400  
P. O. Box 997413  
Sacramento, CA 95899-4713

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## **A. Introduction and Background**

### **1. Introduction**

The California (CA) Department of Health Care Services (DHCS), California Children's Services (CCS) Program, administered by the Systems of Care Division (SCD), is requesting applications from select organizations to provide and participate in the maintenance of the infrastructure and implementation of the High Risk Infant Follow-up (HRIF) Quality of Care Initiative (QCI) which has been developed by the California Perinatal Quality of Care Collaborative (CPQCC). With the availability of funds, this HRIF QCI Request for Application (RFA) is a formal solicitation for applications from organizations which have the capability to perform the requirements outlined in the section entitled Scope of Work (Exhibit A).

### **2. Background**

The DHCS SCD is responsible for administering five statewide programs: 1) CCS Program; 2) Child Health and Disability Prevention (CHDP) Program, which includes the Health Care Program for Children in Foster Care (HCPFC); 3) Newborn Hearing Screening Program (NHSP); 4) Genetically Handicapped Persons Program (GHPP); and 5) Hearing Conservation Program (HCP).

The CCS Program includes the HRIF Program and the Medical Therapy Program (MTP). The CCS Program provides a full range of diagnostic and treatment services for children under twenty-one (21) years of age with CCS-eligible medical conditions. Services include hospital and physician care, laboratory and X-ray, durable medical equipment, pharmacy, home health, home infusion, multi-specialty and multidisciplinary team care, orthodontic services for severe malocclusion, physical and occupational therapy, case management services and assistance in traveling to health care services. The CCS Program is administered as a partnership between county health departments and CA's DHCS. The CCS HRIF Program started in the late 1970's to identify children who might develop CCS-eligible conditions after discharge from a CCS-approved Neonatal Intensive Care Unit (NICU). CCS Program standards require that each CCS-approved NICU ensures the follow-up of discharged high risk infants and that each NICU shall either have an organized program or a written agreement for provision of these services by another CCS-approved NICU. The HRIF programs are considered outpatient CCS Special Care Centers (SCC) and provide a limited number of core diagnostic services for infants up to three years of age. The following diagnostic services are reimbursable for CCS HRIF programs: 1) an interim comprehensive history and physical examination, including neurologic assessment; 2) a developmental assessment; 3) a family psychosocial assessment; 4) a hearing evaluation; and 5) an ophthalmologic assessment.

### **3. Mission Statement**

The mission of the CCS Program is to assure the health of California's children. The SCD provides a comprehensive system of health care for children with special health care needs (CSHCN) through diagnostic, treatment, rehabilitation, and follow-up services.

### **4. Authorizing Legislation**

The CCS Program currently provides services to approximately 182,000 children through a network of CCS-paneled (approved) specialty and subspecialty providers and SCCs. The CCS Program, as CA's Title V Program for CSHCN, is specifically mandated by Section 501 (l) (D) of Title V of the Social Security Act, to provide and promote family-centered,

community-based, coordinated care for CSHCN, and facilitate the development of community-based systems of services for such children and their families. The CA Health and Safety Code; Division 106. Personal Health Care (including Maternal, Child, and Adolescent), Part 2. Maternal, Child, and Adolescent Health, Chapter 2. Article 4. Section 123565, requires the collection and analyses of data on perinatal health systems and needs, the monitoring of results and assist in the implementing and maintaining of a high-risk infant follow-up program.

## **B. Funding Purpose and Objectives**

All CCS-approved HRIF programs are required to provide reports on HRIF-eligible clients and services provided by their program. The purpose of the HRIF QCI is to use this information to help identify quality improvement opportunities for CCS-approved NICUs and HRIF Programs in the reduction of long term morbidity. This long term goal will be accomplished by the analysis of information reported by HRIF Programs, through the linkage with existing HRIF QCI reporting elements, and CPQCC neonatal demographic and clinical outcome information.

## **C. Funding Availability**

### **1. Funding Amount**

a. A maximum funding amount of \$1,308,687 is available to fund the awards resulting from this RFA. Program funding is anticipated to be limited to the following amounts:

- 1) \$436,229 for the budget period of 07/01/16 through 06/30/17.
- 2) \$436,229 for the budget period of 07/01/17 through 06/30/18.
- 3) \$436,229 for the budget period of 07/01/18 through 06/30/19.

Subject to applicable approvals, DHCS reserves the right to initiate amendments as necessary to redistribute funds between fiscal years to meet the needs of the State.

b. Limitation Of State Liability

Payment for performance under the resulting agreement may be dependent upon the availability of future appropriations by the State Legislature or Congress for the purposes of the resulting agreement. No legal liability on the part of the State for any payment may arise under the resulting agreement until funds are made available through an annual appropriation and the Contractor is notified accordingly. If an agreement is executed before ascertaining available funding and funding does not become available, DHCS will cancel the agreement.

c. Funding Reductions In Subsequent Budget Years

If an agreement is executed and full funding does not become available for the second or a subsequent state fiscal year, DHCS will either cancel the agreement or amend it to reflect reduced funding and reduced activities. Continuation of services beyond the first state fiscal year is also subject to successful performance. Without prior DHCS authorization, Contractors may not expend funds set aside for one budget period in a subsequent budget period.

### **2. Number of Awards**

The funding program expects to fund all eligible and qualified applicants.

**D. Agreement Term**

The term of a resulting agreement is expected to be 36 months and is anticipated to be effective from 07/01/16 through 06/30/19. The agreement term may change if DHCS makes the awards earlier than expected or if DHCS cannot execute agreements in a timely manner due to unforeseen delays.

The resulting agreement will be of no force or effect until it is signed by both parties and approved by the Department of General Services (DGS), if such approval is required. The Contractor is cautioned not to commence performance until all approvals are obtained. Should performance commence before all approvals are obtained, said services may be considered to have been volunteered if all approvals are not obtained.

DHCS reserves the right to extend the term of the resulting agreement via a formal contract amendment as necessary to complete or continue services. Agreement extensions are subject to satisfactory performance, funding availability, and possibly approval by the DGS. DHCS offers no assurance that an extension will occur or that funding will be continued at the same level in future years.

**E. Eligibility Criteria****1. Eligible Applicants**

Only individual organizations may apply for funding. DHCS will not consider collaborative applications submitted by a consortium of multiple organizations.

The following entities and organizations may apply for funding:

- a. Units of local government including, but not limited to cities, counties, and other government bodies or special districts.
- b. State and/or public colleges or universities also referred to as institutions of higher education.
- c. Public and/or private nonprofit organizations classified as 501(c)(3) tax exempt under the Internal Revenue Code.

**F. Proposed Award Schedule**

Below is the tentative award schedule for this procurement. All applicants are advised of the following schedule and will be expected to adhere to the required dates and time lines.

<b>Event</b>	<b>Date</b>	<b>Time (If applicable)</b>
RFA Released	05/16/16	
Questions Due	05/31/16	4:00 p.m.
Voluntary Non-Binding Letter of Intent	06/01/16	4:00 p.m. (voluntary)
Applications Due	06/06/16	4:00 p.m.
Award Notices Released	06/13/16	
Appeals Due	06/17/16	4:00 p.m.
Decisions on Appeals	06/24/16	
Proposed Agreement Start Date	07/01/16	

## G. Applicant Questions

Immediately notify DHCS if clarification is needed regarding the services sought or questions arise about the RFA and/or its accompanying materials, instructions, or requirements. Inquiries must be put in writing and transmitted to DHCS as instructed below. At its discretion, DHCS reserves the right to contact an inquirer to seek clarification of any inquiry received.

Applicants that fail to report a known or suspected problem with the RFA and/or its accompanying materials or fail to seek clarification and/or correction of the RFA and/or its accompanying materials shall submit an application at their own risk. In addition, if an award is made, the successful applicant shall not be entitled to additional compensation for any additional work caused by such problem, including any ambiguity, conflict, discrepancy, omission, or error.

Following the question submission deadline, DHCS will summarize all general questions and issues raised and mail, email, or fax the summary and responses to all organizations that received this RFA or requested this information. In lieu of mailing, emailing, or faxing a summary of questions/responses to all RFA recipients, DHCS may opt to post a summary of general questions and responses on an internet site.

If the response to an inquiry is determined to only be of value to the inquirer, DHCS will only transmit the question and response to the organization submitting the inquiry. To the extent practical, inquiries shall remain as submitted. However, DHCS may at its discretion, consolidate and/or paraphrase similar or related inquiries.

### 1. What to Include in An Inquiry

- a. Name of inquirer, name of organization being represented, mailing address, area code and telephone number, fax number, and email address (if applicable).
- b. A description of the subject, concern, or issue in question or RFA discrepancy found.
- c. RFA section, page number or other information useful in identifying the specific problem, concern, or issue in question.
- d. Proposed remedy sought or suggested, if any.

### 2. Question Submission Deadline

Regardless of delivery method, written or faxed inquiries must be received no later than **4:00 p.m. on 05/31/16**. Errors in the RFA or its instructions may be reported up to the application submission date.

### 3. How to Submit Questions

Submit questions using one of the following methods.

<b>U.S. Mail, Hand Delivery or Overnight Express:</b>	<b>Fax:</b>
<b>Questions - RFA 16-001</b> Department of Health Care Services California Children's Services Program RFA 16-001 High Risk Infant Follow-Up Quality of Care Initiative Attention: Fátima Castañeda 1515 K Street, Suite 400, MS 8100 P.O. Box 997413 Sacramento, CA, 95814-4040	<b>Questions - RFA 16-001</b> Department of Health Care Services California Children's Services Program RFA 13-001 High Risk Infant Follow-Up Quality of Care Initiative Fátima Castañeda <b>Fax:</b> (916) 440-5307

Applicants submitting questions by fax or email are responsible for confirming the receipt of all materials transmitted to DHCS by the question deadline.

Call Fátima Castañeda at (916) 319-9481 to confirm faxed transmissions.

#### 4. Applicant Warning

- a. DHCS' internal processing of U.S. mail may add 48 hours or more to the delivery time. If questions are mailed, consider using certified or registered mail and request a receipt upon delivery.
- b. For hand deliveries, allow sufficient time to locate on street metered parking and to sign-in at the security desk. If detained at the security desk, ask security personnel to call Fátima Castañeda at (916) 319-9481 to arrange for question envelope pickup and to issue a receipt by program staff.
- c. Courier service personnel must sign-in at the security station and must obtain an access key card. Couriers will then be able to access pre-determined areas. If detained at the security desk, ask security personnel to call Fátima Castañeda at (916) 319-9481 to collect the question envelope and to issue a receipt.

#### 5. Verbal Questions

Verbal questions will not be accepted. All questions must be transmitted in written form according to above instructions.

#### H. Pre-Application Conference

No Pre-Application Conference will be held for this procurement.

#### I. Reasonable Accommodations

For individuals with disabilities, DHCS will provide assistive services such as sign-language interpretation, real-time captioning, note takers, reading or writing assistance, and RFA questions/answers, RFA Addenda, or other Administrative Notices into Braille, large print, audio cassette or compact disc (CD). To request such services or copies in an alternate format, please call the number below to arrange for reasonable accommodations.

Fátima Castañeda  
 RFA – 16-001 High Risk Infant Follow-Up Quality of Care Initiative  
 Program telephone number (916) 319-9481

(TTY) California Relay telephone number 1-800-735-2929

NOTE: The range of assistive services available may be limited if requestors cannot allow ten or more state working days prior to date the alternate format material is needed.

## J. Voluntary Non-Binding Letter of Intent

### 1. General Information

Prospective applicants are asked to voluntarily indicate either their intention to submit an application or to indicate the reason(s) for not submitting an application. Failure to submit the Voluntary Non-Binding Letter of Intent will not affect the acceptance of any application. The Voluntary Letter of Intent is not binding and prospective applicants are not required to submit an application merely because a Voluntary Letter of Intent is submitted. **Use the Voluntary Letter of Intent (Attachment 9) for this purpose.**

### 2. Submitting a Letter of Intent

Regardless of delivery method, the Voluntary Non-Binding Letter of Intent must be received by **4:00 p.m. on 06/01/16.**

Submit the Letter of Intent using one of the following methods.

<b>U.S. Mail, Hand Delivery or Overnight Express:</b>	<b>Fax:</b>
<p><b>Letter of Intent - RFA 16-001</b>            Department of Health Care Services            California Children's Services Program            RFA 16-001 High Risk Infant Follow-Up            Quality of Care Initiative            Fátima Castañeda            1515 K Street, Suite 400, MS 8100            P.O. Box 997413            Sacramento, CA 95814</p>	<p><b>Letter of Intent - RFA 16-001</b>            Department of Health Care Services            California Children's Services Program            RFA 13-001 High Risk Infant Follow-Up            Quality of Care Initiative            Fátima Castañeda  <b>Fax:</b> (916) 440-5307</p>

Applicants transmitting their Letter of Intent by fax are responsible for confirming the receipt of the materials transmitted to DHCS by the stated deadline.

Call Fátima Castañeda at (916) 319-9481 to confirm faxed transmissions.

### 3. Applicant Warning

- a. DHCS' internal processing of U.S. mail may add 48 hours or more to the delivery time. If the Letter of Intent is mailed, consider using certified or registered mail and request a receipt upon delivery.
- b. For hand deliveries, allow sufficient time to locate on street metered parking and to sign-in at the security desk. If detained at the security desk, ask security personnel to call Fátima Castañeda at (916) 319-9481 to arrange for Letter of Intent request pickup and to issue a receipt.
- c. Courier service personnel must sign-in at the security station and must obtain an access key card. Couriers will then be able to access pre-determined areas. If detained at the

security desk, ask security personnel to call Fátima Castañeda at (916) 319-9481 to have appropriate staff collect the Letter of Intent request and to issue a receipt.

#### **K. Scope of Work / Project Description**

See Exhibit A entitled, "Scope of Work" of the RFA. Exhibit A contains a detailed description of the services and work to be performed as a result of this procurement.

#### **L. Eligibility Requirements**

Failure to meet the following requirements will be grounds for DHCS to deem an applicant nonresponsive and/or ineligible for funding. Evaluators may choose not to thoroughly review or score applications that fail to meet these requirements. By submitting an application in response to this RFA, each applicant acknowledges it meets the following requirements.

1. At least three consecutive years of experience of the type(s) listed below. It is preferred that an organization's experience occurred within the past five (5) years. It is possible to attain the experience types listed below during the same time period. Applicants must have experience:
  - a. Working with a statewide health care collaborative project.
  - b. Developing and providing training for a statewide health care collaborative project.
  - c. Developing informational materials for the collaborative project members to improve health care services.
  - d. Providing various forms of technical assistance to members of the health care collaborative.
  - e. Establishing and maintaining effective working relationships with government entities, local community based organizations, and/or private nonprofit organizations.
2. Corporations must certify they are in good standing and submit evidence they are qualified to conduct business in California.
3. Non-profit organizations must certify they are eligible to claim nonprofit status.
4. Corporations must certify they have a willingness and ability to comply with the Conflict of Interest Compliance Certification as shown in **Attachment 8**.
5. Compliance with Contract Terms and Conditions in **Exhibit C**.

Applicant must be willing and able to comply with all terms and conditions outlined in the RFA section entitled "Contractual Terms and Conditions" and those appearing in the cited exhibits accompanying this RFA.

6. Darfur Contracting Act Certification

Applicants that currently have or within three (3) years prior to the bid submission date have had business activities or other operations outside of the United States must certify that the applying entity is either (A) not a scrutinized company; or (B) a scrutinized company that has been granted permission by the Department of General Services to submit a proposal in response to this solicitation. A "scrutinized" company is defined in Public Contract Code Section 10476. Detailed certification requirements appear in **Attachment 7**.

If the applicant does not currently have and has not, within three (3) years prior to the bid submission date, had any business activities or other operations outside of the United States, there is no need to complete or submit **Attachment 7**.

## **M. Application Format and Content Requirements**

### **1. General Instructions**

- a. Develop applications by following all RFA instructions and/or clarifications issued by DHCS in the form of question and answer notices, clarification notices, Administrative Bulletins, or RFA addenda.
- b. Before submitting an application, seek timely written clarification of any requirements or instructions that seem vague, unclear or that are not fully understood.
- c. In preparing an application, all narrative portions should be straightforward, detailed and precise. DHCS will determine the responsiveness of an application by its quality, not its volume, packaging or colored displays.
- d. Arrange for the timely delivery of the application package(s) to the address specified in this RFA. Do not delay until shortly before the deadline to submit the application.

### **2. Format Requirements**

- a. Submit one (1) original application, five (5) copies or sets, and one accompanying CD/Digital Video Disc (DVD).
  - 1) Write "**Original**" on the original application set. Place the accompanying CD/DVD in a protective sleeve that bears the RFA number.
  - 2) Each application set and the accompanying CD/DVD must be complete with a copy of all required attachments and documentation.
- b. Format the narrative portion of the application as follows:
  - 1) Use one-inch (1") margins at the top, bottom, and both sides.
  - 2) Use a font size of not less than 11 points.
  - 3) Print pages single-sided on white paper.
  - 4) Sequentially paginate the pages in each section. It is not necessary to paginate items in the Forms Section or Appendix Section.
- c. Bind each application set in a way that enables easy page removal. Loose leaf or three-ring binders are acceptable.
- d. All RFA attachments that require a signature must be signed in ink, preferably in a color other than black. Signatures may be omitted from the accompanying CD/DVD.
  - 1) Have a person who is authorized to bind the applicant sign each RFA attachment that requires a signature. Signature stamps are not acceptable.
  - 2) Place the originally signed attachments in the application set marked "Original".
  - 3) The RFA attachments and other documentation placed in the extra application sets may reflect photocopied signatures.

### 3. Application Content

#### a. Application Cover Page

A person authorized to bind the applicant must sign the Application Cover Page (**Attachment 1**). If the applicant is a corporation, a person authorized by the Board of Directors must sign the Application Cover Page.

If the applicant is a local government agency, a person authorized by the Board of Supervisors must sign the Application Cover Page.

#### b. Table of Contents

Properly identify each section and the contents therein. Paginate all items in each section with the exception of those items placed in the Forms Section and Appendix Section.

#### c. Abstract

The Abstract must not exceed three (3) pages in length. Evaluators may not review or evaluate excess pages.

In preparing the Abstract, do not simply restate or paraphrase information in this RFA. Describe or demonstrate, in the applicant's own words, the following information as it relates to the needs of the applying organization.

- 1) Amount of funds requested for entire agreement term.
- 2) Target audience information including:
  - a) Composition of the target audience.
  - b) Percentage of total population targeted.
  - c) Size of the target audience.
  - d) Data sources used to select the target audience (i.e., use of historical health indicators or bench marks, demographic data, or statistical data and its source).
- 3) Geographical area that this project will serve.
- 4) The consequences that will result if the application is not funded or not fully funded.
- 5) How this project will be effectively integrated into current obligations and existing workload.
- 6) How other organizations in the community may/will contribute to the project.
- 7) How the applicant intends to secure future funding to sustain the project.

#### d. Statement of Needs

Describe the results the applicant is striving to achieve through this funding opportunity, including:

- 1) The problems, obstacles, and/or issues will be addressed.

- 2) The service gaps will be met or improved.
  - 3) The social or economic conditions will be changed.
  - 4) The short or long term goals and/or objectives that will be accomplished.
  - 5) The health indicators that will be impacted and how.
  - 6) The impact this project will have on the health resources of the communities you serve.
- e. Applicant Capability section

**1) Non-profit Organizations Only - History**

Include a brief history of the applicant's organization, including:

Date of establishment. If applicable, explain any significant changes in business history (i.e., name change, ownership, partnership arrangements, etc.) or organizational structure that will assist DHCS in determining the applicant's qualifications.

**2) All Applicants – Applicant Information**

Include the following information about the applying organization:

- a) The organization's mission and goals that are relevant, closely related, or will complement the services outlined in the SOW.
- b) Briefly describe the applying organization's accomplishments that are related and/or relevant to the services outlined in the SOW.
- c) Describe relationships, such as partnerships, collaborations, or arrangements with other service providers in the community that the applying organization is engaged in to ensure effective delivery of services.

**3) All Applicants - Experience**

Describe the experience that qualifies the applying organization to undertake the services outlined in the SOW. At a minimum, demonstrate the applying organization's possession of the experience types listed below. For each experience type possessed, briefly explain the nature of applying organization's experience and time period during which the experience occurred. Applicants should focus their descriptions on the following experience types:

- a) Describe the statewide collaborative(s) that have been established and maintained.
- b) Describe which organizations are associated in these statewide collaborative(s).
- c) What type of trainings have been developed, who is the audience and purpose of such trainings related to the collaborative(s).
- d) Describe the technical assistance and activities provided for the collaborative(s).

#### 4) All Applicants – Past Projects

Briefly, describe the projects (including contract and grant awards) begun or completed in the past three years that involved services similar in nature or closely related to the SOW in this RFA.

For each project listed, include the following information:

- a) Name of agency, organization, or firm for whom services were performed.
- b) Project length or duration.
- c) Total cost or value of the project.
- d) Indicate if the account or project is “active/open” or “closed/settled”.
- e) Identify the type or nature of services the applicant performed.

#### f. Budget section

##### 1) Basic content

- a) Budget forms (**Attachment 10, 11 and 12**) for each budget period.
- b) Required cost justification and documentation described later in this section.

##### 2) General instructions

- a) All budget forms must be typewritten or completed in ink. Errors, if any, should be crossed out and corrections should be printed in ink or typewritten adjacent to the error. The person authorized to take action on behalf of the applicant should initial all corrections preferably in blue ink.
- b) When completing the budget forms, project all estimated costs to perform the services for the entire term, including applicable annual rate adjustments attributable to merit increases or cost of living adjustments, etc.

##### 3) Required Budget Detail

- a) On each budget form, provide specific cost breakdowns for the budget line items identified in this section.
- b) All unit rates/costs, if any (i.e., square footage, salary rates/ranges, hourly rates, etc.), must be multiplied out and totaled for each budget period.
- c) Please report costs using whole dollars only. Round fractional dollar amounts or cents to the nearest whole dollar amount.
- d) When completing the budget forms, like images or computerized reproductions of the budget forms included in this RFA may be used or developed. Use as many pages as are necessary to display budgeted costs for the term specified. The budget forms included in this RFA are not intended to dictate the specific costs that can be claimed for reimbursement, but are intended to show the required format for reporting proposed budget expenses.
- e) Identify the projected detailed expenses for each line item or category identified below by following the instructions herein.

#### (i) Personnel Costs

- (a) Identify each funded position title or classification.
- (b) Indicate the number of personnel in each position/classification.

- (c) Indicate the full time equivalent (FTE) or annual percentage of time/effort for each position (i.e., full time = 1.0, 1/2 time = .50, 3/4 time = .75, 1/4 time = .25, number of hours, if hourly, etc.). If applicable, identify the number of hours that make up a FTE.
- (d) Identify the monthly salary rate or range for each position/classification. Include paid leave benefits such as sick leave, vacation, annual leave, holiday pay, overtime, shift differentials, etc. in the salary rates or ranges. Remember to include anticipated merit and cost of living adjustments. When a salary range applies, budget costs at the top of range to ensure sufficient funding.
- (e) Project an annual total for each position/classification.
- (f) If applicable, enter \$0 if no personnel costs will be incurred.
- (g) Enter the grand total for salary/wage expenses.

## **(ii) Fringe Benefits**

Include fringe benefit expenses including, but not limited to, employer paid social security, worker's compensation insurance; unemployment insurance, health, dental, vision and/or life insurance; disability insurance; pension plan/retirement benefits; etc.

- (a) Display fringe benefit costs either as a percentage rate of total personnel costs or as a total cost if some positions are not benefited or the rate varies from position to position. If a percentage rate is used, identify the applicable rate.
- (b) If applicable, enter \$0 if no fringe benefit costs will be incurred.

## **(iii) Operating Expenses (also referred to as General expenses)**

Identify all direct project costs. Direct project costs may include but are not limited to the following expense items:

- (a) Facility rental (i.e., office space, storage facilities, etc.). Include the amount of square footage and the rate per square foot.
- (b) Consumable office supplies.
- (c) Miscellaneous equipment/property purchases (i.e., items with a unit cost of less than \$5,000 and a useful life of one year or more).
- (d) Telecommunications (i.e., telephone or cellular telephones, fax, Internet service provider fees, etc.).
- (e) Reproduction/printing/duplication.
- (f) Postage or messenger/delivery service costs.
- (g) Equipment/furniture rental/lease and maintenance.
- (h) Software (including license fees, upgrade/maintenance fees, etc.).
- (i) If applicable, enter \$0 if no operating expenses will be incurred.

## **(iv) Equipment Expenses**

- (a) DHCS will reimburse major equipment purchases under the resulting agreement.
- (b) DHCS primarily classifies equipment as Major Equipment and Miscellaneous Property. Major Equipment is defined as a tangible or

intangible item with a base unit cost of \$5,000 or more and a life expectancy of one year or more that is purchased or reimbursed with agreement funds. Major equipment is to be budgeted in this expense line item. Miscellaneous Property is defined as a tangible item with a base unit cost of less than \$5,000 and a life expectancy of one year or more. Miscellaneous Property is to be budgeted as an operating expense.

- (c) List each major equipment item the applicant intends to purchase with DHCS funds. Include the number of units and anticipated unit cost. Extend each unit cost to display applicable subtotals and show a total equipment cost.
- (d) Applicants may use their own purchasing system to obtain major equipment up to an annual limit of \$50,000. DHCS must arrange all equipment purchases above this limit. Unlimited purchase delegations exist for California state colleges, public universities, and other governmental entities.
- (e) If applicable, enter \$0 if no major equipment expenses will be incurred.

#### **(v) Subcontract Expenses**

- (a) Specify a total cost for all subcontracted services (including those performed by independent consultants). Subcontractors include any persons/firms performing services that are not on the applicant's payroll.
- (b) If there is an intention to use subcontractors (including independent consultants), provide the information below depending on whether subcontractors are known/pre-identified or have yet to be determined.
- (c) For **known/pre-identified** subcontractors or independent consultants, identify each subcontractor/consultant by name and include a separate expense breakdown for each of the subcontractor's costs for personnel expenses including fringe benefits, operating/general expenses, travel, subcontracts and indirect costs.
- (d) For **unknown/unidentified** subcontractors or independent consultants, list a title for each subcontracted activity/function and indicate a total projected cost for each activity/function to be outsourced.
- (e) If applicable, enter \$0 if no subcontract expenses will be incurred.

#### **(vi) Travel Expenses**

- (a) Indicate the total cost for travel and per diem. Include costs for expenses such as airfare, mileage reimbursement, parking, toll bridge fees, taxicab fares, overnight lodging and meal expenses, etc.
- (b) If applicable, enter \$0 if no travel expenses will be incurred.

#### **(vii) Other Costs**

- (a) Indicate here those direct project expenses that do not clearly fit into the other budget line items. Such costs may include, but are not limited to training/conference registration fees, publication production costs, costs for educational material development or other items unique to performance.

- (b) If any service, product or deliverable will be provided on a fixed price or lump sum basis, name the items and/or deliverable and indicate “fixed price” or “lump sum” next to the item along with the price or fee.
- (c) If applicable, enter \$0.

**(viii) Indirect Costs**

- (a) Express the indirect costs as a percentage rate.

Applicants must contain indirect costs at a rate no greater than 10 % of personnel costs. DHCS will deem an application non-responsive if an applicant offers an indirect cost rate that exceeds this limit.

- (b) If applicable, enter \$0.

**(ix) Total Costs**

Enter a total annual cost for the stated fiscal year or budget period. Make sure all itemized costs equal this figure when added together.

4) Required cost justification/documentation

Include the following narrative information to explain the reasonableness and/or necessity of the proposed budgeted costs appearing on the Budget Attachments.

g. Appendix Section

Place the following documentation in the Appendix section of the application in the order shown below.

**1) Proof Of Corporate Status**

If the applicant is a corporation, submit a copy of the applying organization’s most current Certificate of Status issued by State of California, Office of the Secretary of State or submit a downloaded copy of your applicant’s on-line status information from the California Business Portal website. Submit an explanation if this documentation cannot be submitted. Unless otherwise specified, do not submit copies of Bylaws or Articles of Incorporation

**2) Proof Of Nonprofit Status**

Nonprofit organizations must prove they are legally eligible to claim “nonprofit” and/or tax-exempt status by submitting a copy of an IRS determination letter indicating nonprofit or 501(c)(3) tax-exempt status. Submit an explanation if this documentation cannot be supplied.

h. Forms Section

Complete, sign and include the forms/attachments listed below. When completing the attachments, follow the instructions in this section and any instructions appearing on the cited attachment. After completing and signing the applicable attachments, assemble them in the order shown below. Remember to place all originals in the application package marked “Original” and photocopies in other required application sets.

Attachment and/or Documentation	Instructions
Application Cover Page (Attachment 1)	A person authorized to bind the applicant must sign this page. Refer to RFA section M entitled, "Application Format and Content Requirements."
Certification Checklist (Attachment 2)	<ol style="list-style-type: none"> <li>1) Check each item with "Yes" or "N/A", as applicable, and sign the form. If necessary, explain your responses.</li> <li>2) If an applicant marks "Yes" or "N/A" and makes any notation on the checklist and/or attaches an explanation to the checklist to clarify their choice, DHCS considers this a "qualified response". Any "qualified response", determined by DHCS to be unsatisfactory or insufficient to meet a requirement, may cause an application to be deemed nonresponsive or ineligible for funding.</li> </ol>
Business Information Sheet (Attachment 3)	Completion of the form is self-explanatory.
CCC 307 - Certification (Attachment 4)	<p>Complete and sign this form indicating a willingness and ability to comply with the contractor certification clauses appearing in this attachment. The attachment supplied in this bid represents only a portion of the contractor information in this document. Visit this web site to view the entire document:</p> <p><a href="http://www.dgs.ca.gov/Default.aspx?alias=www.dgs.ca.gov/ols">http://www.dgs.ca.gov/Default.aspx?alias=www.dgs.ca.gov/ols</a>. Completion and return of this form does not apply to California state college campuses or University of California campuses.</p>
Payee Data Record (Attachment 5)	All non-government entities must complete and return this form, <u>only</u> if they have not previously entered into a contract with DHCS. If uncertain, complete and return the form.
RFA Clause Certification (Attachment 6)	Complete and sign this form indicating a willingness and ability to comply with the certification clauses appearing in the RFA section entitled, "Federal Certification Clauses". Applicable only to awards that are fully or partially federally funded.
Darfur Contracting Act Certification (Attachment 7)	All non-government entities must complete and sign this form. If applicable, a "scrutinized" company must attach proof of possession of written permission issued by the Dept. of General Services authorizing the applicant to submit a bid or apply for a contract to provide goods or services.
Conflict of Interest Compliance Certificate (Attachment 8)	Complete and sign this form indicating a willingness and ability to comply with the Conflict of Interest Compliance Certification.

**N. Application Submission****1. Submission Instructions**

- a. Assemble an original and five (5) copies of the application together with one accompanying CD/DVD.
- b. Write “**Original**” on the original proposal set. Place the accompanying CD/DVD in a protective sleeve that bears the RFA number.
- c. Place all application copies in a single envelope or package, if possible. Seal the envelope or package.
- d. If you submit more than one envelope or package, carefully label each one as instructed below and mark on the outside of each envelope or package “1 of X”, “2 of X”, etc.
- e. Mail or arrange for hand delivery of the application to the California Department of Health Care Services, High Risk Infant Follow-Up Quality of Care Initiative. Applications may not be transmitted electronically by fax or email.
- f. The High Risk Infant Follow-Up Quality of Care Initiative must receive the application, regardless of postmark or method of delivery, by **4:00 p.m. on 06/06/16**. Late applications will not be reviewed or scored.
- g. Label and submit the application using one of the following methods.

<b>Hand Delivery or Overnight Express:</b>	<b>U.S. Mail:</b>
<b>Application - RFA 16-001</b> Attention: Fátima Castañeda Department of Health Care Services California Children’s Services Program RFA 16-001 High Risk Infant Follow-Up Quality of Care Initiative MS Code 8100 1515 K Street, Suite 400 Sacramento, CA 95814-4040	<b>Application - RFA 16-001</b> Attention: Fátima Castañeda Department of Health Care Services California Children’s Services Program RFA 16-001 High Risk Infant Follow-Up Quality of Care Initiative MS Code 8100 P.O. Box 997413 Sacramento, CA 95899-7413

**h. Applicant Warning**

- 1) DHCS’ internal processing of U.S. mail may add 48 hours or more to the delivery time. If mailing an application, consider using certified or registered mail and request a receipt upon delivery.
- 2) If choosing hand delivery, allow sufficient time to locate on street metered parking and to sign-in at the security desk. Be prepared to give security personnel this telephone number (916) 319-9481 and this DHCS personnel contact name Fátima Castañeda if detained at the security desk.

- 3) Courier service personnel must sign-in at the security station and must obtain an access key card. Couriers will then be able to access pre-determined areas. If detained at the security desk, ask security personnel to call Fátima Castañeda at this telephone number (916) 319-9481 if detained at the security desk.

## 2. Proof of Timely Receipt

- a) DHCS staff will log and attach a date/time stamped slip or receipt to each application package/envelope received. If an application envelope or package is hand delivered, DHCS staff will give a receipt to the hand carrier upon request.
- b) To be timely, DHCS' personnel must physically receive each application at the stated delivery address no later than **4:00 p.m. on 06/06/16**, the application submission due date. Neither delivery to the department's mailroom or a U.S. postmark will serve as proof of timely delivery.
- c) DHCS will deem late applications nonresponsive.

## 3. Applicant Costs

Applicants are responsible for all costs of developing and submitting an application. Such costs cannot be charged to DHCS or included in any cost element of an applicant's proposed budget.

## O. Evaluation and Selection

A multiple stage evaluation process will be used to review and/or score applications. DHCS may reject any application found to be nonresponsive at any stage of evaluation.

### 1. Stage 1 – Application Checklist review

- a. Shortly after the application submission deadline, DHCS staff will convene to review each application for timeliness, completeness and initial responsiveness to the RFA requirements. This is a pass/fail evaluation.
- b. In this review stage, DHCS will compare the contents of each Application to the claims made by the applicant on the Certification Checklist to determine if the applicant's claims appear to be accurate.
- c. If deemed necessary, DHCS may at its sole discretion, collect additional documentation (i.e., missing forms, missing data from RFA attachments, missing signatures, etc.) from an applicant to confirm the claims made on the Certification Checklist and to ensure that the application is initially responsive to the RFA requirements.
- d. If an applicant's claims on the Certification Checklist cannot be proven or substantiated, the application may be deemed nonresponsive and rejected from further consideration.

### 2. Stage 2 – Application evaluation/scoring

- a. Applications that are timely and appear to meet basic format requirements, initial competition requirements and contain the required documentation, as evidenced by passing the Stage 1 review, will be submitted to a rating committee.

Raters will individually and/or as a team review, evaluate and numerically score applications based on the application's adequacy, thoroughness, the degree to which it complies with the RFA requirements, and meets DHCS' program needs.

- b. DHCS will use the following scoring system to assign points. Following this chart is a list of considerations that raters may take into account when assigning points to an application.

<b>Points</b>	<b>Interpretation</b>	<b>General basis for point assignment</b>
<b>0</b>	<b>Inadequate</b>	Application response (i.e., content and/or explanation offered) is inadequate or does not meet DHCS' needs/requirements or expectations. The omission(s), flaw(s), or defect(s) are significant and unacceptable.
<b>1</b>	<b>Barely Adequate</b>	Application response (i.e., content and/or explanation offered) is barely adequate or barely meets DHCS' needs/requirements or expectations. The omission(s), flaw(s), or defect(s), are inconsequential and acceptable.
<b>2</b>	<b>Fully Adequate</b>	Application response (i.e., content and/or explanation offered) is fully adequate or fully meets DHCS' needs/requirements or expectations. The omission(s), flaw(s), or defect(s), if any, are inconsequential and acceptable.
<b>3</b>	<b>More than Adequate</b>	Application response (i.e., content and/or explanation offered) is more than adequate and fully meets DHCS' needs/requirements or expectations. No omission(s) or flaw(s) are apparent. The application response is not considered outstanding but is above the average quality that is expected from a qualified applicant.
<b>4</b>	<b>Excellent or Outstanding</b>	Application response (i.e., content and/or explanation offered) is well above average or exceeds DHCS' needs/requirements or expectations. Applicant offers one or more enhancing feature, method or approach that will benefit the State. Response represents the best application that can be expected of any applicant. Any present weakness is minor and unrelated to a performance requirement.

- c. In assigning points for individual rating factors, raters may consider issues including, but not limited to, the extent to which an application response:
- 1) Is lacking information, lacking depth or breadth, or lacking significant facts and/or details, and/or
  - 2) Is fully developed, comprehensive and has few if any weaknesses, defects or deficiencies, and/or
  - 3) Demonstrates that the applicant understands DHCS' needs, the services sought, and/or the contractor's responsibilities, and/or
  - 4) Illustrates the applicant's capability to perform all services and meet all scope of work requirements, and/or
  - 5) If implemented, will contribute to the achievement of DHCS' goals and objectives, and/or
  - 6) Demonstrates the applicant's capacity, capability and/or commitment to exceed regular service needs (i.e., enhanced features, approaches, or methods, creative or innovative business solutions).

d. Below are the point values and weight values for each rating category that will be scored.

1) Applications will be scored on a scale of 0 to 162 points, as follows:

<u>Rating Category</u>	<u>Points</u>	<u>X</u>	<u>Weight</u>	<u>=</u>	<u>Total</u>
Abstract	36	X	0.5	=	18
Statement of Needs	24	X	0.5	=	12
Applicant Capability	32	X	1.5	=	48
Budget	36	X	1.0	=	36
<b>Grand Total</b>					<b><u>114</u></b>

**P. Application Rating Factors**

**1. Abstract**

<b>Abstract Rating Factors</b>	<b>Points Possible</b>	<b>Points Earned</b>
To what extent did the applicant clearly express the amount of funds sought for the agreement term and describe a single or collaborative effort for this project. <a href="#">[M.3.c.(1)(2)]</a>	<b>4</b>	
To what extent did the applicant clearly describe the composition of the target audience <a href="#">[M.3.c.(3)(a)]</a> .	<b>4</b>	
To what extent did the applicant clearly identify the percentage of the population that is targeted and the size of the target audience? <a href="#">[M.3.c.(3)(b) and (c)]</a>	<b>4</b>	
To what extent did the applicant clearly identify the data sources used to select the target audience (i.e., use of historical health indicators or benchmarks, demographic data, or statistical data and its source) <a href="#">[M.3.c.(3)(d)]</a>	<b>4</b>	
To what extent did the applicant clearly identify the geographical area that this project will serve (i.e., urban, rural, industrial, remote, or underserved, physical boundaries of service area, other geographic characteristics)? <a href="#">[M.3.c.(4)]</a>	<b>4</b>	
To what extent did the applicant clearly portray the consequences that will result if its application is not funded or not fully funded? <a href="#">[M.3.c.(5)]</a>	<b>4</b>	
To what extent did the applicant clearly demonstrate that it can effectively integrate this project into its current obligations and existing workload? <a href="#">[M.3.c.(6)]</a>	<b>4</b>	
To what extent did the applicant indicate how other organizations in the community may/will contribute to the project? <a href="#">[M.3.c.(7)]</a>	<b>4</b>	
To what extent did the applicant adequately explain how it intends to sustain the future funding of this project? <a href="#">[M.3.c.(8)]</a>	<b>4</b>	
<b>Abstract Score</b>	<b>Points earned X 0.5 = _____</b>	

## 2. Statement of Needs

Statement of Needs Rating Factors	Points Possible	Points Earned
To what extent did the applicant clearly describe the problems, obstacles, and/or issues that it hopes to address if funded? <a href="#">[M.3.d.(1)]</a>	4	
To what extent did the applicant clearly describe what service gaps will be met or improved? <a href="#">[M.3.d.(2)]</a>	4	
To what extent did the applicant clearly describe what social or economic conditions will be changed? <a href="#">[M.3.d.(3)]</a>	4	
To what extent did the applicant clearly describe which short or long term goals and objectives will be accomplished? <a href="#">[M.3.d.(4)]</a>	4	
To what extent did the applicant clearly describe what health indicators will be impacted and how? <a href="#">[M.3.d.(5)]</a>	4	
To what extent did the applicant describe the impact this project, if funded, will have on the health resources of the communities served by the applicant? <a href="#">[M.3.d.(6)]</a>	4	
<b>Statement of Needs Score</b>	<b>Points earned X 0.5 = _____</b>	

## 3. Applicant Capability

Applicant Capability Rating Factors	Points Possible	Points Earned
Upon reviewing the applicants description of its mission and goals, to what extent are the applicant's mission and goals relevant, closely related, or will complement the services outlined in the SOW? <a href="#">[M.3.e.(2)(a)]</a>	4	
Upon reviewing the applicant's description of its accomplishments, to what extent are those accomplishments related to and/or relevant to the services outline in the SOW? <a href="#">[M.3.e.(2)(b)]</a>	4	
Upon reviewing the applicant's description of its relationships, such as partnerships, collaborations, or arrangements with other service providers in the community, to what extent did the applicant describe relationships that ensure effective delivery of services? <a href="#">[M.3.e.(2)(c)]</a>	4	
From the experience described in its application, to what extent does the applicant have experience in establishing and maintaining a statewide collaborative? <a href="#">[M.3.e.(3)(a)]</a>	4	
From the experience described in its application, what involvement has the applicant had with organizations associated with a statewide collaborative? <a href="#">[M.3.e.(3)(b)]</a>	4	
Upon review of the applicant's description what has been the experience with development of training materials as related to a statewide collaborative aimed at the target audience? <a href="#">[M.3.e.(3)(c)]</a>	4	
Upon review of the applicant's description, to what extent does the applicant possess experience in providing technical consultation and activities related to a statewide collaborative? <a href="#">[M.3.e.(3)(d)]</a>	4	

<b>Applicant Capability Rating Factors</b>	<b>Points Possible</b>	<b>Points Earned</b>
Based on a review of the applicant's information about its prior accounts or work projects, to what extent did the applicant demonstrate that it has performed services that were similar in nature or closely related to the RFA SOW? <a href="#">[M.3.e.(4) (a) through (e)]</a>	<b>4</b>	
<b>Applicant Capability Score</b>	<b>Points earned X 1.5 = _____</b>	

#### 4. Budget

<b>Budget Rating Factors</b>	<b>Points Possible</b>	<b>Points Earned</b>
Upon reviewing the budget forms, to what extent has the applicant proposed a good use of the funds?	<b>4</b>	
Upon reviewing the budget forms, to what extent has the applicant allocated sufficient funds to each budget line item in each budget period?	<b>4</b>	
Upon reviewing the budget forms, to what extent has the applicant allocated sufficient funds to support the major program objectives or elements?	<b>4</b>	
To what extent do the budget justifications and cost explanations supplied by the applicant appear reasonable and/or appropriate?	<b>4</b>	
Upon reviewing the proposed salary/wage rates for the proposed personnel, do the classification salary rates and FTE equivalents appear reasonable based on the assigned level of responsibility and/or comparability to civil service classifications?	<b>4</b>	
Upon reviewing the proposed salary/wage rates for the proposed personnel, do the salary rates appear comparable to those of similar civil service classifications that perform at the same level of responsibility?	<b>4</b>	
Does it appear there is an appropriate balance between the costs allocated for in-house staff versus subcontracted personnel?	<b>4</b>	
To what extent does it appear that the applicant's total operating costs are reasonable and have been kept to a minimum?	<b>4</b>	
To what extent are the proposed "Equipment" expenses reasonable (i.e., only necessary items are scheduled, the unit rates are reasonable when compared to current market prices, and the number of units are reasonable for the number of staff that will use the equipment)?	<b>4</b>	
<b>Budget Section Score</b>	<b>Points earned X 1.0 = _____</b>	

#### Q. Procurement Requirements and Information

##### 1. Nonresponsive Applications

In addition to any condition previously indicated in this RFA, the following occurrences **may** cause DHCS to deem an application nonresponsive and ineligible for funding.

a. Failure of the applicant to:

- 1) Meet application format/content or submission requirements including, but not limited to, the labeling, packaging and/or timely and proper delivery of applications.

- 2) Pass the Application Checklist review (i.e., by not marking “Yes” to applicable items or by insufficiently justifying, to DHCS’ satisfaction, all “N/A” designations).
- b. If a submitted application is materially incomplete or contains material/significant defects, alterations or irregularities of any kind.
- c. If an applicant supplies false, inaccurate or misleading information or falsely certifies compliance to any RFA requirement.
- d. If DHCS discovers, at any stage of the selection process or upon contract award, that the applicant is unwilling or unable to comply with the contractual terms, conditions and exhibits cited in this RFA or those appearing in the resulting agreement.
- e. If other irregularities occur in an application response that is not specifically addressed herein.

**2. Withdrawal and/or Resubmission of Applications**

- a. Withdrawal deadlines
  - 1) An applicant may withdraw an application at any time before the submission deadline.
- b. Submitting a withdrawal request
  - 1) Submit a written withdrawal request, signed by an authorized representative of the applicant.
  - 2) Label and submit the withdrawal request using one of the following methods below.

<b>U.S. Mail, Hand Delivery or Overnight Express:</b>	<b>Fax:</b>
<b>Withdrawal - RFA 16-001</b> Department of Health Care Services California Children’s Services Program RFA 16-001 High Risk Infant Follow-Up Quality of Care Initiative Attention: Fátima Castañeda Mail Station Code 8100 1515 K Street, Suite 400 Sacramento, CA 95814-4040	<b>Withdrawal - RFA 16-001</b> Department of Health Care Services California Children’s Services Program RFA 16-001 High Risk Infant Follow-Up Quality of Care Initiative Attention: Fátima Castañeda <b>Fax: (916) 440-5307</b>

- 3) **For faxed withdrawal requests:** Applicants must call (916) 319-9481 to confirm receipt of a faxed withdrawal request. Follow-up the faxed request by mailing or delivering the signed original withdrawal request within 48 hours after transmitting a faxed request.

An originally signed withdrawal request is generally required before DHCS will return an application to an applicant. DHCS may grant an exception if the applicant informs DHCS that a new or replacement application will immediately follow the withdrawal.

c. Resubmitting an application

After withdrawing an application, applicants may resubmit a new application according to the application submission instructions. Replacement applications must be received at the stated place of delivery by the application due date and time.

### 3. Awards and Appeals

a. Awards

- 1) Awards, if made, will be to the responsive applicant(s) deemed qualified and eligible for funding by DHCS.
- 2) DHCS shall issue award notices to all funded applicants. DHCS expects to mail, email or fax Award Notice(s) to all funded applicants before the close of business on 06/05/16.

DHCS will mail and fax a copy of the Award Notice listing to all entities that submitted an application.

- 3) DHCS will confirm all awards with each applicant selected for funding after the appeal deadline or if no appeals are received. DHCS personnel may confirm an award verbally or in writing via mail, email or fax. An appeal filed by any applicant shall not delay awards to other applicants.
- 4) Applicants not selected for funding will be notified of funding denial and supplied with an explanation or the reasons that the application was not chosen for funding.

b. Appeals

- 1) Who can appeal

Only non-funded applicants that submit a timely application that complies with the RFA instructions may file an appeal.

- 2) Grounds for appeal

Appeals are limited to the grounds that DHCS failed to correctly apply the standards for reviewing applications in accordance with this RFA.

Applicants may not appeal solely on the basis of funding level. There is no appeal process for late or substantially incomplete/nonresponsive applications.

The receipt of an appeal by one applicant shall not hinder or delay an award to another applicant.

- 3) Appeal content

The written appeal must fully identify the issue(s) in dispute, the practice that the appellant believes DHCS has improperly applied in making its award decision(s), the legal authority or other basis for the appellant's position, and the remedy sought.

## 4) Submitting an appeal

Written letters appealing DHCS' final award selections must be received no later than **4:00 p.m. on 06/17/16.**

Hand deliver, mail, or fax an appeal to the address below. Label, address, and submit a letter of appeal using one of the methods described below.

<b>U.S. Mail, Hand Delivery or Overnight Express:</b>
<b>Appeal to RFA 16-001</b> Department of Health Care Services Systems of Care Division Attention: Chief, Systems of Care Division 1515 K Street, Suite 400, MS 8100 P.O. Box number 997413 Sacramento, CA 95814-4040
<b>Fax:</b>
<b>Appeal to RFA 16-001</b> Department of Health Care Services Systems of Care Division Attention: Chief, Systems of Care Division <b>Fax:</b> (916) 440-5307

**Confirmation of Receipt of faxed appeals**

Dial the telephone number shown here to confirm receipt of the fax transmission:

Fátima Castañeda (916) 319-9481

## 5) Appeal Process

Only timely and complete appeals that comply with the instructions herein may be considered. At its sole discretion, DHCS reserves the right to collect additional facts or information to aid in the resolution of any appeal.

The Chief, Systems of Care Division, shall review each timely and complete appeal and may resolve the appeal by either considering the contents of the written appeal letter or, at his or her sole discretion, by holding an oral appeal hearing.

The decision of the hearing official shall be final and there will be no further administrative appeal.

Appellants will be notified of the decisions regarding their appeal in writing within fifteen (15) working days of receipt of the written appeal letter, if no hearing will be held.

**4. Disposition of Applications**

- a. All materials submitted in response to this RFA will become the property of the CA DHCS and, as such, are subject to the Public Records Act (PRA) (Government Code Section

6250, et seq.). DHCS will disregard any language purporting to render all or portions of any application confidential.

- b. Upon release of Award Notices, all documents submitted in response to this RFA and all documents used in the selection process (e.g., review checklists, scoring sheets, letters of intent, etc.) will be regarded as public records under the California PRA (Government Code Section 6250 et seq.) and subject to review by the public. However, application contents, applicant correspondence, selection working papers, or any other medium shall be held in the strictest confidence until the Award Notices are released/issued.

## 5. Inspecting or Obtaining Copies of Applications

- a. Who can inspect or copy application materials

Any person or member of the public can inspect or obtain copies of any application materials.

- b. What can be inspected / copied and when

- 1) After DHCS releases the RFA, any existing applicants list (i.e., list of firms to whom the RFA is sent) is considered a public record and will be available for inspection or copying.
- 2) On or after the date DHCS releases/issues Award Notices, all applications, letters of intent, application review checklists and/or scoring/evaluation sheets become public records. These records shall be available for review, inspection and copying during normal business hours.

- c. Inspecting or obtaining copies of application materials

Persons wishing to view or inspect any application or award related materials must identify the items they wish to inspect and must make an inspection appointment by contacting Fátima Castañeda at (916) 319-9481.

Persons wishing to obtain copies of application materials may visit DHCS or mail a written public record access request to the DHCS office identified below. The requestor must identify the specific items they wish to have copied by state staff. Materials will not be released from State premises for the purposes of making copies.

Unless waived by DHCS, a check covering copying and/or mailing costs must accompany the request. Copying costs, when applicable, are charged at a rate of **ten cents** per page. DHCS will fulfill all copy requests as promptly as possible. Submit copy requests as follows:

**Request for Copies - RFA 16-001**  
Department of Health Care Services  
Systems of Care Division  
Attention: Fátima Castañeda  
1515 K Street, Room 400, MS 8100  
P.O. Box 997413  
Sacramento, CA 95814-4040

## 6. Verification of Applicant Information

By submitting an application, applicants agree to authorize DHCS to verify any and all claims made by the applicant including, but not limited to verification of prior experience and the possession of other competition requirements.

## 7. DHCS Rights

In addition to the rights discussed elsewhere in this RFA, DHCS reserves the following rights.

### a. RFA clarification / correction / alteration

- 1) DHCS reserves the right to do any of the following up to the application submission deadline:
  - a) Modify any date or deadline appearing in this RFA or the RFA Time Schedule.
  - b) Issue clarification notices, addenda, alternate RFA instructions, forms, etc.
  - c) Waive any RFA requirement or instruction for all applicants if DHCS determines that a requirement or instruction was unnecessary, erroneous or unreasonable. If deemed necessary by DHCS, DHCS may also waive any RFA requirement or instruction after the application submission deadline.
  - d) Allow applicants to submit questions about any RFA change, correction, or addenda. When DHCS allows such questions, specific instructions will appear in the cover letter accompanying the document.

### b. Insufficient responsive applications / additional awards / altered awards

If in DHCS' opinion, the state's interests will be better served, DHCS reserves the right at its sole discretion to take any of the actions described below. These actions may be initiated at the onset of various events including but not limited to a determination that an insufficient number of applications are responsive, additional funding becomes available, anticipated funding decreases, geographic service coverage is insufficient, applicant funding needs exceed available funding, etc.

- 1) Offer agreement modifications or amendments to funded organizations for increased or decreased services and/or increased/decreased funding following successful negotiations;
- 2) Open an additional or consecutive application acceptance period to invite additional interested organizations to submit applications for funding;
- 3) Extend the application acceptance period beyond the date indicated in the RFA to invite additional interested organizations to submit applications for funding;
- 4) Conduct a focused RFA process to solicit additional applications;
- 5) Extend the term of any resulting agreement and alter the funding amount;
- 6) Negotiate budget alterations and/or changes to scopes of work or work plans and opt not to make an award if satisfactory agreement cannot be reached.

### c. Collecting information from applicants

- 1) If deemed necessary, DHCS may request an applicant to submit additional documentation or clarifying information during or after the application review and evaluation process. DHCS will advise the applicants orally, by fax, in writing, or other method of the required documentation/information and the time line for submitting the documentation/information. DHCS will follow-up oral instructions in writing by fax,

email, or regular mail. Failure to submit the required documentation/information by the date and time indicated may result in a decreased application score or cause DHCS to deem an application nonresponsive.

- 2) DHCS, at its sole discretion, reserves the right to collect, by mail, fax, email, or other method, the following omitted documentation and/or additional information.
    - a) Signed copies of any form submitted without a signature.
    - b) Data or documentation omitted from any submitted RFA attachment/form.
    - c) Information/material needed to clarify or confirm certifications or claims made by an applicant.
    - d) Information/material or form needed to correct or remedy an immaterial defect in an application.
  - 3) The collection/review of additional applicant documentation may cause DHCS to extend the date for posting/issuing Award Notice(s). If DHCS changes the Award Notice posting/issuance date, DHCS will post or issue a notice as described in the DHCS Rights section, pages 29-30.
- d. Immaterial application defects
- 1) DHCS may waive any immaterial defect in any application and allow the applicant to remedy those defects. DHCS reserves the right to use its best judgment to determine what constitutes an immaterial deviation or defect.
  - 2) DHCS' waiver of an immaterial defect in an application shall in no way modify this RFA or excuse an applicant from full compliance with all procurement requirements.
- e. Correction of clerical or mathematical errors
- 1) DHCS reserves the right, at its sole discretion, to overlook, correct or require an applicant to remedy any obvious clerical or mathematical errors occurring in the narrative portion of an application or on a Budget Attachment or other form.
  - 2) If the correction of a mathematical error results in an increase or decrease in the total amount of funding sought, DHCS shall give the applicant the option to accept the corrected amount or withdraw their application.
  - 3) Applicants may be required to initial corrections to costs and dollar figures on any Budget Attachment or form if the correction of an error results in an alteration of the annual costs or total funds sought.
  - 4) If a mathematical error occurs in a total or extended price and a unit price is present, DHCS will use the unit price to settle the discrepancy.
- f. Right to remedy errors
- DHCS reserves the right to remedy errors caused by:
- 1) DHCS office equipment malfunctions or negligence by agency staff,
  - 2) Natural disasters (i.e., floods, fires, earthquakes, etc.).

g. No contract award or RFA cancellation

The issuance of this RFA does not constitute a commitment by DHCS to make one or more awards. DHCS reserves the right to reject all applications and to cancel this RFA if DHCS determines it is in the best interests of DHCS to do so.

h. Agreement amendments after award

DHCS reserves the right to amend any agreement resulting from this RFA. Amendments may include term extensions, scope of work modifications, budget or funding alterations, etc.

i. Staffing changes after award

DHCS reserves the right to approve or disapprove changes in key personnel that occur after awards are made.

**R. Federal Certification Clauses**

**1. Debarment and Suspension Certification**

- a. The contractor certifies to the best of its knowledge and belief, that it and its principals:
- 1) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency;
  - 2) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - 3) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offenses enumerated in paragraph a.2) of this certification; and
  - 4) Have not within a three-year period preceding this application/proposal had one or more public transactions (federal, state or local) terminated for cause or default.
  - 5) It shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in such transaction, unless authorized by the State.
  - 6) It will include a clause entitled "Debarment and Suspension Certification" that essentially sets forth the provisions herein, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- b. If the contractor is unable to certify to any of the statements in this certification, the contractor shall submit an explanation to the program funding this contract.

- 2. Lobbying Restrictions and Disclosure** (This certification only applies if the resulting contract will equal or exceed \$100,000 and the contract will be federally funded in part or whole.)
- a. The contractor certifies, to the best of its knowledge and belief, that:
    - 1) No federal appropriated funds have been paid or will be paid, by or on behalf of the contractor, to any person for influencing or attempting to influence an officer or employee of an agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
    - 2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with this Federal contract, grant, loan, or cooperative agreement, the contractor shall complete and submit federal Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
    - 3) The contractor shall require that the contents of this certification be collected from the recipients of all subawards, exceeding \$100,000, at all tiers (including subcontracts, subgrants, etc.) and shall be maintained for three years following final payment/settlement of those agreements.
  - b. This certification is a material representation of fact upon which reliance was placed when this contract was made and/or entered into. The making of the above certification is a prerequisite for making or entering into this contract pursuant to 31 U.S.C. 1352 (45 CFR 93). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
  - c. The Standard Form-LLL may be obtained from various federal agencies, federally sponsored World Wide Web Internet sites, DHCS upon request or may be copied from Exhibit D(F) entitled, Special Terms and Conditions.

## **S. Contractual Terms and Conditions**

Each funded applicant must enter a written agreement that may contain portions of the applicant's application (i.e., budget), scope of work, standard contractual provisions, a standard agreement, and the exhibits. Other exhibits, not identified herein, may also appear in the resulting agreement.

### **1. Resolution of Language Conflicts (RFA vs. Final Agreement)**

If an inconsistency or conflict arises between the terms and conditions appearing in the final agreement and the proposed terms and conditions appearing in this RFA, any inconsistency or conflict will be resolved by giving precedence to the final agreement.

## Required Attachments

For Required Attachments, please email or call Amy Autsen.  
[amy.autsen@dhcs.ca.gov](mailto:amy.autsen@dhcs.ca.gov) or 916-319-9452

Contractor's Name  
RFA 16-001 HRIF QCI

# Sample Contract Forms/Exhibits

For Sample Contract Forms/Exhibits, please email or call Amy Autsen.  
[amy.autsen@dhcs.ca.gov](mailto:amy.autsen@dhcs.ca.gov) or 916-319-9452