



State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
GOVERNOR

April 19, 2011

Dear Interested Party,

### Notice to Prospective Proposers

Based upon the authority provided in Welfare & Institutions Code Section 14180 and in accordance with Public Contract Code Section 10344(c), the California Department of Health Care Services (DHCS), Office of Medi-Cal Procurement (OMCP), is releasing the attached Request for Proposal (RFP) to provide health care services to children with special health care needs, who are eligible for the CCS Program, under one of four proposed pilot models: Enhanced Primary Care Case Management (EPCCM) Program, Provider-based Accountable Care Organization (ACO), Specialty Health Care Plan (SHCP), and Utilization of existing Medi-Cal Managed Care Plans.

Prospective Proposers are invited to review and respond to RFP Number 11-88024 entitled, "California Children's Services Demonstration Projects". When preparing and submitting a proposal, compliance with the instructions found herein is imperative. Prospective Proposers are encouraged to read the RFP in its entirety as significant changes have been made since the release of the previous drafts.

#### Please note the following:

- Exhibits in the RFP are considered "Sample" documents and are subject to change.
- It is anticipated that non-substantive changes may be made to the following RFP document through the Administrative Bulletin and Addendum process.
- The enrollment requirements presented in Appendix 2 entitled "Medical Eligibility For Care in a CCS Approved Neonatal Intensive Care Unit (NICU)" will be clarified through the Administrative Bulletin and Addendum Process and incorporated into Exhibit A (Scope of Work).

Prospective Proposers can view and download the CD-MMIS RFP from the following Internet site: [http://www.dhcs.ca.gov/provgovpart/rfa\\_rfp/Pages/OMCPHomePage.aspx](http://www.dhcs.ca.gov/provgovpart/rfa_rfp/Pages/OMCPHomePage.aspx). If any prospective Proposer is unable to obtain the RFP via the Internet, please contact OMCP at (916) 552-8006 or e-mail OMCP at [omcprfp8@dhcs.ca.gov](mailto:omcprfp8@dhcs.ca.gov) to request a CD-R version.

All agreements entered into with the State of California will include, by reference, General Terms and Conditions (GTC) and Contractor Certification Clauses (CCC) that may be viewed and downloaded at this Internet site <http://www.ols.dgs.ca.gov/Standard+Language/default.htm>. If any prospective Proposer lacks Internet access, a CD-R copy can be obtained by contacting OMCP at the phone number and e-mail address cited above.

If a discrepancy occurs between the information in the advertisement appearing on BidSync at [www.bidsync.com](http://www.bidsync.com) and the information herein, the information in this notice and in the attached RFP shall take precedence. To view the advertisement, Prospective Proposers must register for a free BidSync links account on the BidSync Home Page.

#### **I. Proposal Submission Deadline**

Regardless of postmark or method of delivery, the DHCS' OMCP must receive proposals no later than **4:00 p.m. on July 15, 2011**. Refer to the attached RFP for detailed submission requirements.

#### **II. "Voluntary" Non-Binding Letter of Intent**

In this procurement, prospective Proposers are asked to voluntarily submit a non-binding Letter of Intent. See the attached RFP for detailed Letter of Intent submission instructions.

#### **III. Funding**

##### **Limitation of State Liability**

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

##### **Funding Reductions in Subsequent Budget Years**

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

#### **IV. Proposer Questions**

In the opinion of DHCS this RFP is complete and without need of explanation. However, if questions arise or there is a need to obtain clarifying information, put all inquiries in writing and mail, fax or e-mail them to DHCS according to the instructions in the RFP section entitled, "Proposer Questions". In addition, a Proposer's conference has been tentatively scheduled for May 10, 2011 at 9:30 a.m. in the DHCS Auditorium, 1500 Capitol Avenue. Prospective Proposers are encouraged to attend this meeting.

Thank you for your interest in our Department's service needs.

Sincerely,

Original Signed by *Kevin Morrill*

Kevin Morrill, Chief  
Office of Medi-Cal Procurement



**Request for Proposal 11-88024**

**California Children's Services Demonstration Projects**

Department of Health Care Services  
Office of Medi-Cal Procurement  
MS Code 4200  
1501 Capitol Ave, Suite 71.3041  
P. O. Box 997413  
Sacramento, CA 95899-7413

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Attachment 1	Proposal Cover Page
Attachment 2	Required Attachment / Certification Checklist
Attachment 3	Business Information Sheet
Attachment 5	RFP Clause Certification
Attachment 6	CCC 307 – Certification
Attachment 7	Payee Data Record

<b>Attachment #</b>	<b>Attachment Name</b>
Attachment 8	Follow-on Consultant Contract Disclosure
Attachment 10	Darfur Contracting Act Certification
Attachment 11	Non-Small Business Subcontractor Preference Request/Supplier Acknowledgement
Attachment 13	“Voluntary” Letter of Intent
Attachment 14	Request for Inclusion on Mailing List
Attachment 15	Conflict of Interest Compliance Certificate

V. Sample Contract Forms / Exhibits

<b>Exhibit #</b>	<b>Exhibit Name</b>
Exhibit A1	Standard Agreement <a href="http://dhcsintranet/FormsPubs/Pages/ContractForms.aspx">http://dhcsintranet/FormsPubs/Pages/ContractForms.aspx</a>
Exhibit A	Scope of Work  Attachments:  Ex A, SOW (Standard language) Ex A, Attachment I Enhanced Primary Care Case Management Ex A, Attachment II Accountable Care Organizations Ex A, Attachment III Specialty Health Care Plan Ex A, Attachment IV Medi-Cal Managed Care Plan
Exhibit C – View on-line.	General Terms and Conditions (GTC 610). View or download at this Internet site <a href="http://www.ols.dgs.ca.gov/Standard Language/default.htm">http://www.ols.dgs.ca.gov/Standard Language/default.htm</a> .
Exhibit D(F)	Special Terms and Conditions
Exhibit E	Additional Provisions
Exhibit F	Contractor’s Release
Exhibit G	HIPAA Business Associate Addendum
Exhibit H	Information Confidentiality and Security Requirements

W. Program Appendices

<b>Appendix #</b>	<b>Appendix Name</b>
Appendix 1	Map to the Department of Health Care Services
Appendix 2	Medical Eligibility For Care in a CCS Approved Neonatal Intensive Care Unit (NICU)
Appendix 3	Data Library Confidentiality Agreement  Attachment A, Data Library Notification of Breach Attachment B, Security Controls

Appendix 4	Data Library Access Authorization
Appendix 5	Encounter Data Elements (DEs)

## A. Purpose, Background, Goals & Objectives and Principles

### 1. Purpose

The California Department of Health Care Services (DHCS), California Children's Services (CCS) Program invites qualified entities to submit a proposal for a contract with DHCS to provide health care services to children with special health care needs, who are eligible for the CCS Program, under one of four proposed pilot models.

As mandated in Welfare and Institutions Code Section 14180 et. seq, California's goal is to improve coordination of care in order to provide high quality, cost-effective care to the State's most medically vulnerable children, those with special health care needs. California's core purpose in piloting the redesign of the CCS program is to test innovative health care delivery models for transforming health care services for children with CCS conditions. The objective is to identify the model or models that will result in a well-integrated, coordinated and value-based health care delivery system.

Under Section 1115 Research and Demonstration Projects of the Social Security Act, the State of California will pilot four models of care for children enrolled in the CCS program. By testing multiple models of care, California believes it will be able to create health care delivery systems that respond to the unique needs of regions and populations throughout the State. The pilots will also help inform best practices, through a comprehensive evaluation component, so that at the end of the five-year demonstration period decisions can be made on permanent restructuring of the CCS program design and delivery systems.

The four models of care for the CCS program to be piloted include:

- An Enhanced Primary Care Case Management (EPCCM) Program;
- A Provider-based Accountable Care Organization (ACO);
- A Specialty Health Care Plan (SHCP); and
- Utilization of existing Medi-Cal Managed Care Plans.

The models proposed in this demonstration are designed to preserve the strengths of the current CCS program such as the standards for participating providers and access to the regionalized system of qualified sub-specialists and tertiary care providers who treat children and youth with conditions that require specialized care. These approaches incorporate the core concepts of organized delivery systems into the care received by children and youth below twenty-one (21) years of age with special health care needs (i.e., CCS-eligible children and youth). Responsibilities and incentives for specialty and non-specialty care will be better integrated and aligned to promote clearer accountability, better care coordination, more effective and efficient use of public dollars, and improved health care outcomes. Family-centered care coordination will be provided in a way that streamlines the care delivery process and provides more flexibility to ensure that the most appropriate care is provided at the right time, in the right place and by the right provider.

By the end of the waiver demonstration period, children and youth enrolled in the demonstration and their families are expected to experience better clinical outcomes, improved functional status, and greater satisfaction with their care experiences. Once these improvements are fully implemented they are expected to increase the per dollar value and

reduce the rate of annual growth of expenditures on children and youth enrolled in the demonstration.

This Request for Proposal (RFP) process aims to identify entities, with the requisite qualifications and resources, to provide a range of health care services to CCS clients under the authority contained within the renewal of the Medi-Cal 1115 Hospital Financing Waiver referred to as California's Bridge to Reform.

## 2. Background

Children and Youth with Special Health Care Needs (CYSHCN) who are served by the CCS program only receive medical services through the program for treatment of their CCS-eligible medical condition. The CCS program annually serves 175,000 to 200,000 children, 75 percent of whom are also Medi-Cal eligible beneficiaries. The expenditures for this latter population's medical services totaled \$1.8 billion during FY 2009-10.

The CCS program is designed for the CYSHCN population which have complex, chronic and often disabling medical conditions, such as cancer, diabetes, cystic fibrosis, cerebral palsy, congenital anomalies and conditions secondary to premature birth. The CCS program has developed quality standards for pediatric specialty care and standards for approval of individual providers and facilities for participation in the program. Since the 1960s the CCS program has supported the concept of Special Care Centers (SCC's), multi-specialty, multi-disciplinary teams providing care to children with a defined set of medical conditions. These centers, located at tertiary medical centers, provide staffing and services according to program standards.

Financial eligibility for the program limits participation in the program to children and youth enrolled in the Medicaid program (Medi-Cal), Healthy Families Program (HFP), or whose families who have an annual income of forty thousand dollars (\$40,000) or less (these individuals are enrolled in what is referred to as the CCS State-only program). Currently sixty percent of the CCS-enrolled children and youth who are Medi-Cal beneficiaries are enrolled in Medi-Cal managed care plans. For the majority of these individuals, the treatment of CCS-eligible medical conditions is carved-out of the health plan's contractual obligation. Exceptions to the managed care carve-out are the three County-Organized Health Systems (COHS) operating in eight counties, five of which are at risk for the cost of treatment for CCS-eligible conditions. In these latter five counties, the county CCS program continues to perform its role of eligibility determination and service authorization. The remaining forty percent (40%) of Medi-Cal children and youth enrolled in the CCS Program receive all of their care through the Fee-For-Service (FFS) system.

Children and youth enrolled in the HFP and identified by their managed care plans as potentially having a CCS-eligible condition are referred to the local CCS program to determine medical eligibility. If the local CCS program determines the child or youth is eligible for CCS, services to treat the CCS condition are generally authorized and provided by the CCS program and its paneled providers. HFP managed care plans are responsible for providing, and paying for, all other medical care the child or youth needs that is unrelated to the CCS condition. This segregated approach makes coordination of care complicated and limits the ability of the managed care plan and the child or youth's CCS providers to have a comprehensive understanding of the client's total health care needs.

Children or youth enrolled as CCS-only (those not eligible for either Medi-Cal or HFP) receive only the services required for the treatment of CCS-eligible conditions and receive these services on a FFS basis. These children or youth may or may not have other health

coverage that pays for some of their CCS services and/or other medically necessary services not related to their CCS-eligible condition.

The CCS Program currently uses a FFS payment structure administered through the Department's Fiscal Intermediary. This financing structure limits opportunities to incentivize providers to use lower-cost settings of care, when appropriate, for the child or youth. The teams at Special Care Centers are able to bill, on a fee-for-service basis, for team meetings

and for assessments of children or youth and their families by Physicians, Clinical Nurse Specialists, Nutritionists and Social Workers, in addition to medical services.

The CCS-carve out, where coverage for CCS-related conditions is provided separately from a child or youth's other medical care needs, has been identified by an array of stakeholders including families, CCS county staff, providers and DHCS and HFP staff, as a barrier to effective coordination of care and may detract from children and youth's health outcomes. The current CCS Program creates structural barriers and financial disincentives to providing "the right care at the right time in the right place." Parents and providers have noted that the CCS Program should serve the "whole child" and that segregating care for the CCS condition from a child or youth's total health care needs perpetuates fragmentation. Stakeholders have further noted that a lack of coordination between CCS providers and other providers in contracted health plans (or within the FFS system) delays or potentially prevents the delivery of patient-centered care.

### **3. Goals and Objectives**

The Goal of the demonstration project is to identify the model or models of health care delivery for children and youth enrolled in the CCS program that result in improving timely access to care, improved coordination of care, promotion of increased use of community-based services, improved satisfaction with care and improved health outcomes.

#### **a. Objective 1**

By September, 2015 (at the end of the Demonstration Waiver) there will be a reduction in the annual rate of growth of expenditures for children and youth enrolled in a Demonstration Project.

#### **b. Objective 2**

By September, 2015, there will be an increase in satisfaction with the delivery of health care services among children and youth enrolled in the CCS program and their families. The specific degree of increased satisfaction will be determined by the Department in consultation with an independent evaluation consultant.

#### **c. Objective 3**

By September, 2015, there will be an increase in satisfaction with the delivery of health care services among providers serving children and youth enrolled in the CCS program. The specific degree of increased satisfaction will be determined by the Department in consultation with an independent evaluation consultant.

#### **d. Objective 4**

By September, 2015, there will be improved health outcomes among the children and youth enrolled in a Demonstration Project. The outcomes will be determined by the Department in consultation with an Independent Evaluation Consultant.

#### 4. Principles

##### a. General

- 1) Enrollment in the models is mandatory for CCS clients meeting medical eligibility criteria and who:
  - a) do **not** have other health care coverage as defined in Title 22, Section 53845(e); or
  - b) are **not** in foster care placement; or
  - c) are **not** enrolled in Medicare.
- 2) CCS clients in foster care placement may voluntarily enroll in a Demonstration Project if they otherwise meet the eligibility requirements of the specific model.
- 3) Services covered under a contract are based on the current range of Medi-Cal benefits available to individuals under twenty-one ( 21) years of age.
- 4) Care coordination is a required service.
- 5) Provider networks require the inclusion of CCS approved providers and the maintenance and use of the regionalized service delivery system.
- 6) All diagnostic and treatment services covered under this Demonstration Project must be performed by CCS approved providers.
- 7) All contractors will be required to participate in a Statewide quality improvement collaborative.
- 8) Each enrolled child or youth will have a medical home.
- 9) Quality monitoring and improvement measures will be consistent across models although the process for data gathering will vary by model.
- 10) There will only be one Demonstration Project in a given geographic area.
- 11) No contract will be awarded to any proposer that proposes a statewide geographic area.
- 12) The Demonstration Projects will meet the budget neutrality requirements of the 1115 Waiver Special Terms and Conditions and be in conformance with 2011 California Governor's Budget and provisions of AB 97, (Chapter 3, Statutes 2011) the 2011 Omnibus Health Budget Act Trailer Bill.

##### b. Family-Centered Care

Each of the demonstration models will ensure the delivery of family-centered care that is based on recognition of the family as the foundation for the provision of comprehensive services to the child. It is an approach which integrates the child's family into all aspects of health care planning to ensure that the organization and delivery of health care services meet the child's physical, mental, emotional, social and developmental needs.

Family-centered care implies that families have alternatives and choices based on their own needs and strengths and should receive support for those choices. It supports the development of trusting and collaborative relationships between providers and family members, and includes sharing of information, as well as joint participation in planning, implementing and evaluating health care programs, policies, services and practices. Building such relationships with families results in better, more efficient care by providing families with education and resources to maximize their child's wellness and the support to care for their children at home whenever possible.

In family-centered health care systems, providers will acknowledge and support the expertise that families bring to their care giving, decision making and care-coordinating roles. Providers will accept and value the richly diverse traditions and languages that families and their children bring to health care settings and will provide families with the information and resources appropriate for the family. In a family-centered system of care, there is recognition that outcomes for children with special health care needs improve when families and providers make decisions jointly, each party respecting the expertise, experiences, training and resources that each brings to the care of the child.

c. Medical Home

For each of the models, the medical home will incorporate the following principles:

- 1) Each child or youth will have a personal physician;
- 2) The medical home is a physician directed medical practice;
- 3) The medical home utilizes a whole child orientation;
- 4) Care is coordinated and/or integrated across all elements of the health care system and the family and child or youth's community;
- 5) Quality and Safety Practices and Measures emphasize:
  - a) The medical home actively advocates for children and youth and their families;
  - b) Use of evidence-based medicine and clinical decision-support tools to guide decision making;
  - c) Physicians in the practice accept accountability for continuous quality improvement;
  - d) Families and children and youth actively participate in decision-making and feedback is sought to ensure patients' expectations are being met;
  - e) Information technology is utilized appropriately to support optimal patient care, performance measurement, patient education, and enhanced communication; and
  - f) Patients and families participate in quality improvement activities at the practice level.
- 6) The medical home provides enhanced access to care including access to after-hours care; and

- 7) Payment is structured appropriately to recognize the added value provided to children and youth and their families.

d. Culturally and Linguistically Appropriate Care

Each of the demonstration models and their network of providers will acknowledge and respect the diverse cultural traditions and languages that families bring to health care settings. There will be linguistically and culturally appropriate information and resources available to families.

e. Access to Appropriate Care

Each of the demonstration models will ensure that there is timely access to the most appropriate care by the most appropriate health care provider. In order to support the multiple and complex needs of children and youth with CCS eligible medical conditions and their families, health care services will be delivered in a coordinated manner to assure that care provided by different sources, regardless of responsibility for reimbursement, is integrated and understood by all involved and that there is no duplication of services.

f. Care Coordination and Case Management

- 1) Each of the demonstration models will be responsible for focusing on achieving optimal health outcomes for the enrolled child and youth through a combination of care coordination and case management activities. These activities will assist families and children and youth in accessing all necessary health care services that are identified in the course of a child or youth's treatment. It will require an active and in-depth assessment of the child or youth and family, including their strength and abilities as well as their needs; identifying the resources available through the family and larger community; assisting families to access all resources necessary to support the child or youth and family with coping with the illness; and monitoring and follow-up to determine whether the services were received, effective, still needed and whether additional intervention is necessary.
- 2) The demonstration models, through the use of Care Coordinators, will be responsible for proactively responding to the enrolled child or youth and family's needs. This activity will be a team effort that include the child's designated Personal Physician, the Care Coordinator, the special care center team (if the child's medical condition requires SCC services), and other professional staff within the Contractor's Provider's Network. It often requires that staff with various levels of expertise spend time assessing the needs of the individual child and determining the appropriate level and site of health care deliver, appropriate and relevant providers of services, arrangements for ancillary care and necessary funding for services and coordination of a multiplicity of services. It often requires close collaboration with a number of other agencies, such as Regional Centers, Special Education, and County Mental Health, to adequately address the complexity of needs of the child or youth and may involve advocacy on behalf of the child or youth and family to obtain the full range of services and support necessary to maximize the child or youth's long range health outcomes.

g. Whole Child

Each of the demonstration models, regardless of financial responsibility for specific services, will be held responsible for managing and coordinating the health care of the "whole" child or youth. The contractors will be required to provide the full range of

preventive health care services, including periodic health assessments and immunizations, as well as primary health care services that are not related to the care of the CCS eligible medical condition.

h. Quality Monitoring and Quality Improvement Measures

- 1) Quality monitoring and improvement activities undertaken by each of the contractors will focus on the primary goals of the program:
  - a) Improvement in care coordination;
  - b) Improvement in access to services and community-based care;
  - c) Timely provision of primary and preventive care;
  - d) Increased child/family satisfaction with care;
  - e) Increased provider satisfaction with the system of care; and
  - f) Cost-effectiveness of the model.
- 2) Quality monitoring, evaluation and improvement across all of the demonstration models will include the following elements:
  - a) Measures that will quantify improvements in the quality of care received by CCS children and youth that can be utilized to structure incentive payments tied to achievement of these desired outcomes.
  - b) Measures that will evaluate the child or youth and family and/or legal guardian and provider satisfaction and experience with the model.
  - c) Measures for select disease-specific measures.
  - d) Claims and encounter data and independently generated data (such as data derived from surveys and record review) to comprehensively assess provider performance and to evaluate the effectiveness of the model.
  - e) Measures related to access to comprehensive and timely care coordination and access to community-based care will be developed with provider and consumer input.
  - f) Measures related to meaningful outcomes in daily life could be included such as:
    - i. Self-reported (or family reported) health and/or functional status of child at beginning and end of pilot; and
    - ii. Self-reported (or family reported) school days missed at beginning and end of pilot.
  - g) Quality benchmarks for primary and preventive care will focus on standard measures of timeliness of well child checks/adolescent well-care and immunization periodicity.
  - h) Claims data analysis will be employed to generate the average Payment per Member per Month (PMPM) cost for children enrolled in the model compared to

those not enrolled, controlling for factors such as age and diagnosis. Cost analysis may be stratified by age groupings, diagnoses and other relevant criteria.

- i) Practice measures might also be employed, such as:
  - i. Access to after-hours care;
  - ii. Use of an Electronic Health Record (EHR); and
  - iii. Rate of completion of required and evidence-based condition/disease-specific interventions.

## **B. Proposer Notice For Document Delivery**

This notice is in reference to, but not limited to, the submission of the following: Proposer Questions; Requests for Inclusion on the Mailing List; Letters of Intent; and Completed Proposals.

When submitting documents to DHCS, please consider the following:

1. DHCS' internal processing of U.S. Mail may add forty-eight (48) hours or more to the delivery time. If packages are mailed, consider using certified or registered mail and request a receipt upon delivery.
2. All hand deliveries must have a preset appointment by contacting OMCP at (916) 552-8006. **Deliveries will not be accepted without an appointment.** 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 OMCP at (916) 552-8006 to arrange for pickup and receipt issuance. Proposers are warned not to surrender any deliverables in the care of any person other than an OMCP staff member.
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 OMCP at (916) 552-8006 to collect the package and to issue a receipt.
4. When faxing documents, please confirm delivery by calling OMCP at (916) 552-8006.

Proposals must be delivered via U.S. Mail or hand delivery to the address shown below. Proposals may not be faxed or e-mailed. All other submissions may be mailed, hand delivered, faxed or e-mailed, using the addresses shown below:

<b>U.S. Mail, Hand Delivery or Overnight Express:</b>	<b>Fax:</b>
<b>RFP 11-88024</b> Department of Health Care Services Office of Medi-Cal Procurement MS 4200 Attn: Brian Quacchia or Sharon Turk CCS Demonstration Project 1501 Capitol Avenue, Suite 71.3041 P.O. Box 997413 Sacramento, CA 95899-7413  Email: <a href="mailto:omcprfp6@dhcs.ca.gov">omcprfp6@dhcs.ca.gov</a>	<b>RFP 11-88024</b> CCS Demonstration Project  Department of Health Care Services Office of Medi-Cal Procurement  Attn: Brian Quacchia or Sharon Turk  <b>Fax: (916) 440-7369</b>

**C. Time Schedule**

Below is the tentative time schedule for this procurement.

Event	Date	Time (If applicable)
RFP Released	<b>April 19, 2011</b>	
Questions Due	<b>May 6, 2011</b>	
Request for Inclusion on Mailing List	<b>April 29, 2011</b>	
Voluntary Pre-Proposal Conference	<b>May 10, 2011</b>	
Voluntary Non-Binding Letter of Intent	<b>May 6, 2011</b>	
Proposal Due Date	<b>July 15, 2011</b>	
Notice of Intent to Award Posted	<b>August 31, 2011</b>	
Appeal Deadline	<b>September 6, 2011</b>	
Contract Award Date	<b>October 14, 2011</b>	
Proposed Start Date of Agreement	<b>January 1, 2012</b>	

**D. Contract Term**

The contract term under this RFP will be for a period of three (3) years with an option for two (2), 1 year extensions.

The term of the resulting agreement is expected to be effective from January 1, 2012, and continue for 36 months. The agreement term may change if DHCS makes an award earlier than expected or if DHCS cannot execute the agreement in a timely manner due to unforeseen delays. DHCS reserves the right to extend the term of the resulting agreement

via an amendment as necessary to complete or continue the services. Contract extensions are subject to satisfactory performance and funding availability.

The resulting contract will be of no force or effect until it is signed by both parties. The Contractor is hereby advised not to commence performance until all approvals have been obtained and the Contractor is advised by DHCS to begin work. If performance commences before all approvals are obtained, said services may be considered to have been volunteered until all approvals are obtained.

## **E. Proposer Questions**

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

Proposers that fail to report a known or suspected problem with the RFP and/or its accompanying materials or fail to seek clarification and/or correction of the RFP and/or its accompanying materials shall submit a proposal at their own risk. In addition, if awarded the contract, the successful Proposer shall not be entitled to additional compensation for any additional work caused by such problem, including any ambiguity, conflict, discrepancy, omission, or error.

In response to inquiries that appear to be unique to a single proposer or that are marked "Confidential", DHCS will mail, email, or fax a response only to the inquirer if DHCS concurs with the inquirer's claim that the inquiry is sensitive or proprietary in nature. If DHCS does not concur, the inquiry will be answered in the manner described herein for general questions and the inquirer will be so notified. Inquiries and/or responses that DHCS agrees should be held in confidence shall be held in confidence only until the Notice of Intent to Award is posted.

To the extent practical, inquiries shall remain as submitted. However, DHCS may consolidate and/or paraphrase similar or related inquiries.

### **1. What to include in an Inquiry**

- a. Inquirer's name, name of proposing entity submitting the inquiry, mailing address, email address, area code and telephone number, and fax number.
- b. A description of the subject or issue in question or discrepancy found.
- c. RFP section, page number or other information useful in identifying the specific problem or issue in question.
- d. Remedy sought, if any.

A prospective Proposer that desires clarification about specific RFP requirements and/or whose inquiry relates to sensitive issues or proprietary aspects of a proposal may submit individual inquiries that are marked "Confidential". The Inquirer must include with its inquiry an explanation as to why it believes questions marked "Confidential" are sensitive or surround a proprietary issue.

### **2. Question Deadline**

Regardless of delivery method, written inquiries must be received no later than **4:00 p.m. on May 6, 2011**

## F. Data Library

### 1. General Information

DHCS has established a Data Library for this procurement for the sole use of Proposers. Details regarding the contents and how to access the Data Library are discussed in this section. The Data Library contains documents that Proposers may find beneficial in the preparation of a proposal in response to this RFP.

The Data Library contains protected health information as defined by the Health Insurance Portability and Accountability Act (HIPAA) Standards for Privacy of Individually Identifiable Health information and the Security Standards for the Protection of Electronic Protected Health Information, 45 CFR Parts 160 and 164. DHCS is disclosing the information in the data library to proposers in accordance with the provisions of these standards and Section 41510.4 of Title 22, California Code of Regulations.

The Data Library, consisting of data on CCS program enrollees, will be made available by secure electronic media to Proposers who have submitted a Data Library Confidentiality Agreement and a Data Library Access Authorization Form (see Appendix 3 & 4 respectively) to DHCS.

This data will include CCS authorized expenditures and Medi-Cal fee-for-service expenditures (for state Fiscal Years 2008-09 and 2009-10) summarized by claim types and services; claim types and ICD-9 diagnosis codes (as entered onto the paid claim); caseload summaries by county, funding source, Medi-Cal aid code and ICD-9 diagnosis code (as entered into the CMS Net Case Management System).

Additional CCS program information can be obtained at [www.dhcs.ca.gov/services/ccs](http://www.dhcs.ca.gov/services/ccs)

### 2. How to Request Data Library Material

Proposers should refer to Appendix **TBD** for instructions on how to obtain Data Library material.

### 3. Updates to the Data Library Material

DHCS at its sole discretion may periodically update, add, delete, and/or change documents in the Data Library during this procurement.

Announcements regarding Data Library updates and/or additions will be posted directly to the OMCP web site. Proposers may wish to review the OMCP website at [http://www.dhcs.ca.gov/provgovpart/rfa\\_rfp/Pages/OMCPccsDemoRFPHome.aspx](http://www.dhcs.ca.gov/provgovpart/rfa_rfp/Pages/OMCPccsDemoRFPHome.aspx) for current information about revisions to the Data Library. It will be the responsibility of the Proposers to view the Data Library material in detail for changes.

### 4. Revocation Request and Request to Add Staff

The Proposer Point of Contact, identified on the "Data Use Agreement", must immediately notify DHCS of changes to Proposer staff by submitting a revised Appendix **TBD**, "Data Use Agreement" indicating removed Authorized Staff by strikethrough of the name deleted and indicating added Authorized Staff by highlighting the text of the included name.

In the event an "Authorized Staff" member leaves the employment of the Proposer or is otherwise removed from or no longer works on the development of a response to this RFP,

the Proposer shall revoke the staff members access to all Data Library content and shall immediately submit a revised Appendix TBD, "Data Use Agreement to DHCS. If a newly "Authorized Staff" member begins to work on the Proposer's response to this RFA, that individuals' name shall be provided to DHCS on a revised Appendix TBD, "Data Use Agreement."

**5. Data Library Media Destruction Agreement**

All documents and information in the Data Library are the property of DHCS. The Proposer shall destroy all data obtained from the Data Library from any media within ten (10) days after either the notice by DHCS of the intent to award a contract or a notice of the intent not to award a contract pursuant to this RFP (see Appendix TBD). The destruction method must conform to Department of Defense standards (NISP Operating Manual DoD 5220.22-M) for data destruction.

When the Proposer has completed the destruction of all Data Library, the Proposer Point of Contact shall notify DHCS of the completion of this destruction by e-mail directed to the following e-mail address:

<b>Email:</b>
Send to: <a href="mailto:omcprfp6@dhcs.ca.gov">omcprfp6@dhcs.ca.gov</a> Subject: Data Library Destruction-RFP 11-88024

**G. Pre-Proposal Conference**

DHCS will conduct a voluntary Pre-Proposal Conference in Sacramento on Tuesday, May 10, beginning at 9:30 a.m. at the following location:

Department of Health Care Services  
1500 Capitol Avenue  
1<sup>st</sup> Floor Auditorium  
Sacramento, CA 95814

Prospective Proposers that intend to submit a proposal are encouraged to attend the voluntary Pre-Proposal Conference. It shall be each prospective Proposers responsibility to attend the Pre-Proposal Conference promptly at 9:30 a.m.. DHCS reserves the right not to repeat information for participants that join the conference after it has begun.

If a potential prime Contractor is unable to attend the voluntary Pre-Proposal Conference, an authorized representative of its choice may attend on its behalf. The representative may only sign-in and represent one potential prime Contractor. Sub-contractors may also represent a single potential prime Contractor at the voluntary Pre-Proposal Conference.

The voluntary Pre-Proposal Conference is a public meeting and anyone can attend. All attendees must sign in.

The purpose of the conference is to:

1. Allow prospective Proposers to ask questions about the services sought or RFP requirements and/or instructions.
2. Share the answers to general questions and inquiries received before and during the conference.

**Any verbal remarks provided in response to questions/inquiries are unofficial and are not binding on DHCS until later confirmed in writing.**

Carefully review this RFP before the conference date to become familiar with the Qualification Requirements, Scope of Work Requirements and Proposal Content Requirements. Conference attendees are encouraged to have their copy of this RFP available for viewing during the conference.

Refer to the RFP section entitled, "Proposer Questions" for instructions on how to submit written questions and inquiries before the conference date.

Since DHCS is unable to officially respond to all inquiries received before and/or during the conference, DHCS will share official written responses shortly thereafter. DHCS reserves the right to determine which inquiries will be answered during the conference and which will be answered later in writing.

After the conference, DHCS intends to summarize all general questions and issues raised before and during the conference and post the summary and responses on the OMCP website at the following address:

[http://www.dhcs.ca.gov/provgovpart/rfa\\_rfp/Pages/OMCPccsDemoRFPHome.aspx](http://www.dhcs.ca.gov/provgovpart/rfa_rfp/Pages/OMCPccsDemoRFPHome.aspx)

In response to inquiries that appear to be unique to a single proposer or that are marked "Confidential", DHCS will mail, email, or fax a response only to the inquirer if DHCS concurs with the inquirer's claim that the inquiry is sensitive or proprietary in nature. If DHCS does not concur, the inquiry will be answered in the manner described herein for general questions and the inquirer will be so notified. Inquiries and/or responses that DHCS agrees should be held in confidence shall be held in confidence only until the Notice of Intent to Award is posted.

To the extent practical, inquiries shall remain as submitted. However, DHCS may consolidate and/or paraphrase similar or related inquiries.

Conference attendees are responsible for their costs to attend/participate in the conference. Those costs cannot be charged to DHCS or included in any cost element of a Proposer's price offering.

For driving and parking instructions, please review Appendix 1.

#### **H. Request for Inclusion on the RFP Mailing List**

All updates, change notices, Administrative Bulletins and Addenda will be posted to the OMCP website at the following location:

[http://www.dhcs.ca.gov/provgovpart/rfa\\_rfp/Pages/OMCPccsDemoRFPHome.aspx](http://www.dhcs.ca.gov/provgovpart/rfa_rfp/Pages/OMCPccsDemoRFPHome.aspx). In addition, an e-mail blast will be sent to every prospective Proposer who has submitted a Request for Inclusion on the Mailing List, Attachment 14.

- a. To obtain the e-mail blast notifications, submit the Request for Inclusion on the Mailing List, Attachment 14 by 4:00 pm on Friday, April 29, 2011.
- b. It is incumbent upon any prospective Proposer that has not submitted a Request for Inclusion on the Mailing List to monitor the site and the following DHCS website:  
[http://www.dhcs.ca.gov/provgovpart/rfa\\_rfp/Pages/OMCPccsDemoRFPHome.aspx](http://www.dhcs.ca.gov/provgovpart/rfa_rfp/Pages/OMCPccsDemoRFPHome.aspx) for

any RFP Administrative Bulletins and RFP Addenda and/or other updates to the RFP and procurement.

Any interested party who is unable to download information from the OMCP website may contact Sharon Turk or Brian Quacchia at (916) 552-8006 to request CD copies of any RFP information. DHCS requires prospective Proposers to replace any CD made.

## **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 conversion of Pre-Proposal Conference handouts (if applicable), oral interview material (if applicable), Request for Proposal, questions/answers, RFP Addenda, applicable Data Library materials, or other Administrative Notices into Braille, large print, audio cassette, computer disk, or CD. To request such services or copies in an alternate format, please call the number below no later than **April 25, 2011** to arrange for reasonable accommodations.

Sharon Turk or Brian Quacchia  
Office of Medi-Cal Procurement  
Program telephone number (916) 552-8006  
(TTY) California Relay telephone number 711-1-800-735-2929

NOTE: The range of assistive services available may be limited if requests are received less than ten (10) State working days prior to the conference date or requestors cannot allow ten (10) 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 Proposers are asked to voluntarily indicate their intention to submit a proposal. Failure to submit the Voluntary Letter of Intent will not affect the acceptance of any proposal. The Voluntary Letter of Intent is not binding and prospective Proposers are not required to submit a proposal merely because a Voluntary Letter of Intent is submitted.

**Use the Letter of Intent (Attachment 13) for this purpose.**

### **2. Submitting the Voluntary Non-Binding Letter of Intent**

Regardless of delivery method, the Voluntary Letter of Intent should be received by **4:00 p.m. on Friday, May 6, 2011.**

## **K. Scope of Work**

See Exhibit A and Exhibit A, Attachments I through IV entitled, "Scope of Work" that is included in the Sample Contract Forms and Exhibits section of this RFP. Exhibit A and Exhibit A, Attachments I through IV contain detailed descriptions of the services and work to be performed as a result of this procurement.

## **L. Qualification Requirements**

Failure to meet the following requirements by the proposal submission deadline will be grounds for DHCS to deem a Proposer nonresponsive. Evaluators may choose not to thoroughly review or score proposals that fail to meet these requirements. In submitting a proposal, each Proposer must certify and prove that it possesses the following qualification requirements.

1. Experience Requirements

Proposers must have experience in serving children and youth with special health care needs.

2. Compliance with Contract Terms and Conditions

Proposers must certify they have read and are willing to comply with all proposed terms and conditions addressed in the RFP section entitled, "Contract Terms and Conditions", including the terms appearing in the referenced contract exhibits.

3. **[Corporations]** Corporations must certify they are in good standing and qualified to conduct business in California.

4. **[Nonprofit Organizations]** Non-profit organizations must certify their eligibility to claim nonprofit status.

5. Financial Stability

Proposers must certify that they meet the requirements of Exhibit A, Section I through K.

6. Darfur Contracting Act Certification

Proposers 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 bidding entity is either (A) not a scrutinized company; or (B) a scrutinized company that has been granted permission by DGS 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 10**.

If the Proposer 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 10.

7. Liability Insurance Requirement

The winning Proposer must supply, before contract execution, proof of liability insurance that meets the requirements of Provision 17 of Exhibit D(F) entitled, Special Terms and Conditions.

8. Conflict of Interest Certification

Proposers must certify that no prohibited conflict of interest exists.

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

1. **General Instructions**

- a. Develop proposals by following all RFP instructions and/or clarifications issued by DHCS in the form of question and answer notices, clarification notices, Administrative Bulletins or RFP addenda.
- b. Before submitting a proposal, seek timely written clarification of any requirements or instructions that are believed to be vague, unclear or that are not fully understood.

- c. In preparing a proposal response, all narrative portions should be straightforward, detailed and precise. DHCS will determine the responsiveness of a proposal by its quality, not its volume, packaging or colored displays.
- d. Arrange for the timely delivery of the proposal package(s) to the address specified in this RFP. Do not delay until shortly before the deadline to submit the proposal.

## 2. Format Requirements

- a. Submit one (1) original proposal, five (5) copies or sets, and one accompanying CD.
  - 1) Write “**Original**” on the original proposal set. Place the accompanying CD in a protective sleeve that bears the RFP number.
  - 2) Each proposal set and the accompanying CD must be complete with a copy of all required attachments and documentation.
- b. Format the narrative portion of the narrative proposal as follows:
  - 1) Use one-inch margins at the top, bottom, and both sides.
  - 2) Use a font size of not less than eleven (11) points.
  - 3) Print pages single-sided on white bond 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 proposal set in a way that enables easy page removal. Loose leaf or three-ring binders are acceptable as long as they are no larger than three (3) inches in thickness.
- d. All RFP 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.
  - 1) Have a person who is authorized to bind the Proposer sign each RFP attachment that requires a signature. Signature stamps are not acceptable.
  - 2) Place the originally signed attachments in the proposal set marked “Original”.
  - 3) The RFP attachments and other documentation placed in the extra proposal sets may reflect photocopied signatures.
- e. Do not mark any portion of the proposal response, any RFP attachment, or other item of required documentation as “Confidential” or “Proprietary”. DHCS will disregard any language purporting to render all or portions of a proposal confidential.

## 3. Content Requirements

This section specifies the order and content of each proposal. Assemble the materials in each proposal set in the following order:

a. Proposal Cover Page

A person authorized to bind the Proposer must sign the Proposal Cover Page (**Attachment 1**). If the Proposer is a corporation, a person authorized by the Board of Directors to sign on behalf of the Board must sign the Proposal 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. Executive Summary Section

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

In preparing the Executive Summary, do not simply restate or paraphrase information in this RFP. Describe or demonstrate, in the Proposer's own words, the following information.

- 1) An understanding of DHCS' needs and the importance of this project.
- 2) An overview of how the Proposer envisions the Demonstration Project will meet the needs of eligible children and youth and their families.
- 3) A sincere commitment to perform the Scope of Work in an efficient and timely manner.
- 4) How the Demonstration Project will be effectively integrated into the Proposer's current obligations and existing workload.
- 5) Why the Proposer should be chosen to undertake this work at this time.

d. Proposer's Capability Section

- 1) Describe the Proposer's background and experience in serving children and youth with special health care needs and children and youth from families with low incomes in the areas of service delivery, medical case management and care coordination, family-centered care, and in the provision of geographic, physical, cultural and linguistic access.
- 2) Describe the Proposer's efforts to work within its community to establish linkages with relevant provider networks, county CCS programs, parent groups, and other organizations in providing services to CYSHCN.
- 3) Describe how the Proposer has communicated and worked with key leaders, organizations/agencies and members of the community in the development and implementation of this Demonstration Project.
- 4) Provide at least five (5) but not more than ten (10) letters of support from agencies/organizations who have and would continue to support, collaborate, coordinate or strategically plan activities and programs in support of the Demonstration Project.

- 5) For those agencies with which the Proposer has a collaborative relationship, state how long the partnership has been in existence and describe prior projects, activities and accomplishments.
- e. Geographic Service Area and Potential Sample Size
- 1) Describe the geographic service area proposed for the Demonstration Project and if the service area covers more than one county, describe how this area is consistent with the regionalization of the current service delivery system for children and youth with CCS eligible medical conditions.
  - 2) Describe the potential number of CCS children and youth who will be enrolled in the Demonstration Project.
- f. Work Plan Format
- 1) Overview
    - a) DHCS is interested in proposals that provide well-organized and comprehensive responses that demonstrate that the Proposer can assist the Department in achieving the goals of the Demonstration project. Vague explanations will undermine the proposing firm's credibility and will result in reduced proposal scores.
    - b) The Work Plan must include an in-depth discussion and description of the methods, approaches, and step-by-step actions that will be carried out to fulfill all Scope of Work requirements.
    - c) If the nature of a task or function hinders specific delineation of in-depth methods and procedures (e.g., a task is dependent upon a future action or multiple approaches may be used), explain the probable methods, approaches, or procedures that will be used to accomplish the task or function. Also, describe, in this instance, how the Proposer will propose the ultimate strategies and detailed plans to DHCS for full consideration and approval before proceeding to carry out the project.
  - 2) Rejection of Tasks, Activities or Functions
    - a) If full funding does not become available, is reduced, or DHCS determines that it does not need all of the services described in this RFP; DHCS reserves the right to offer an amended contract for reduced services.
    - b) If the Work Plan contains proposed methods or approaches; functions, tasks, or activities known by DHCS to be ineffective or determined to be unacceptable, DHCS reserves the right to require the substitution of comparable items that can be performed at the same or similar cost.
- g. Demonstration Project Advisory Board
- 1) Describe how the Demonstration Project Advisory Board (DPAB) has been and/or will be established and operate to provide advice on the development, implementation and ongoing activities of the Demonstration Project. Include a description of the size, composition, roles and responsibilities, anticipated meeting schedules and provisions for communication between the DPAB and the

Demonstration Project administrative staff, the families served by the Demonstration Project and other related entities.

- 2) Describe the mechanisms by which the Demonstration Project will encourage the active involvement and participation of families of children and youth enrolled in the Project on the DPAB and family subcommittee.

h. Family-Centered Care

- 1) Describe the mechanisms by which the Demonstration Project will use to involve and prepare the child or youth's family and/or caregiver as active participants in planning for providing ongoing care of their child or youth.
- 2) Describe the methods by which the applicant intends to involve families in the system of care, including the specific requirements identified in document and how the issues of time considerations and provider resistance will be addressed.
- 3) Describe the systems that will be used to ensure that the child or youth's Initial Assessment will be updated and monitored as necessary.
- 4) Describe how the Demonstration Project will evaluate the ongoing implementation of family-centered care and the impact of incorporating families into the ongoing delivery of care.

i. Service Network and Access to Care

- 1) Describe how the Demonstration Project will be organized to ensure that all required services (preventive, primary, specialty, etc) will be provided and accessible to all children and youth enrolled in the Project.
- 2) Describe the mechanism(s) that the Demonstration Project will use to ensure appointment availability and the required time frames for routine, symptomatic, urgent and emergency care are maintained through the Project's network of providers.
- 3) Provide a detailed description of the provider network that will be used to provide treatment of the full range of medical conditions and provide the comprehensive health care required by the enrolled children and youth. Identify the CCS approved individual, hospital and SCCs providers to be used and describe which providers will be the employees of the Demonstration Project, Subcontractors and/or Consultants.
- 4) Provide information as to how the Demonstration Project will ensure and control access to providers including those outside the specified geographic service area of the Project.
- 5) Describe the systems for ensuring that medical and other health care staff are qualified to provide the services required and adequately trained to fulfill their roles and responsibilities.
- 6) Describe how the Demonstration Project plans to provide and maintain a 24/7 telephone access system for medical advice and member services information.
- 6) Describe the methods by which the Demonstration Project will use to ensure that services will be accessible to enrolled children and youth and their families.

Specifically address how the Demonstration Project will eliminate geographic, physical, cultural and linguistic barriers to services.

j. Scope of Services

- 1) Describe how access to each of the required services will be ensured. Include a discussion of the methodology by which medical necessity for care will be determined and the appropriate level of care will be assured. Indicate, and describe any additional services, not included in the required list of services, which the Demonstration Project intends to offer and the rationale for providing the service(s).
- 2) Describe the system for ensuring that children and youth enrolled in the Demonstration Project will be evaluated and referred for medically necessary services which are not included in the Demonstration Project's Scope of Services. Include a discussion as to how each type of referral will be handled, indicating the availability of referral resources and issues of access; how these issues have been and will be addressed; the names, locations and type of referral relationships which have been established; and copies of referral agreements already negotiated.
- 3) Specifically address how referrals for routine and specialty dental care will be handled and how access to appropriate and timely dental care ensured.

k. System Requirements

1) Medical Home

- a) Describe the mechanisms by which the Contractor ensures each child or youth enrolled in the Demonstration Project has a Personal Physician serving as the medical home and if the child or youth or family has not selected one how the assignment will be made.
- b) Describe the mechanisms by which Physicians that will be designated as the Personal Care Physician receive information as to their roles and responsibilities as a medical home, including the supports available through the Contractor's Care Coordinators.
- c) Describe the mechanisms by which the Contractor will ensure that the Personal Physician either has documentation of having provided, or will complete an Individual Health Assessment for each enrolled child and youth and provided documentation of health status, and immunizations that meets the requirements of Exhibit A, Section D.1.
- d) Describe how the Contractor will monitor how the Personal Physicians will be providing access to after hours care.

2) Care Coordination

- a) Describe the experience and education required of individuals that will function in the role of Care Coordinators.
- b) Describe the mechanisms by which the Care Coordinators will develop an individualized family-centered care plan, work with the medical homes and families of enrolled children and youth in development of the Individual Needs

Assessment that addresses the enrollee's medical, behavioral, social and functional needs and the family's functional needs.

- c) Describe how the Care Coordinators will monitor and evaluate the enrolled children and youth's ongoing care needs and the mechanisms by which they will interact with the parents and/or legal guardians of enrollees.
  - d) Describe how enrolled children and youth needing referrals to other systems of care, including the Regional Center, county mental health plan, and the Local Education Agency (LEA) will be identified, how the referrals will be made and how care will be coordinated with these agencies.
  - e) Describe how the Care Coordinators will coordinate, track and monitor the referrals and potential delivery of services.
  - f) Describe how referral to medically necessary services, not payable by the Demonstration Project, will be made, including, but not limited to dental services and HCBS services; also describe how the Care Coordinators will coordinate, track and monitor the delivery of such services.
  - g) Describe how the Care Coordinators will provide support for enrolled children and youth and their families through health education and advocacy and linkages to other resources.
  - h) Describe the processes by which the Care Coordinators will initiate transition planning for enrollees fourteen (14) years of age and older.
  - i) Describe the methodology by which the Care Coordinators will work with the Evaluation Contractor to obtain feedback from youth and their families on their experiences.
- 3) Utilization Management and Review
- a) Describe the processes that will be implemented to ensure that qualified professional staff is solely responsible for making medical decisions which are not influenced by fiscal and/or administrative management.
  - b) Describe the processes that will ensure that a second opinion from a qualified health care professional is available, whether or not the professional is within the Contractor's network.
  - c) Describe the processes by which criteria will be established for approving, modifying deferring or denying requests for services, including the methodology by which network providers are notified of the criteria.
  - d) Describe the processes by which network providers will be informed of the services requiring prior authorization.
  - e) Describe the processes by which referrals in and out of the network are tracked and monitored.
  - f) Describe the processes by which the authorization of requests for services will be reviewed including, but not limited to:

- i. the delineation of the specific types of health care professionals that will review requests for services;
    - ii. written guidelines are in place, consistently applied and regularly reviewed and updated and reflect the standards of clinical practice for children with CCS eligible medical conditions.
    - iii. documentation of the reasons for decisions
    - iv. methodology for notifying the families of enrolled children and youth of the decisions to deny, defer or modify a request for service.
    - v. Methodology of notifying requesting provider of decisions to deny, defer or modify a request for service.
  - g) Describe the processes by which the Contractor shall evaluate both under- and over-utilization of health care services by enrolled children and youth.
- 4) Health Education
  - a) Describe how the Contractor will ensure that the health education system is overseen by a Qualified Health Educator and that the health education system is periodically reviewed.
  - b) Describe how children and youth enrolled in the Demonstration Project and their families will receive health promotion and education services, including health education materials.
- 5) Relationship with other Agencies/Providers serving Enrollees
  - a) Describe the policies and procedures for coordinating care for the Demonstration Project's enrollees eligible for the CCS Medical Therapy Program (MTP) with the respective county's MTP.
  - b) Describe the policies and procedures for working with the county Mental Health Plan (MHP)(s) that include:
    - i. Protocols for referrals between the Demonstration Project and the mental health plan;
    - ii. Protocols for provision of specialty mental health services as well as the availability of medically necessary services covered under the contract for these individuals;
    - iii. Protocols for delivery of mental health services by Personal Physicians; and
    - iv. Procedures for development of a formal Memorandum of Understanding (MOU) with the MHP.
  - c) Describe the policies and procedures for working with the local Regional Center(s) that include:
    - i. Procedures for identification of enrolled children and youth with developmental disabilities;

- ii. Procedures for participation by the Contractor's Care Coordinators in the development of the individual developmental services plan;
  - iii. Procedures for development of a formal MOU with the respective Regional Center(s).
  - d) Describe the policies and procedures for the identification of enrolled infants and children who may be eligible for services from the Early Start Program, including the coordination of the delivery of medically necessary services for enrollees who will be found eligible for Early Start services.
  - e) Describe the policies and procedures for working with the LEA in coordinating the provision of medically services for enrolled children and youth that are identified as part of the Individual Education Program.
  - f) Describe the policies and procedures that will ensure the referral of enrolled children and youth for dental services at least on an annual basis and when dental problems are identified at the time of an encounter with a Network Provider.
- I. Data Reporting and Management Information System (MIS)
- 1) Describe the functionality of the MIS that will be adopted.
  - 2) Describe the policies and procedures for ensuring the complete, accurate and timely submission of encounter data, including the methods for ensuring the provision of service level data from Sub-Contractors and Non-Contracting Providers.
  - 3) Describe the policies and procedures for ensuring compliance with the Health Insurance Portability and Accountability Act (HIPAA) statutory requirements.
- m. Medical Records
- Describe the systems that will be implemented for the maintenance of medical records including processes and procedures for ensuring that documentation is complete (including all contractual requirements), current, legible, secure and retrievable. Include a discussion of which records are maintained centrally and are not; procedures for transferring/communicating information between Providers in the network and the Demonstration Project administration; policies and procedures for release of medical information to outside entities include family members, referral resources, county CCS programs, DHCS staff and the Demonstration Project evaluation team; procedures for protecting/maintaining confidential information; and monitoring/auditing policies and procedures.
- n. Enrollment
- Describe the policies and procedures that will be implemented for the initial systematic enrollment and evaluation of children and youth determined by the relevant county CCS programs to be eligible for participation in the Demonstration Project.

o. Rights and Responsibilities of Enrolled Children and Families

- 1) Describe the complaint/grievance system including the processes for informing enrolled children and youth and their families of their rights and responsibilities; ensuring their access to grievance appeal procedures; documents and communicating information related to grievances, denials of services, appeals, outcomes; resolving grievances and appeals within prescribed time frames; monitoring and evaluation of grievances and of the grievance/appeal system; mechanisms for feedback and correction of problems identified, etc.
- 2) Describe how the grievance/appeal system will be structured within the Demonstration Project including how oversight and ongoing responsibility will be assigned; and how the lines of authority, responsibility, accountability and communication are defined.
- 3) Describe how the Demonstration Project will ensure the rights of enrolled children and youth and their families to a fair hearing.

p. Quality Monitoring and Improvement Measures

Describe the mechanisms by which individuals will be designated to represent the Contractor in developing and participating in the Quality Improvement collaboratives.

q. Administrative Responsibilities

- 1) Describe how the governing body of the organization/agency shall be committed to providing the resources necessary to support the Demonstration Project in providing the services required in this RFP.
  - a) Describe the processes, procedures and safeguards that will be implemented to ensure the medical decisions will be based on current medical practice and standards of care for children and youth with CCS eligible medical conditions and are not unduly influenced by fiscal and administrative management.
  - b) Provide a flow chart of the medical decision making process.
  - c) Describe the controls that will be put into place to ensure compliance with this requirement.
- 2) Submit the names and resumes of the Demonstration Project Administrator who will assume the overall responsibility for the day-to-day management of the Demonstration Project; the Medical Director who has responsibility for oversight of the medical services and the Director of Care Coordination.

r. Financial Information

Describe how the organization will meet the requirements, of Exhibit E, Sections 36 (Financial Capability) depending on the model for which the application is submitted.

s. Management Plan Section

- 1) Describe the organization that is submitting the application and how the Demonstration Project will be incorporated into the organization's administrative structure.

- 2) Describe how the organization will effectively coordinate, manage, monitor and evaluate the performance of its Staff, Contractors, Subcontractors and/or Consultants to ensure that the requirements of the Scope of Work (Exhibit A) will be performed.
- 3) Describe the fiscal accounting processes and budgetary controls that will be employed to ensure the responsible use and management of contract funds, including, at a minimum, a brief description of the the organization's fiscal reporting and monitoring capabilities to ensure contract funds are managed responsibly.
- 4) Describe how the Proposer will provide for separation of medical services from fiscal and administrative management to ensure that medical decisions will not be unduly influenced by fiscal and administrative management, including a description of the controls that will be put into place to ensure compliance with this requirement.

t. Project Personnel Section

- 1) Describe the staffing plan which details a sufficient number of staff (medical, professional, administrative and support) for this Demonstration Project that will allow the proper performance of the requirements of the Scope of Work (Exhibit A).
- 2) Provide an organizational chart showing the relationship placement and number of all management and professional staff positions. Place the organization chart in the Appendix section.
- 3) Provide a job description or duty statement for each position dedicated to the Demonstration Project and specify the title, responsibilities, and educational requirements.
- 4) Provide resumes of Demonstration Project personnel who will exercise major administrative, policy or consulting functions related to the requirements of the Scope of Work (Exhibit A). Resumes should not include personal information such as social security number, home address, home telephone number, marital staus, sex, birth date, etc.
- 5) Describe how the Proposer will monitor and evaluate the performance and compliance of Contractors and how they will protect the Demonstration Project and its enrollees and providers in the event there is a failure of performance or the contract is terminated.

u. Appendix Section

Place the following documentation in the Appendix Section of the proposal in the order shown below.

1) **Proof of Corporate Status**

If the Proposer is a Corporation, submit **either** a copy of the proposing firm's most current Certificate of Status issued by State of California, Office of the Secretary of State **or** submit a downloaded copy of the proposing firm's on-line status information from the California Business Portal website of California's Office of the Secretary of State. Include an explanation if this documentation cannot be submitted. Unless otherwise specified, do not submit copies of the proposing firm's Bylaws or Articles of Incorporation. "Also, include a copy of the proposing firm's Bylaws and 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 (3) (c) tax-exempt status. Submit an explanation if this documentation cannot be supplied.

**3) An Organization Chart**

The organization chart must show the distinct lines of authority between and among the divisions that will perform the project work and the primary reporting relationships within the Proposer’s organization. Show the relationships between Management, Key Decision Makers, Supervisory Personnel and Subcontractors and/or Independent Consultants, if any.

**4) Financial Statements**

If the proposing entity is an existing health health organization, submit copies of financial statements for the past two (2) years or most recent twenty-four (24) month period.

- a) Annual income statement(s), and
- b) Quarterly **or** annual balance sheets

Audited statements are preferred, but not required. If audited financial statements are supplied, all noted audit exceptions must be explained. DHCS will accept financial statements prepared by a Proposer’s financial accounting department, accounting firm or an auditing firm. A statement signed by a Proposer’s Chief Financial Officer certifying that the financial statements are accurate and complete must accompany all financial statements.

If the proposing entity is a new organization, submit copies of the financial statements identified above from the parent organization.

**5) Staff Resumes**

Resume specifications appear in the Project Personnel Section. Resumes should not exceed one to two (1-2) pages in length per person and should not include personal information such as a social security number, home address, home telephone number, home email address, marital status, sex, birth date, age, etc.

**6) Subcontractor/Consultant Letters of Agreement (if applicable)**

For each pre-identified Subcontractor and Independent Consultant that will be used to perform services under the resulting contract, submit a Letter of Agreement to work on this project.

A Letter of Agreement must be signed by an official representative of each Subcontracted Firm or Independent Consultant, acknowledging their intended participation/availability to work on this project and acknowledging they have read or been made aware of the terms and conditions of the proposed contract. Include an explanation if a Letter of Agreement cannot be obtained from each pre-identified Subcontractor and Consultant and indicate when a Letter of Agreement will be forthcoming.

**7) Conflict of Interest Compliance Certificate**

- a) Any entity that intends to submit a proposal is required to submit **Attachment 15** certifying that the proposing entity:
  - i. Is currently involved with or connected to any Contractor or subcontractor (including consultant) that is Contracted with any Medi-Cal Managed care health plan, provider, or billing agent for Medi-Cal Services, and;
  - ii. Understands that the conflict of interest requirements shall remain in effect for the entire life of the contract.
- b) If a conflict of interest is determined to exist that cannot be resolved to the satisfaction of DHCS, before the award of the contract, the conflict will be grounds for deeming a proposal nonresponsive.
- c) Proposers must assess their own situation according to the Conflict of Interest Compliance Certification information in **Attachment 15**. Complete, sign, and attach any required documentation according to the instructions on the attachment. **Place Attachment 15 and any accompanying documentation in the Appendix Section of the proposal.**

v. 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 attachment. After completing and signing the applicable attachments, assemble them in the order shown below.

Attachment #, Name, or Documentation	Instructions
2 - Required Attachment / Certification Checklist	1) Check each item with “Yes” or “N/A”, as applicable, and sign the form. If necessary, explain the choices.  2) If a Proposer 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 a proposal to be deemed nonresponsive.
3 - Business Information Sheet	Completion of the form is self-explanatory.
5 – RFP Clause Certification	Completion of the form is self-explanatory.

Attachment #, Name, or Documentation	Instructions
6 - CCC 307 – Certification	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: <a href="http://www.ols.dgs.ca.gov/Standard Language/default.htm">http://www.ols.dgs.ca.gov/Standard Language/default.htm</a> .
7 - Payee Data Record	Complete and return this form, <u>only</u> if the proposing firm has not previously entered into a contract with DHCS. If uncertain, complete and return the form.
8 - Follow-on Consultant Contract Disclosure	Complete and sign this form. If applicable, attach to this form the appropriate disclosure information.
9	Attachment 9 is intentionally left blank.
10 – Darfur Contracting Act Certification	If applicable, complete, sign and return this form and the required documentation if applicable. Detailed completion instructions appear on the cited attachment.
11a-Non-Small Business Subcontractor Preference Request  11b-Small Business Subcontractor / Supplier Acknowledgement	<b>Submission of these forms is optional.</b> Read and carefully follow the completion instructions in Attachments 11, 11a, and 11b. Complete and return Attachments 11a and 11b <u>only</u> if the bidding firm is a not a certified small business but is requesting a Subcontractor bidding preference by committing to use one or more certified Small Business Subcontractors for an amount equal to at least twenty-five percent (25%) of the total bid price.

**N. Proposal Submission**

**1. General Instructions**

- a. Assemble the accompanying CD on top of the paper copies. Package an original and five (5) copies of the proposal together. Place the proposal set marked “Original” on top, followed by the five (5) extra paper copies.
- b. If possible, place all proposal copies and accompanying CD in a single envelope or package. Seal the envelope, package, carton, or box.

If more than one envelope, package, carton, or box is submitted, carefully label each one as instructed below, and mark on the outside of each envelope or package “1 of X”, “2 of X”, etc.

- c. Mail or arrange for hand delivery of the proposal sets and accompanying CD to DHCS’ Office of Medi-Cal Procurement (OMCP). Proposals may not be transmitted electronically by fax or email.

- d. OMCP must receive the proposal sets and accompanying CD, regardless of postmark or method of delivery, by **4:00 p.m. on Monday, July 15, 2011**. Late proposals will not be reviewed or scored.

## 2. Proof of Timely Receipt

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

## 3. Proposer Costs

Proposers are responsible for all costs of developing and submitting a proposal. Such costs cannot be charged to DHCS or included in any cost element of a Proposer's price offering.

## O. Evaluation and Selection

A multiple stage evaluation process will be used to review and/or score proposals. DHCS will reject any proposal that is found to be nonresponsive at any stage of evaluation.

### 1. Stage 1 – Required Attachment / Certification Checklist review

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

### 2. Stage 2 – Narrative Proposal Evaluation/Scoring

- a. Proposals that appear to meet the basic format requirements, initial qualification 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 proposals based on each proposal's adequacy, thoroughness, and the degree to which it complies with the RFP requirements.

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

<b>Points</b>	<b>Interpretation</b>	<b>General basis for point assignment</b>
<b>0</b>	<b>Inadequate</b>	Proposer does not include a response and/or supporting information for the requirement(s) or does not commit to meet the RFP requirement(s).
<b>1</b>	<b>Barely Adequate</b>	Response and/or supporting information just meets the RFP requirement(s) and/or the information is unclear. Response provides very minimal descriptive information to support the Proposer's claim that they understand and intend to meet the requirement(s).
<b>2</b>	<b>Adequate</b>	Response and/or supporting information meets the basic RFP requirement(s) and demonstrates an understanding of, and the ability and intent to meet the requirement(s). There may be omission(s), flaw(s) and/or defect(s) but they are inconsequential and acceptable.
<b>3</b>	<b>More than Adequate</b>	Response and/or supporting information demonstrates a thorough, detailed and complete understanding of the requirement(s), demonstrates the ability and intent to meet the requirement(s), provides evidence of current ability to comply, and/or provides detailed plans or methodologies to further assure compliance with the requirement(s). The response is not considered excellent or outstanding but is above average and has no flaw(s), omission(s) or defect(s).
<b>4</b>	<b>Excellent or Outstanding</b>	Response and/or supporting information demonstrates a thorough, detailed and complete understanding of the requirement(s). Response demonstrates the ability and intent to <u>exceed</u> the requirement(s), provides evidence of current ability to comply, and proposes detailed plans or methodologies that further assure how the requirement(s) will be exceeded.

- c. In assigning points for individual rating factors, raters may consider issues including, but not limited to, the extent to which a proposal 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 Proposer understands DHCS' needs, the services sought, and/or the contractor's responsibilities, and/or
  - 4) Illustrates the Proposer'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 Proposer’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) Proposals, will be scored on a scale of 0 to **1,920** points, as follows:

Rating Category	Maximum # of Points/Per Category	X	Weight	=	Total Points
Executive Summary	8	X	2	=	16
Proposer’s Capability	16	X	5	=	80
Geographic Service Area	8	X	3	=	24
Work Plan	4	X	3	=	12
Demonstration Project Advisory Board	8	X	2	=	16
Family Centered Care	28	X	10	=	280
Service Network/Access to Care	24	X	10	=	240
Scope of Services	20	X	10	=	200
System Requirements	44	X	20	=	880
Data Reporting and MIS	8	X	3	=	24
Medical Records	4	X	3	=	12
Enrollment	4	X	3	=	12
Rights and Responsibilities	16	X	3	=	48
Quality Monitoring and Improvement	4	X	3	=	12
Administrative Responsibilities	8	X	5	=	40
Management Plan	16	X	5	=	80
Project Personnel	8	X	5	=	40
<b>Total Possible Points for Proposal</b>					<b>1,920</b>

**3. Stage 3 – Adjustments to Score Calculations for Bidding Preferences/Incentives**

- a. DHCS will determine which firms, if any, are eligible to receive a bidding preference (i.e., small business or Non-Small Business Subcontractor preference).
- b. To confirm the identity of the highest scored responsive Proposer, DHCS will adjust the total score for applicable claimed preference(s)/incentives for eligible Proposers. DHCS will apply preference adjustments to eligible Proposers according to State regulations following verification of eligibility with the appropriate office of DGS. More information about the allowable bidding preferences appears in the RFP section entitled, “Preference and Incentive Programs”.

**4. Stage 4 – Oral Interview**

DHCS may choose to conduct oral interviews with the highest scoring Proposers. DHCS may, at its discretion, choose not to conduct oral interviews. The purpose of the oral interview is to assess and/or confirm:

- a. The Proposer’s understanding of DHCS’ needs and the overall importance of the project.
- b. The Proposer’s commitment to provide quality services in a timely manner.

- c. The Proposer’s willingness and ability to establish effective working relationships with State staff.
- d. The capabilities and strengths of the Proposer’s management team.

The soundness and strengths of the Proposer’s approach to accomplish the objectives and manage the project to ensure successful completion of all Scope of Work requirements.

If DHCS chooses to conduct oral interviews, the length of each interview should not exceed **TBD** hour(s). DHCS anticipates that interviews will be held in Sacramento at a time and place to be determined. In addition to the Proposer’s official authorized representative(s), DHCS may request the presence of primary and/or key project personnel to attend the interview. If applicable, DHCS will mail, email, or fax specific interview requirement information to each of the affected Proposers.

**5. Proposal Rating Factors**

Evaluators will use the following rating factors to score the proposals:

<b>QUES #</b>	<b>EVALUATION QUESTIONS</b>
<b>EXECUTIVE SUMMARY</b>	
<b>1</b>	To what extent does the Proposer express an understanding of the project’s goal and objectives?
<b>2</b>	To what extent does the Proposer describe how the project will be integrated into the Proposer’s existing workload obligations?
<b>PROPOSER’S CAPABILITY</b>	
<b>3</b>	To what extent does the Proposer demonstrate its background and experience in providing services to children and youth with special health care needs and their families?
<b>4</b>	To what extent has the Proposer worked to develop linkages within the community with provider networks, the county CCS programs, parent groups and other organizations providing services to children and youth with special health care needs?
<b>5</b>	To what extent has the Proposer worked with members of the community in the development and implementation of the Demonstration Project?.
<b>6</b>	To what extent does the Proposer offer letters of support which demonstrate collaboration and coordination in planning the Demonstration Project?
<b>GEOGRAPHIC SERVICE AREA</b>	
<b>7</b>	To what extent has the Proposer suggested a discrete geographic service area for the Demonstration Project model which is consistent with the goals of the Administration?
<b>8</b>	To what extent has the Proposer provided its best estimate as to the number of eligible CCS clients in the proposed geographic service area which will allow an effective evaluation of the Demonstration Projects?
<b>WORK PLAN</b>	
<b>9</b>	To what extent does the Proposer clearly identify the tasks that need to be completed to implement a Demonstration Project?
<b>DEMONSTRATION PROJECT ADVISORY BOARD</b>	
<b>10</b>	To what extent does the Proposer provide a description of the Demonstration Project Advisory Board(PPAB) which is comprehensive and satisfies the requirements of the RFP?
<b>11</b>	To what extent does the Proposer describe a composition of the board, which includes members of the community in the geographic area to be served by the Demonstration Project and who are representative of the diverse interests and

QUES #	EVALUATION QUESTIONS
	perspectives of both the provider and CCS client/family communities that will participate in the Demonstration Project?
<b>FAMILY CENTERED CARE</b>	
12	To what extent does the Proposer provide a design for a family centered system of care which is comprehensive and meets the RFP requirements?
13	To what extent does the Proposer’s application identify methods to assist families in understanding their children’s medical needs and allowing them to actively and effectively participate in planning for care?
14	To what extent does the Proposer’s application reflect an awareness of and sensitivity to the diverse cultural, linguistic, educational, psychosocial and financial backgrounds as well as the needs and resources of the families whose children will be enrolled in the Demonstration Project?
15	To what extent does the Proposer’s application reflect a commitment by the Proposer to dedicate the resources necessary to plan for and implement a family centered system of care, time for planning, providing care training for families as well as staff/providers for both financial and social support as needed with families and providers?
16	To what extent does the Proposer show a plan for incorporating families into the Demonstration Project system of care which is feasible?
17	To what extent does the Proposer’s application provide for ongoing monitoring, evaluation of the family-centered system of care which includes mechanisms for feedback, training and support for providers?
18	To what extent does the Proposer’s application assure that individual treatment plans are current, complete and that patient care conferences are held when necessary, but no less than annually?
<b>SERVICE NETWORK/ACCESS TO CARE</b>	
19	To what extent does the Proposer’s description of its service network show an enrollee’s access to care is comprehensive in addressing the requirements of the RFP?
20	To what extent does the Proposer’s description of its proposed system include appropriate mechanisms for ensuring that enrolled children will have access to all services required by the RFP?
21	To what extent does the Proposer’s description of its proposed service system of care ensure ongoing access to routine, symptomatic, urgent and emergency care, medical advice and member services information within the prescribed time frames?
22	To what extent does the Proposer describe a network of providers (number, geographic distribution and expertise) that will ensure that the Demonstration Project has the capacity to provide the required range of services (e.g., preventive, primary and specialty care)?
23	To what extent does the proposer describe ensuring access, when medically necessary, to providers who are located outside of the geographic service area of the Demonstration Project?
24	To what extent does the Proposer’s application offer a plan which ensures that providers and other health professionals are appropriately qualified and trained to full their roles and responsibilities?
25	To what extent does the Proposer’s application describe a service network which addresses sensitivity to and elimination of geographic, physical, cultural and linguistic barriers to services and providers?
<b>SCOPE OF SERVICES</b>	
26	To what extent does the Proposer’s application reflect a commitment to provide

QUES #	EVALUATION QUESTIONS
	access to the full range of medically necessary services that will ensure comprehensive care of the enrolled child?
27	To what extent does the Proposer document how the Demonstration Project will ensure access to services not included in the Demonstration Project?
28	To what extent does the Proposer’s application include mechanisms for follow-up to ensure that services were appropriate, sufficient, satisfactory and complete?
29	To what extent does the Proposer describe mechanisms that will be place to ensure that children receive necessary dental services?
30	To what extent does the Proposer identify and include copies of Memoranda of Understanding (MOU) and referral agreements as outlined in the RFP?
<b>SYSTEM REQUIREMENTS</b>	
Medical Home	
31	To what extent does the Proposer describe a process by which a personal physician is identified for each enrollee?
32	To what extent does the Proposer describe the mechanisms by which designated Personal Physicians will receive information/education on their roles and responsibilities, including collaboration with the care coordinators?
33	To what extent will the Proposer provide oversight of the personal physicians’ roles and responsibilities?
Care Coordination	
34	To what extent does the Proposer describe a system of care coordination system which is comprehensive and addresses the requirements of the RFP?
35	To what extent does the Proposer describe its mechanisms for monitoring the enrollee and family’s ongoing needs?
36	To what extent does the Proposer offer a care coordination system which includes and involves agencies and organizations in the community for planning and ensuring appropriate, consistent and comprehensive care for children while utilizing resources available in the community and avoiding duplication of services?
Utilization and Management Review	
37	To what extent will the Proposer’s ensure that only qualified professional staff is responsible for making medical decisions?
38	To what extent does the Proposer’s system for authorization of requests for services meet the requirements of the RFP?
Health Education	
39	To what extent does the Proposer’s plan for provision of health education meet the requirements of the RFP?
40	To what extent does the Proposer’s plan for health education address the needs of the proposed enrollees?
Relationship with Other Health Care Agencies	
41	<p>To what extent does the Proposer plan for and describe, the policies and procedures for coordinating care with the following agencies and/or services:</p> <ul style="list-style-type: none"> <li>• CCS Medical Therapy Program</li> <li>• County Medical Health Plan</li> <li>• Regional Center</li> <li>• Early Intervention Services</li> <li>• Local Educational Agency Services</li> <li>• Dental Services</li> </ul>
Data Reporting and MIS	

QUES #	EVALUATION QUESTIONS
42	To what extent does the Proposer describe systems that ensure its conformance with the requirements for submission of encounter data?
43	To what extent does the Proposer describe the methods by which it will be in compliance with Health Insurance Portability and Accountability Act (HIPAA) privacy and security rules?
	Medical Records
44	To what extent does the Proposer describe the systems that will be implemented for the maintenance of medical records and meet the requirements of the RFP?
	Enrollment
45	To what extent does the Proposer identify how it will work with county CCS programs during the initial enrollment and contacting of families?
	Rights and Responsibilities
46	To what extent does the Proposer describe the systems that will be implemented to ensure that the Demonstration Project will be in compliance with the section of the RFP on Rights and Responsibilities?
47	To what extent does the Proposer describe a grievance system which is easily accessed?
48	To what extent does the Proposer describe its system by which it will notify an enrollee or family of any denial or modification of services?
	Quality Monitoring and Improvement
50	To what extent does the Proposer describe how it will participate in Quality Improvement (QI) collaborative?
<b>ADMINISTRATIVE RESPONSIBILITIES</b>	
51	To what extent does the Proposer comply with the requirements of the RFP?
52	To what extent does the Proposer offer policies and procedures which ensure the responsibility for making medical decisions meet the requirements of the RFP?
<b>MANAGEMENT PLAN</b>	
53	To what extent does the Proposer describe the organization submitting the response and how it will incorporate the Demonstration Project into the organization's administrative structure?
54	To what extent does the Proposer describe how its organization will evaluate the performance of their staff, contractors, subcontractors and/or other consultants to ensure that the requirements of the Scope of Work are performed and met?
55	To what extent does the Proposer detail its fiscal accounting processes which will be implemented to ensure the responsible use and management of resources?
56	To what extent does the Proposer describe how medical decisions will not be unduly influenced by fiscal and administrative management?
<b>PROJECT PERSONNEL</b>	
57	To what extent does the Proposer provide a staffing plan including an organization chart?
58	To what extent has the Proposer provided job descriptions or duty statements that reflect responsibilities to carry out the Scope of Work?

## P. Bid Requirements and Information

### 1. Nonresponsive Proposals

In addition to any condition previously indicated in this RFP, the following occurrences **may** cause DHCS to deem a proposal nonresponsive.

- a. Failure of a Proposer to:
  - 1) Meet proposal format/content or submission requirements including, but not limited to, the sealing, labeling, packaging and/or timely and proper delivery of proposals.
  - 2) Pass the Required Attachment / Certification Checklist review (i.e., by not marking “Yes” to applicable items or by not appropriately justifying, to DHCS’ satisfaction, all “N/A” designations).
  - 3) Submit a **mandatory** Conflict of Interest Compliance Certificate in the manner required, if applicable.
- b. If a Proposer submits a proposal that is conditional, materially incomplete or contains material defects, alterations or irregularities of any kind.
- c. If a Proposer supplies false, inaccurate or misleading information or falsely certifies compliance on any RFP attachment.
- d. If DHCS discovers, at any stage of the bid process or upon contract award, that the Proposer is unwilling or unable to comply with the contract terms, conditions and exhibits cited in this RFP or the resulting contract.
- e. If other irregularities occur in a proposal response that is not specifically addressed herein (i.e., the Proposer places any conditions on performance of the Scope of Work, submits a counter proposal, etc.).

### 2. Proposal Modifications after Submission

- a. All proposals are to be complete when submitted. However, an entire proposal may be withdrawn and the Proposer may resubmit a new proposal.
- b. To withdraw and/or resubmit a new proposal, follow the instructions appearing in the RFP section entitled, “Withdrawal and/or Resubmission of Proposals”.

### 3. Proposal Mistakes

If prior to contract award, award confirmation, or contract signing, a Proposer discovers a mistake in their proposal and/or cost offering that renders the Proposer unable or unwilling to perform all Scope of Work services as described in its proposal response for the price/costs offered, the Proposer must immediately notify DHCS and submit a written request to withdraw its proposal following the procedures set forth below.

### 4. Withdrawal and/or Resubmission of Proposals

- a. Withdrawal Deadlines

A Proposer may withdraw a proposal at any time before the proposal submission deadline.

b. Submitting a Withdrawal Request

- 1) Submit a written withdrawal request, signed by an authorized representative of the Proposer.
- 2) Label and submit the withdrawal request using one of the following methods.

U.S. Mail, Hand Delivery or Overnight Express:	Fax:
<p><b>Withdrawal - RFP 11-88024</b>                      Department of Health Care Services                      Office of Medi-Cal Procurement                      Sharon Turk or Brian Quacchia                      Mail Station 4200                      1501 Capitol Avenue, Suite 71.3041                      P.O. Box 997413                      Sacramento, CA 95899-7413</p>	<p><b>Withdrawal - RFP 11-88024</b>                      Department of Health Care Services                      Office of Medi-Cal Procurement                      Sharon Turk or Brian Quacchia</p> <p><b>Fax: (916) 440-7369</b></p>

- 3) **[For faxed requests]** Proposers must call DHCS' OMCP at (916) 440-7369 to confirm receipt of a faxed withdrawal request. Follow-up the faxed request by mailing or delivering the signed original withdrawal request within twenty-four (24) hours after submitting a faxed request.

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

c. Resubmitting a Proposal

After withdrawing a proposal, Proposers may resubmit a new proposal according to the proposal submission instructions. Replacement proposals must be received at the stated place of delivery by the proposal due date and time.

**5. Contract Award and Appeals**

a. Contract Award

- 1) DHCS will select Demonstration Projects in defined geographic service areas from among all distinct geographic services areas identified in proposals submitted. This selection will be at the sole discretion of DHCS based on its determination of which of the proposed defined geographic service areas are the most appropriate for fulfilling the goals and objectives of the CCS Demonstration Projects.
- 2) A contract will be awarded for only one Demonstration Project in a defined geographic service area selected by DHCS for a Demonstration Project.
- 3) Award of contracts, if one or more are awarded, will be to a responsive responsible Proposer for a specific model, in a geographic service area selected by DHCS, which earns the highest total score for its proposal. The highest scored proposal will be determined after DHCS adjusts Proposer scores for applicable bidder preferences and/or incentives. If two proposals for a defined geographic service area selected by

DHCS have equal adjusted scores, DHCS will break the tie according to the language contained in Section P.5.b., below.

- 4) DHCS shall award the contract only after DHCS posts a Notice of Intent to Award for five (5) State working days. DHCS expects to post the Notice of Intent to Award before the close of business on August 31, 2011 in a Contract Award Notices Binder which will be available for viewing by the public during normal business hours, at the following location:

Department of Health Care Services  
1501 Capitol Avenue, First Floor Guard Station  
Sacramento, CA 95814

- 5) The Notice of Intent to Award will also be posted on the OMCP Website.
- 6) DHCS will confirm the contract award to the winning Proposer after the appeal deadline, if no appeals are filed or following resolution of all appeals. DHCS staff may confirm an award verbally or in writing.

b. Settlement of Ties

- 1) In the event of a precise total high score tie between a responsive proposal submitted by a firm that was granted Non-Small Business Subcontractor preference and a responsive proposal submitted by a certified small business or microbusiness, the contract will be awarded to the certified small business or microbusiness.
- 2) In the absence of a California law or regulation governing a specific tie, DHCS will settle all other precise total high score ties by making an award to the Proposer who
- 3) earns the highest narrative or Technical Proposal score. If narrative or Technical Proposal scores are also tied, DHCS will settle the tie in a manner that DHCS determines to be fair and equitable (e.g., coin toss, lot drawing, etc.). In no event will DHCS settle a tie by dividing the work among the tied Proposers.

c. Appeals

- 1) Who can appeal

Only Proposers that submit a timely proposal that complies with the RFP instructions may file an appeal.

- 2) Grounds for appeal

DHCS will not make an award in a specific geographic service area until all appeals against the award for that geographic service area are withdrawn by the appellant(s), denied, or resolved to the satisfaction of the DHCS. The receipt of an appeal against an award in one geographic service area shall not hinder, delay, or prevent an award in another geographic service area.

Appeals are limited to the grounds that DHCS clearly and unreasonably failed to correctly apply the standards for reviewing proposals in accordance with this RFP. "Clearly and unreasonably" means that no reasonable person familiar with the RFP would have applied the standards for reviewing proposals in the same manner as applied by DHCS.

3) Appeal content

A written appeal may be submitted which specifies the specific grounds that DHCS has clearly and unreasonably failed to correctly apply the standards for reviewing proposals in accordance with this RFP. The written appeal must fully identify the specific instances in which DHCS has clearly and unreasonably failed to correctly apply the standards for reviewing proposals in accordance with the RFP and the remedy sought.

4) How and when to submit an appeal

Written letters appealing DHCS' final award selections must be received by DHCS no later five (5) State working days after the Notice of Intent to Award is posted.

Appellant shall also provide a copy of the appeal and the statement to the contract awardee at the address listed on the Notice of Intent to Award.

Hand deliver, mail, or fax your appeal to DHCS at the address below. Label, address, and submit a letter of appeal using one of the following methods:

<b>U.S. Mail, Hand Delivery or Overnight Express:</b>	<b>Fax:</b>
<p><b>Appeal to RFP 11-88024</b>                      Department of Health Care Services                      Office of Medi-Cal Procurement                      Attention: Sharon Turk or Brian Quacchia                      Mail Station 4200                      PO Box 997413                      1501 Capitol Avenue, Suite 71.3041                      Sacramento, CA 95814</p>	<p><b>Appeal to RFP 11-88024</b>                      Department of Health Care Services                      Office of Medi-Cal Procurement                      Attention: Sharon Turk or Brian Quacchia                        Fax: (916) 440-7369</p>

**For faxed appeals**

Call OMCP at the following telephone number to confirm receipt of your fax transmission: (916) 552-8006

Faxed appeals must be followed-up by sending an original signed appeal, with all supporting material, within one (1) calendar week of submitting the faxed appeal.

5) Appeal process

Only timely and complete appeals that comply with the instructions herein may be considered. The Awardee may submit a response to the appeal within five (5) calendar days following receipt of a copy of the appeal from Appellant. At its sole discretion, DHCS reserves the right to collect additional facts or information to aid in the resolution of any appeal. The Office of Medi-Cal Procurement and the Systems of Care Division reserve the right to submit briefs in response to any appeal brought by a proposer and to participate in any oral hearing called by a Hearing Officer.

A Hearing Officer appointed by the Director or his/her designee shall review each timely and complete appeal and may resolve the appeal either by considering the

contents of the written appeal letters and any briefs or, at his/her sole discretion, by holding an oral appeal hearing. The Hearing Officer, at his/her sole discretion, may, within five (5) calendar days of appointment as Hearing Officer, request additional information or further clarification of an issue. If the Hearing Officer decides to hold an oral appeal hearing, the hearing shall take place within thirty (30) calendar days

of his/her appointment as Hearing Officer. The oral appeal hearing will be an informal hearing in which the appellant makes an oral presentation describing the basis of its appeal, and the authority for the appeal, followed by questions if any, from the Hearing Officer. The Awardee and the Office of Medi-Cal Procurement and/or the Systems of Care Division may also make an oral presentation followed by questions, if any, from the Hearing Officer.

The decision of the Hearing Officer, which shall be made within sixty (60) calendar days of his/her appointment as Hearing Officer, shall be final and there will be no further administrative appeal. The Hearing Officer may, with the express written approval of the Director, have one extension to the sixty (60) calendar day period to issue a decision. The extension shall not exceed fifteen (15) calendar days.

Appellants will be notified of the decision of the Hearing Officer on the day that the decision is issued.

## **6. Disposition of Proposals**

- a. All materials submitted in response to this RFP will become the property of the DHCS and, as such, are subject to the Public Records Act (GC Section 6250, et seq.). DHCS will disregard any language purporting to render all or portions of any proposal confidential.
- b. Upon posting of a Notice of Intent to Award, all documents submitted in response to this RFP 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 Public Records Act (Government Code Section 6250 et seq.) and subject to review by the public. However, proposal contents, Proposer correspondence, selection working papers, or any other medium shall be held in the strictest confidence until the Notice of Intent to Award is posted.
- c. DHCS may return a proposal to a Proposer at their request and expense after DHCS concludes the bid process.

## **7. Inspecting or Obtaining copies of Proposals**

- a. The following materials are made available to the public. Who can inspect or request a CD copy of the proposal materials:
  - 1) After DHCS releases the RFP, any existing Proposers List (i.e., list of firms or persons to whom this RFP is sent or released by the funding program) or information obtained from DGS on the firms or persons that downloaded this RFP from a DGS website is considered a public record and will be available on the OMCP website or on CD upon request .
  - 2) After the Pre-Proposal Conference, the sign-in or attendance sheet is a public record and is available via Administrative Bulletin and is posted on the OMCP website.

- 3) On or after the date DHCS posts the Notice of Intent to Award, all proposals, Proposer Lists, Conference Sign-in/Attendance Sheet, Letters of Intent, Checklists and/or Scoring/Evaluation Sheets become public records and are part of the Bidder's Package. The Bidder's Package is available on CD upon request.

b. Obtaining CD copies of Proposal Materials

Persons wishing to obtain CD copies of proposal materials may call DHCS or e-mail a written request to the DHCS office identified below. The requestor must identify the items they wish to receive.

Persons requesting CD copies must provide blank replacement CD's to the Department.

**Submit the Request as follows:**

**Request for CD Copies - RFP 11-88024**

Attn: Sharon Turk or Brian Quacchia

Department of Health Care Services

Office of Medi-Cal Procurement

MS Code 4200

1501 Capitol Ave, Suite 71.3041

P.O. Box 997413

Sacramento, CA 95899-7413

## 8. Verification of Proposer information

By submitting a proposal, Proposers agree to authorize DHCS to:

- a. Verify any and all claims made by the Proposer including, but not limited to verification of prior experience and the possession of other qualification requirements, and
- b. Check any reference identified by a Proposer or other resources known by DHCS to confirm the Proposer's business integrity and history of providing effective, efficient and timely services.

## 9. DHCS Rights

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

a. RFP Corrections

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

- 2) If deemed necessary by DHCS to remedy an RFP error or defect that is not detected in a timely manner, DHCS may also issue correction notices or waive any unnecessary, erroneous, or unreasonable RFP requirement or instruction after the proposal submission deadline.
- 3) If this RFP is clarified, corrected, or modified, DHCS will mail, email, or fax written clarification notices, Administrative Bulletins, and/or RFP addenda to all persons/firms to whom DHCS sent this RFP and to any persons that specifically make a request to receive materials that announce changes to the RFP.

If DHCS decides, just before or on the proposal due date, to extend the submission deadline, DHCS may choose to notify potential Proposers of the extension by fax, email, or by telephone. DHCS will follow-up any verbal notice in writing by fax, email, or by mail.

If this RFP is clarified, corrected, or modified, DHCS will mail, email, or fax written clarification notices, Administrative Bulletins, and/or RFP addenda to all persons/firms that submitted a Request for Inclusion on Mailing List. All RFP correction/modification information may be accessed by searching for the RFP number at the DGS Bidsync website containing State Contracts Register Ad for this procurement.

If DHCS decides, just before or on the proposal due date, to extend the submission deadline, DHCS may choose to notify potential Proposers of the extension by fax, email, or by telephone. DHCS will follow-up any verbal notice in writing by fax, email, or by mail.

- 4) The DHCS reserves the right not to review a proposal response or make a contract award if the amount bid for any budget period or the grand total bid amount exceeds DHCS' stated funding limit(s) for any budget period or total anticipated funding as cited in the cover letter that accompanied the RFP or if the total bid amount exceeds funding limit cited in Contract State Contract Register ad.

b. Collecting Information from Proposers

- 1) If deemed necessary, DHCS may request a Proposer to submit additional documentation during or after the proposal review and evaluation process. DHCS will advise the Proposers orally, by fax, email, or in writing of the documentation that is required and the time line for submitting the documentation. DHCS will follow-up oral instructions in writing by fax, email, or mail. Failure to submit the required documentation by the date and time indicated may cause DHCS to deem a proposal nonresponsive.
- 2) DHCS, at its sole discretion, reserves the right to collect, by mail, email, fax 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 RFP attachment/form.
  - c) Information/material needed to clarify or confirm certifications or claims made by a Proposer.
  - d) Information/material or form needed to correct or remedy an immaterial defect in a proposal.

- 3) The collection of Proposer documentation may cause DHCS to extend the date for posting the Notice of Intent to Award. If DHCS changes the posting date, DHCS will advise the Proposers, orally, via email, or in writing, of the alternate posting date.

c. Immaterial Proposal Defects

- 1) DHCS may waive any immaterial defect in any proposal and allow the Proposer 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 a proposal shall in no way modify this RFP or excuse a Proposer from full compliance with all bid requirements.

d. Correction of Clerical or Mathematical Errors

DHCS reserves the right, at its sole discretion, to overlook, correct or require a Proposer to remedy any obvious clerical or mathematical errors occurring in the narrative portion of a proposal.

e. 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.).

f. No Contract Award or RFP Cancellation

The issuance of this RFP does not constitute a commitment by DHCS to award a contract. DHCS reserves the right to reject all proposals and to cancel this RFP if it is in the best interests of DHCS to do so.

g. Contract Amendments after Award

As provided in the Public Contract Code governing contracts awarded by competitive bid, the DHCS reserves the right to amend the contract after DHCS makes a contract award.

h. Proposed use of Subcontractors and/or Independent Consultants

Specific Subcontract relationships proposed in response to this RFP (i.e., identification of pre-identified Subcontractors and Independent Consultants) shall not be changed during the procurement process or prior to contract execution. The pre-identification of a Subcontractor or Independent Consultant does not affect DHCS' right to approve personnel or staffing selections or changes made after the contract award.

i. Staffing Changes after Contract Award

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

**Q. 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 (3) 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 Q.a.2 of this certification; and
  - 4) Have not within a three (3) year period preceding this 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.

#### **R. Lobbying Restrictions and Disclosure**

(This certification only applies if the resulting contract total 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 (3) 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. Preference and Incentive Programs**

To confirm the identity of the highest scored responsive Proposer, DHCS will adjust the total point score for applicable claimed preference(s). Bidding preferences shall not be applied to proposals that fail to pass the Checklist Review or fail to earn a minimum passing score during the narrative proposal scoring process. DHCS will apply preference adjustments to eligible Proposers according to State regulations following on-line or personal verification of eligibility with the appropriate office of the DGS.

### **1. Small Business / Microbusiness Preference**

- a. A responsive California small business or microbusiness Proposer claiming preference and verified as a certified small business or microbusiness in a relevant business category or type will be granted a preference of five percent (5%) of the total point score earned by the responsive/responsible Proposer with highest combined score, if the highest scored proposal is submitted by a non-small business. Non-small business means a responsive/responsible Proposer that is not certified by DGS as a California small business or microbusiness in a relevant business category or type. The "service" category or business type will most likely apply to this procurement. Nonprofit Veteran Service Agencies (NVSA) are to view the instructions in provision 3 of this section (Preference Programs).
- b. To be certified as a California small business or microbusiness and eligible for a bidding preference the business concern must meet the State's eligibility requirements and must have submitted an application for small business status no later than 5:00 p.m. on the proposal submission deadline.
- c. Firms desiring small business or microbusiness certification must obtain the appropriate Small Business Certification Application (STD 812 or other form) from the appropriate office of DGS, fully complete the application, and submit it to DGS as instructed in the application. Prospective proposing firms desiring small business certification assistance, may contact the DGS by the following means:
  - 1) (916) 322-5060 (24 hour recording and mail requests), or
  - 2) (916) 375-4940 (Small business assistance) or (800) 559-5529 (live operator Central receptionist), or
  - 3) Internet address: <http://www.pd.dgs.ca.gov/smbus/default.htm> or
  - 4) Fax: (916) 375-4950, or
  - 5) Email: [osdchelp@dgs.ca.gov](mailto:osdchelp@dgs.ca.gov)

## 2. Non-Small Business Subcontractor Preference

- a. Non-small business means a responsive/responsible Proposer that is not certified by DGS as a small business or microbusiness.
- b. If the responsive Proposer earning the highest total score is not a certified small business/microbusiness, a bid preference up to five percent (5%) is available to a responsive Non-Small Business Proposer committing twenty-five percent (25%) Small Business Subcontractor use of one or more small businesses. When applicable, the preference points will be calculated pursuant to the regulations in Title 2, California Code of Regulations (CCR) § 1896.8 and will be added to total score of an eligible non-small business. This preference is authorized pursuant to Title 2, CCR § 1896.2 and Government Code § 14835.
- c. If a Proposer claims the Non-Small Business Subcontractor preference, the proposal response must identify each proposed Small Business Subcontractor that will be used, the participation percentage and dollar amount committed to each identified Small Business Subcontractor, and substantial proof to enable verification of each Subcontractor's small business status. The total Small Business Subcontractor use must equal no less than twenty-five percent (25%) of the total cost offered.
- d. To be granted preference, each proposed Small Business Subcontractor must possess an active small business certification issued by DGS, must perform a "commercially useful function" under the contract and the basic functions to be performed must be identified at the time of proposal submission.
- e. To request the Non-Small Business Subcontractor preference, complete **Attachment 11a (Non-Small Business Subcontractor Preference Request) and Attachment 11b (Small Business Subcontractor/Supplier Acknowledgement)**.
- f. Refer to the RFP section entitled, "Settlement of Ties" to learn how tied costs will be resolved.

## T. Contract Terms and Conditions

### 1. Loss Lead Clause

It is unlawful for any person engaged in business within this State (California) to sell or use any article or product as a "loss leader" as defined in Section 17030 of the Business and Professions Code.

### 2. Other Terms and Conditions

The winning Proposer must enter a written contract that may contain portions of the Proposer's proposal, Scope of Work, Scope of Work Attachments, Standard Contract Provisions, the Contract Form, and the exhibits identified below. Other exhibits, not identified herein, may also appear in the resulting contract.

The exhibits identified in this section contain contract terms that require strict adherence to various laws and contracting policies. A Proposer's unwillingness or inability to agree to the proposed terms and conditions shown below or contained in any exhibit identified in this RFP may cause DHCS to deem a Proposer non-responsive and ineligible for an award. DHCS reserves the right to use the latest version of any form or exhibit listed below in the resulting agreement if a newer version is available.

The exhibits identified below illustrate many of the terms and conditions that may appear in the final agreement between DHCS and the winning Proposer. Other terms and conditions, not specified in the exhibits identified below, may also appear in the resulting agreement. Some terms and conditions are conditional and may only appear in an agreement if certain conditions exist (i.e., contract total exceeds a certain amount, federal funding is used, etc.).

In general, DHCS will not accept alterations to the General Terms and Conditions (GTC), DHCS’ Special Terms and Conditions, the Scope of Work, other exhibit terms/conditions, or alternate language that is proposed or submitted by a prospective Contractor. DHCS may consider a proposal containing such provisions “a counter proposal” and DHCS may reject such a proposal as nonresponsive.

3. Sample Contract Forms / Exhibits

<b>Exhibit Label</b>	<b>Exhibit Name</b>
a. Exhibit A1	Standard Agreement
b. Exhibit A and Exhibit A, Attachments I through IV	Scope of Work
c. Exhibit B	TBD
d. Exhibit C - View on-line.	General Terms and Conditions (GTC 610). View or download this exhibit at this Internet site: <a href="http://www.ols.dgs.ca.gov/Standard Language/default.htm">http://www.ols.dgs.ca.gov/Standard Language/default.htm</a> .
e. Exhibit D(F)	Special Terms and Conditions
f. Exhibit E	Additional Provisions
g. Exhibit F	Contractor’s Release
h. Exhibit G	HIPAA Business Associate Addendum
i. Exhibit H	Information Confidentiality and Security Requirements

4. Unanticipated Tasks

In the event unanticipated or additional work must be performed that is not identified in this RFP, but in DHCS’ opinion is necessary to successfully accomplish the Scope of Work, DHCS will initiate a contract amendment to add that work. All terms and conditions appearing in the final contract will apply to any additional work and extension options.

5. Resolution of Language Conflicts (RFP 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 RFP, any inconsistency or conflict will be resolved by giving precedence to the final agreement.