STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

Training & Certification of Recovery Support Specialist for Peer Delivered Services

REQUEST FOR PROPOSAL (RFP)

The Connecticut Department of Mental Health and Addiction Services (hereafter referred to as DMHAS, or the Department), in its effort to successfully implement a person-centered, recovery-oriented, and value-driven system of care requests proposals from qualified private non-profit applicants to establish a process to train, certify, and maintain a statewide certification process for **Recovery Support Specialists, Peer Delivered Services**, in accordance with, but not limited, the standards of the Medicaid Rehabilitation Option (MRO) specific to the provisions of Assertive Community Treatment (ACT) and Community Support Teams (CSP).

A **Bidders' Conference** will be held at **9:00 A.M.** Local Time on **July 9**, **2008** in **Lee Auditorium, Merritt Hall, Connecticut Valley Hospital, Silver Street, Middletown, CT.**

Responses to this RFP must be received by the Department Program Contact Person (listed below) no later than **4:00 P.M.** Local Time on **August 11**, **2008**. Any response(s) received after that date and time shall be returned, unopened to the applicant. The original and five (5) exact (for total of 6), legible copies of the proposal must be submitted by the deadline to:

Department of Mental Health and Addiction Services
P.O. Box 341431
410 Capitol Avenue
Hartford, Connecticut 06134
ATTN: (See Program Contact Below)

For questions on ***program*** issues, contact:

Steven Fry, Director of Recovery Affairs
Department of Mental Health and Addiction Services
(860) 418-6616 phone (860) 418-6691 fax
Email Address: Steven.Fry@po.state.ct.us

For questions on ***budget*** issues, contact:

Christine Goff, Human Service Contract Unit
Department of Mental Health and Addiction Services
(860) 418-6877 phone
(860) 418-6698 fax
Email: Christine.Goff@po.state.ct.us

This RFP also is available on the DMHAS Web Site at: http://www.ct.gov/dmhas/rfp

EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER
MINORITIES AND WOMEN ARE ENCOURAGED TO RESPOND

Table of Contents

I. Introduction

The Department of Mental Health and Addiction Services (DMHAS) is the state healthcare service agency responsible for health promotion, and the prevention and treatment of mental illness and substance abuse in Connecticut. The single overarching goal of DMHAS is promoting and achieving a quality-focused, culturally responsive, and recovery-oriented system of care. DMHAS has focused its efforts on greater involvement of persons in recovery in the planning and development of services, expanding system capacity through better care management of persons in treatment, promoting age, gender, sexual orientation, and culturally responsive services, and strengthening supportive community-based services. These efforts are captured in the Department's mission statement: "To improve the quality of life of the people of Connecticut by providing an integrated network of comprehensive, effective and efficient behavioral health services that foster self-sufficiency, dignity and respect."

DMHAS envisions a recovery-oriented system of behavioral health care that offers Connecticut's citizens an array of accessible services and recovery supports from which they will be able to choose those that are effective in addressing their particular behavioral health condition or combination of conditions. These services and supports will be culturally, age, and gender-responsive, build on personal, family, and community strengths, and have as their primary and explicit aim promotion of the person/family's resilience, recovery, and inclusion in community life. Finally, services and supports will be provided in an integrated and coordinated fashion in collaboration with the surrounding community, thereby ensuring continuity of care both over time and across agency boundaries, thus maximizing the person's opportunities for establishing, or reestablishing, a safe, dignified, and meaningful life in the community of his or her choice. Connecticut's vision is based on the following underlying values:

- The shared belief that *recovery* from behavioral health disorders is possible;
- An emphasis on the role of *positive relationships, family supports, and parenting* in maintaining recovery, achieving sobriety, and promoting personal growth and development;
- The *priority of an individual's or family's* goals in determining their pathway to recovery, stability, and self-sufficiency;
- The importance of *cultural capacity, cultural competence and age – and gender-responsiveness* in designing and delivering mental health services and recovery supports. Cultural capacity is defined as respectful and sensitive services that employ racial, cultural, age, gender, and sexual orientation consideration;
- The central role of *hope and empowerment* in changing the course of individuals' lives; and
- The necessity of *state agencies, community providers, and individuals in recovery, and recovery communities coming together* to develop and implement a comprehensive continuum of behavioral health promotion, prevention, early intervention, treatment, and rehabilitative services.

II. Statement of Intent

The purpose of this RFP is to: Establish a process to train, certify, and maintain a statewide certification process for **Recovery Support Specialists, Peer Delivered Services**, in accordance with, but not limited, the standards of the Medicaid Rehabilitation Option (MRO) specific to the provisions of Assertive Community Treatment (ACT) and Community Support Teams. For the purposes of this initiative a "peer" is defined as **an individual who has experienced a significant behavioral health condition as defined by the DSMIV-R to the extent it interfered with one or more major life functions and required treatment for at least one year.**

III. Program Goals and Objectives

DMHAS will use this RFP to accomplish the following program goals and objectives:

1.) Create a Manualized Training Curriculum which will be the sole property of DMHAS.
2.) Create a written, validated examination process to determine trainee mastery of subject matter for the purpose of attaining initial certification as **a Recovery Support Specialist of Peer Delivered Services**.
3.) Implement and complete initial training and certification for two (2) cohorts of 30 individuals (for total of 60 individuals) meeting eligibility for Medicaid Rehabilitation Option for Peer Delivered Services.
4.) Establish a process for certification renewal including, but not limited to:
    a. Application process
    b. Verification of minimum training requirements
    c. Timeframes
    d. Fee schedule
    e. Criteria for appeals or extension process for individuals who fail to meet renewal requirements for legitimate or unavoidable circumstances
5.) Determine certification criteria for persons who are **currently** acting in or who have recently acted in equivalent roles, as either employees or volunteers, and/or successfully completed a training program of similar focus such as the United States Psychiatric Rehabilitation Association, (USPRA), META (Maricopa County, Arizona) Merge, Georgia Peer Support Training or others through a process which includes:
    a. Application process, time frames, fees
    b. Verification of employment/volunteer duties and length of service
    c. Verification of successful completion of training program
    d. Professional references
    e. Minimum training requirements for certification renewal
6.) Criteria and process for revocation of certification.

IV. Performance Measures

1.) A detailed, reproducible, Training Manual and Curricula for 60 direct contact hours of training addressing the content areas suggested in **Appendix 5** will be completed and approved by DMHAS by **December 1, 2008.**
2.) **30** individuals will complete training provided by Vendor by **March 16, 2009** and an additional cohort of **30** will complete training by **May 18, 2009.**
3.) The certification process will be established as described in Section III, 4-6, by **March 16, 2009**.
4.) Eighty percent of participants upon completion of the training and certification process will report "very satisfied, satisfied" or the equivalent thereof on a survey instrument measuring, at a minimum, satisfaction with informational and experiential content of the training ability of trainers' to convey information, quality of training materials, and the degree to which the certification process was accessible, understandable, professionally supported, and affordable.

V. Required Components

1.) A detailed, reproducible, Training Manual and Curricula for 60 direct contact hours of training addressing the content areas outlined in **Appendix 5.**
2.) A written examination process to determine trainee mastery of subject matter for the purpose of attaining initial certification as a **Recovery Specialist in Peer Delivered Services**.

3.) Initial training and certification for two cohorts of 30 individuals meeting eligibility for Medicaid Rehabilitation Option for Peer Delivered Services.
4.) Ongoing ability to implement and maintain initial certification and renewal processes as described in Section III, 4-6.
5.) Distribution, maintenance and analysis of a participant satisfaction survey instrument as Described in Section IV, 4.
6.) Minimally one member of the Vendor's training faculty shall be a self identified person in recovery responsible for **25%** training hours.
7.) Ability to evaluate fidelity and quality of training performed by DMHAS approved training faculty using the Training Manual & Curricula.

VI. Desired Components

1.) Ability to adapt training modules to a student paced workbook format for the purpose of certification test preparation.
2.) Ability to adapt training modules to web based learning applications.

VII. Recovery Community Involvement

The applicant must demonstrate mechanisms, frequency, quantity, and outcomes of its efforts to gather consumers/individuals in recovery and family members input in the preparation of this application and in the planning, implementation, evaluation, and ongoing quality improvement of the project. Mechanisms for involvement of consumers/individuals in recovery and family members include, but are not limited to:

- Voting members on agency planning committees, boards, advisory groups, etc.
- Focus groups
- Surveys
- Facilitated discussions
- Solicitation of written suggestions
- Consultation with recovery community advocacy organizations, cultural organizations, and other community stakeholder groups with expertise in such programming
- Participation in standing or Ad hoc committees devoted to program development

VIII. Other System Expectations

Services implemented through this RFP, which are aimed at improving quality of care, must build upon and compliment DMHAS' focus on developing a recovery-oriented system of care that is responsive to the needs of persons served. All applicants must specify how they will address the following system expectations within their response. Please refer to the websites listed below for guidance regarding implementation of these systems expectations. Curriculum should be developed to address the following:

- **Cultural Competence (See Commissioner's Policy Statement #76: Policy on Cultural Competence: http://www.ct.gov/dmhas/cwp/view.asp?a=2907&q=334668)**

  Research and experience have shown that culture and society play pivotal roles in behavioral health, behavioral disorders, and the utilization and effectiveness of treatment services. Understanding the wide-ranging roles of culture and society enables the behavioral health field to design and deliver services that are more responsive to the needs of diverse racial and cultural groups. Currently, the DMHAS system serves many different populations and recognizes the significance culture as a factor affecting individual outcomes. In the coming

decades, as Connecticut's demography continues to change, it will become increasingly important that we strengthen the cultural competence of our service system. In order to address this issue in the present RFP, the following requirements have been set:

- The successful applicant must have a Cultural Competency Plan approved by the DMHAS Office of Multicultural Affairs.
- The applicant must demonstrate an understanding of the demographic, racial, ethnic, socioeconomic, and religious characteristics of the population in its targeted service area.

- **Recovery-Oriented Service System (See Commissioner's Policy Statement #83 Promoting a Recovery-Oriented Service System: http://www.ct.gov/dmhas/cwp/view.asp?a=2907&q=334672)**

  The purpose of this policy is to formally designate the concept of "recovery" as the overarching goal of the service system operated and funded by DMHAS. This action is consistent with the fact that DMHAS is a healthcare service agency. Thus, it is most appropriate that one should hope and expect that, as a result of active involvement with this healthcare system, they will be better able to manage their illness and improve the quality of their life.

- **Co-Occurring Capability (See Commissioner's Policy Statement #84: http://ct.gov/dmhas/LIB/dmhas/CommissionersPolicies/policy84.pdf)**

  The single overarching goal of DMHAS, as a healthcare service agency, is promoting and achieving a quality-focused, culturally responsive, and recovery-oriented system of care. The full attainment of this goal is not possible if the service system design, delivery, and evaluation are not fully responsive to people with co-occurring mental health and substance use disorders. Given the high prevalence of co-occurring disorders, the high number of critical incidents involving individuals with these conditions, and the often poor outcomes associated with co-occurring disorders in the absence of integrated care, it is extremely important that we collectively improve our system in this area. There have been advances in research and practice related to co-occurring disorders and it is important that the system close the science to service gap. Through these and other related improvements, the citizens of the state can expect better processes of care and better outcomes for people with co-occurring disorders.

- **Gender Responsive Care**

  DMHAS' initiative for Gender Responsive Care is designed to enhance our current behavioral health service system for women in a way that is trauma-informed, gender-specific, and promotes self-determination. A best practice system of care for women, supported by system-level policies and standards and program-level practices is currently under development. The goal was to improve treatment outcomes and the quality of services for women receiving substance abuse treatment in Connecticut through participation in a recovery-oriented treatment system of care that incorporates current best practices in gender responsive and trauma-informed programming.

- **Trauma Informed Care**

  The primary goal of DMHAS' Trauma Informed Care initiative is to deliver behavioral health care that is sensitive and responsive to the needs of men and women who have experienced trauma. Trauma services are being developed based on the guiding principle that treatment

must be informed by a sound scientific, clinical, culturally relevant, and humanistic understanding of the impact and impairment caused by traumatic stress.

- **Person-centered Care (See CT Implementation of Person-Centered Care: http://www.ct.gov/dmhas/LIB/dmhas/Recovery/personcentered.pdf)**

  Commissioner's Policy Statement #83 formally designates the concept of "recovery" as the overarching goal of the service system operated and funded by DMHAS. DMHAS' mission to provide recovery-oriented care requires that services be maximally responsive to each individual's unique needs, values, and preferences. Emphasis on person-centered care is consistent with major advances that have already occurred throughout the DMHAS system, e.g., greater collaboration with advocacy and recovery groups and increased recognition of, and funding for, peer-based services.

- **Concurrent Medication-Assisted Treatment (MAT)**

  Each program must have access to, or coordinate with other providers, services that address the needs of individuals they serve, including individuals whose recovery is supported and enhanced through the use of clinically appropriate medications. These include, but are not limited to, medications to address symptoms directly related to substance use disorders (e.g., methadone, buprenorphine/naloxone, naltrexone, disulfuram, etc.), psychiatric conditions (e.g., antidepressants, antianxiolytics, antipsychotics, etc.), physical conditions (e.g., insulin, analgesics for chronic pain management, medications for TB, HIV/STD, Hepatitis, antihypertensives, anti-cholesterol, etc.), and smoking cessations medications (e.g., varenicline, wellbutrin, over-the-counter (OTC) products, etc.). Programs are encouraged to facilitate and support general wellness, including through the use of effective medications.

- **DMHAS' Recovery Practice Guidelines (See Practice Guidelines for Recovery-Oriented Behavioral Health Care: http://www.ct.gov/dmhas/lib/dmhas/publications/practiceguidelines.pdf**

  Wherever possible, programs must be guided by innovative, recovery-oriented, community-focused practice principles and guidelines, such as those outlined in the DMHAS' *Practice Guidelines for Recovery-Oriented Behavioral Health Care.* DMHAS' Guidelines emphasize the following principles: Participation, Promoting Access and Engagement, Continuity of Care, Strengths-Based Assessment, Individualized Recovery Planning, Functioning as a Recovery Guide, Community Mapping, Development, and Inclusion, and Identifying and Addressing Barriers to Recovery.

- **Integration of Primary Health and Wellness**

  Behavioral health disorders frequently co-occur along with a medical illness, such as heart disease, cancer, diabetes, and neurological illnesses (Institute of Medicine, 2005). Even more disturbing are findings that suggest that those with serious behavioral health disorders experience earlier death as a result of under-treated medical conditions (Surgeon General's Report, 1999).

  Integration of and/or more effective coordination of care and collaboration between behavioral and primary health and wellness approaches must be addressed to improve health and quality of life and to enhance life expectancy for individuals served throughout the DMHAS service system.

IX. Award and Eligibility

A. ELIGIBLE APPLICANTS

Proposals may be submitted from private, non-profit agencies that can demonstrate experience and capacity to develop and implement services defined through this RFP within timeframes set forth by the Department.

B. AWARD

It is the intent of the Department to conduct a comprehensive, fair and impartial evaluation of proposals received in response to this procurement. Only proposals found to be responsive to the RFP will be evaluated and scored. A responsive proposal must comply with all instructions listed in this RFP. The original and five (5) exact, legible copies (total of 6) of the proposal must be submitted in a properly addressed package by the deadline.

C. FUNDING

DMHAS anticipates making one award under this RFP. The annualized award amount is a maximum amount of $115,000.

Applicant must provide one budget as part of its proposal: An annualized budget covering the period October 15, 2008 through June 30, 2009. Budget forms are provided in Appendix 1.

Applicants should note that any contracts developed as a result of this RFP are subject to the Department's contracting procedures that include approval by the Office of the Attorney General, as well as, compliance with OPM Cost Standards, and State Contracting Board and State Election Enforcement Commission (SEEC) requirements.

D. SCHEDULE

EVENT	DATE
Release of RFP	June 23, 2008
Bidders' Conference	July 9, 2008
Bid Deadline	August 11, 2008
Notice of Award (Begin Contract Negotiations)	August 25, 2008
Begin Implementation (Contract fully executed)	October 15, 2008

E. APPLICANT QUESTIONS AND ANSWERS

To ensure that important questions are addressed, interested applicants may submit questions to the Department by 3:00 P.M. Local time on Wednesday, July 9, 2008. Questions may be faxed to Steven Fry at (860) 418-6691 or emailed to steven.fry@po.state.ct.us. Responses to all questions will be posted on the DMHAS website (www.ct.gov/dmhas/rfp) no later than Wednesday, July 16, 2008.

F. EX PARTE CONTACT PROHIBITED

Any form of *ex parte* contact regarding this RFP or any proposal being prepared or being considered under this RFP, whether directly or indirectly, is hereby strictly prohibited. This

includes, but is not limited to, any contact with elected officials or other state employees asking them for advice, information, or support at any time when actual notification of results is made. Violations will result in outright rejection of any and all proposals submitted under this RFP by the respondent. Any inquiries or requests regarding the RFP must be submitted to the Program Contact (Reference RFP Cover).

G. EVALUATION AND SELECTION

It is the intent of DMHAS to conduct a comprehensive, fair and impartial evaluation of proposals received in response to this procurement. Only proposals found to be responsive to the RFP will be evaluated and scored. A responsive proposal must comply with all instructions listed in this RFP. The original and five exact, legible copies (total of 6) of the proposal must be submitted in a properly addressed package by the deadline.

H. CONTRACT EXECUTION

The pursuant contract developed, as a result of this RFP, is subject to Department contracting procedures, which includes approval by the Office of the Attorney General. Please note that contracts are executory and that no financial commitments can be made until, and unless, the contracts are approved by the Office of the Attorney General.

I. APPLICANT DEBRIEFING

The Department will notify all applicants of any award issued by it as a result of this RFP. Unsuccessful applicants may, within thirty (30) days of the signing of the resultant contract, request a meeting for debriefing and discussion of their proposal by making a written request to the DMHAS contact person identified on the cover page of is RFP. Debriefing will not include any comparisons of unsuccessful proposals with other proposals.

X. Instructions for Completion of Proposal, Proposal Evaluation Criteria and Scoring

Responses to this RFP shall include the following sections **IN THE ORDER SPECIFIED BELOW.** Please refer to the description of each section and its subcomponents, also shown below. The content of each section and the number of points used to evaluate the section (and its subcomponents) are provided. **The maximum evaluation score is 100 points.**

1. PROGRAM NARRATIVE (Up to 75 Points)

The Program Narrative must be clear, concise, and paginated and **must not exceed 3 single-spaced pages in length.** The Proposal Narrative shall contain the following subcomponents:

I. PROGRAM DESIGN AND SERVICE OBJECTIVES (35 POINTS)

- **Manualized curriculum**
- **Certification Process**
- **Training Schedule**

II. MANAGEMENT PLAN (10 POINTS)

1. Organizational Structure: Is there an organizational chart that depicts the total organizational structure and where this program would reside within that structure?

2. Roles and Responsibilities: Does the chart depict the roles, responsibilities and reporting relationships of key staff, service providers and any partners?

3. Integration of Funding and Resources: Does the proposal provide a clear understanding of how funds will be spent and how they support the implementation of a program consistent with the vision, goals and objectives detailed in this RFP?

4. Realistic Implementation Timeline. Does the proposal contain a detailed implementation plan? Does the implementation plan include realistic timelines?

III. DATA COLLECTION AND EVALUATION PLAN (10 POINTS)

1. Data Collection and Management Plan: Does the applicant provide a specific, clear description of how it will collect and manage its data? Is the management information system described and is it explained how program data will be housed in that MIS? Are the specific instruments to be used described? Does the choice of assessment tools seem appropriate to the program? Does the applicant also describe the kind of outcome data to be collected regarding program participants, as well as service utilization data?

2. Utilization of Data: Does the applicant describe how program staff will utilize data to monitor and inform program management (including monitoring productivity) and quality management and improvement?

3. Reporting of Data: Does the applicant describe specifically how it will collect outcome data required by DMHAS?

IV. AGENCY DESCRIPTION AND EXPERIENCE (20 POINTS)

1. Agency Service Capacity: Does the applicant provide a clear, detailed and compelling summary of its experience and expertise relevant to successful operation? Does the agency and its partners clearly have experience with the targeted population? Does the applicant have the requisite experience to implement the proposed service?

2. Agency Cultural Capacity: Does the applicant provide evidence of its cultural capacity and its experience and expertise in addressing the needs of individuals of different races, cultures, ages, genders, and sexual identities and languages?

3. Agency Management Capacity: Does the applicant describe clearly its capacity for fiscal and program management of the proposed service? Does this description include examples of successful prior history in collecting, managing and reporting program participant/program data? Does the applicant show that it uses program information to make effective management decisions regarding the assessment and improvement of services?

4. Agency Personnel: Does the proposal describe the experience and expertise of personnel who would play leadership roles in the program? Are resumes of key personnel included? Or, has the applicant provided a detailed description of the qualities and experience of the program staff it plans to hire. AND, is there a clear plan and time line for the hiring process?

2. PROGRAM BUDGET (Up to 20 Points)

- Complete the attached DMHAS Budget Forms (See Appendix 1).

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  - An annualized budget covering the period October 15, 2008 through June 30, 2009.

- The proposed budget should be consistent with the Connecticut Office of Policy and Management (OPM) Cost Standards, which can be found at the following OPM website: http://www.opm.state.ct.us/finance/pos_standards/coststandards.htm

3. APPENDICES (Up to 5 Points)

Only the following appendices may be included in the application. These appendices must not be used to extend or replace sections of the Program Narrative.

- Appendix 1: Biographical Sketches/Resumes for Existing Staff and/or Job Descriptions for New Positions
- Appendix 2: Letters of Support/Coordination, if applicable.
- Appendix 3: Organizational Structure (Table of Organization)
- Appendix 4: Copy of Most Recent Financial Audit (If not a current DMHAS-funded agency)
- Appendix 5: Contractor/Prospective State Contractor Campaign Contribution and Solicitation Form (See Appendix 2)
- Appendix 6: Consulting Agreement Affidavit (See Appendix 3)
- Appendix 7: Affirmation of Receipt of Summary of State Ethics Law (See Appendix 4)

XI. Evaluation Criteria/Selection Committee

A Selection Committee (SC), including but not limited to DMHAS staff, one or more people in recovery from mental health, substance use, or co-occurring mental health and substance use disorders, and other parties with expertise or relevant experience in the RFP focus, will evaluate all proposals that meet qualification requirements set forth in this RFP. The SC will score proposals in accordance with the evaluation criteria set forth in this RFP. The evaluation of proposals shall be within the sole judgment and discretion of the SC. This will result in a recommendation to the Commissioner or his designee.

The applicant shall neither contact nor lobby DMHAS administration, staff, or evaluators during the evaluation process. Attempts by an applicant to contact and/or influence DMHAS administration, staff, or members of the SC may result in disqualification of the applicant.

The SC will evaluate each proposal to determine the extent to which it has met qualification requirements set forth in this RFP. The applicant should bear in mind that any proposal deemed by the SC to be unrealistic in terms of the technical or schedule commitments, or unrealistically high or low in cost, will be deemed reflective of a lack of technical competence or of a failure to comprehend the complexity and risk of the requirements as set forth in this RFP.

As a result of this RFP, DMHAS intends to enter into contract negotiations with parties selected using this RFP. Applicants whose responses conform to the RFP requirements and whose bids present the greatest value to people served by DMHAS, when all evaluation criteria are considered will be selected for final contract negotiations. The goal is to recommend proposals for award based on the cumulative points scored using the evaluation criteria.

Specifications contained in this RFP should be considered as minimum requirements. Much of the material needed to present a comprehensive proposal can be placed into one of the sections listed.

Proposals will be rated using a point scoring system that assesses how well the applicant addressed requirements set forth in this RFP. The maximum score across all evaluation criteria is 100 points.

Program Narrative (75 Points), includes:

- **PROGRAM DESIGN AND SERVICE OBJECTIVES (35 POINTS)**
- **MANAGEMENT PLAN (10 POINTS)**
- **DATA COLLECTION AND EVALUATION PLAN (10 POINTS)**
- **AGENCY DESCRIPTION AND EXPERIENCE (20 POINTS)**

Program Budget (20 Points)
Appendices (5 Points)

XII. General Proposal Requirements

A. DISPOSITION OF PROPOSALS
DMHAS reserves the right to reject any and all proposals, or portions thereof, received as a result of this request or to negotiate separately any service in any manner necessary to serve the best interest of DMHAS. DMHAS reserves the right to contract for all or any portion of the scope of work contained within this RFP if it is determined that contracting for a portion of the work will best meet the needs of DMHAS.

B. CONDITIONS
Any prospective applicants must be willing to adhere to the following conditions and must positively state them in the proposals:

1. **Conformance with Statutes.** Any contract awarded as a result of this RFP must be in full conformance with statutory requirements of State of Connecticut and the Federal Government.
2. **Ownership of Subsequent Products.** Any product, whether acceptable or unacceptable, developed under a contract awarded, as a result of this RFP is to be sole property of the Department unless stated otherwise in the RFP or contract.
3. **Timing and Sequence.** Timing and sequence of events resulting from this RFP will ultimately be determined by DMHAS.
4. **Oral Agreement.** Any alleged oral agreement or arrangement made by an applicant with any agency or employee will be superseded by a written agreement.
5. **Amending or Canceling Requests.** DMHAS reserves the right to amend or cancel this RFP, prior to the due date and time, if it is in the best interest of DMHAS and the State.
6. **Rejection for Default or Misrepresentation.** DMHAS reserves the right to reject the proposal of any applicant that is in the default of any prior contract or for misrepresentation.
7. **Department's Clerical Errors in Awards.** DMHAS reserves the right to correct inaccurate awards resulting from its clerical errors.
8. **Rejection of Qualified Proposals.** Proposals are subject to rejection in whole or in part if they limit or modify any of the terms and conditions and/or specifications of the RFP.
9. **Applicant Presentation of Supporting Evidence.** An applicant, if requested, must be prepared to present evidence of experience, ability, service facilities, data reporting

capabilities, and financial standing necessary to satisfactorily meet the requirements set forth or implied in the proposal.

10. **Changes to Proposal.** No additions or changes to the original proposal will be allowed after submittal. While changes are not permitted, clarification at the request of DMHAS may be required at the applicant's expense.
11. **Collusion.** By responding, the applicant implicitly states that they are submitting a response to this RFP that in all respects is fair and without collusion or fraud. It is further implied that the applicant did not participate in the RFP development process, had no knowledge of the specific contents of the RFP prior to its issuance, and that no employee of DMHAS participated directly or indirectly in the applicant's proposal preparation.

C. PROPOSAL PREPARATION EXPENSE

The State of Connecticut and DMHAS assume no liability for payment of expenses incurred by applicants in preparing and submitting proposals in response to this solicitation.

D. RESPONSE DATE AND TIME

In order to be considered for selection, the Department must receive proposals by **4:00 P.M. Local Time, on August 11, 2008.** Postmark date will **not** be considered the basis for meeting any submission deadline. Any applicant's response, which is received after the deadline, will not be accepted. Receipt of a proposal after the closing date and time as stated herein shall **not** be construed as acceptance of the proposal. If delivery of the proposal is not made by courier or in person, the use of Certified or Registered mail is suggested. **All** RFP communications, including proposals, should be addressed to the RFP Program Contact (Reference RFP page 1). Please confirm receipt of your submission by email or phone with the RFP Program Contact.

E. INCURRING COSTS

DMHAS is not liable for any costs incurred by the applicant prior to the effective date of a contract.

F. FREEDOM OF INFORMATION

Due regard will be given to the protection of proprietary information contained in all proposals received. However, applicants should be aware that all materials associated with this RFP are subject to the terms of the Freedom of Information Act, the Privacy Act, and all rules, regulations and interpretations resulting there from. It will not be sufficient for applicants to merely state generally that the proposal is proprietary in nature and not therefore subject to release to third parties. Those particular pages or sections, which an applicant believes to be proprietary, must be specifically identified as such. Convincing explanation and rationale sufficient to justify each exception from release consistent with Section 1-210 of the Connecticut General Statues must accompany the proposal. The rationale and explanation must be stated in terms of the prospective harm to the competitive position of the Applicant that would result if the identified material were to be released and the reasons why the materials are legally exempt from release pursuant to the above-cited Statute. In any case, the narrative portion of the proposal may not be exempt from release. Between the applicant and DMHAS, the final administrative authority to release or exempt any or all material so identified rests with DMHAS.

G. CONFIDENTIALITY

The successful applicant shall comply with all applicable state and federal laws and regulations pertaining to the confidentiality of proprietary information, data and other confidential or personal information concerning the medical, personal or business affairs of program participants acquired in the course of providing services under this RFP. The successful applicant shall keep confidential all financial, operating, proprietary or business information of DMHAS relating to

the provision of services under this RFP which is not otherwise public information, along with all information, not described above, but specified in writing by DMHAS as confidential information. The successful applicant shall also cause each of its agents, employees, or subcontractors and other persons and organizations involved in doing business with or controlled by it from disclosing or transmitting to any person or legal entity any of the described information. The successful applicant shall ensure that the appropriate qualified service organization agreements are in place pursuant to federal confidentiality regulations.

H. AFFIRMATIVE ACTION

Regulations of Connecticut State Agencies Section 46a68j-3(10) requires agencies to consider the following factors when awarding a contract that is subject to contract compliance requirements:
i. the applicant's success in implementing an affirmative action plan;
ii. the applicant's success in developing an apprenticeship program complying with Section 46a-68-1 to 46a-68-17 of the Connecticut General Statutes, inclusive;
iii. the applicant's promise to develop and implement a successful affirmative action plan;
iv. the applicant's submission of EEO-1 data indicating that the composition of its work force is at or near parity when compared to the racial and sexual composition of the work force in the relevant labor market area; and
v. the applicant's promise to set aside a portion of the contract for legitimate small contractors and minority business enterprises. (See CGS 4a-60).

XIII. APPENDICES

APPENDIX 1: DMHAS BUDGET FORMS

See Budget Forms in excel format.

APPENDIX 2: NOTICE TO EXECUTIVE BRANCH STATE CONTRACTORS AND PROSPECTIVE STATE CONTRACTORS OF CAMPAIGN CONTRIBUTION AND SOLICITATION BAN

This notice is provided under the authority of Connecticut General Statutes 9-612(g)(2), as amended by P.A. 07-1, and is for the purpose of informing state contractors and prospective state contractors of the following law (italicized words are defined on page 2):

Campaign Contribution and Solicitation Ban

No *state contractor, prospective state contractor, principal of a state contractor or principal of a prospective state contractor*, with regard to a *state contract or state contract solicitation* with or from a state agency in the executive branch or a quasi-public agency or a holder, or principal of a holder of a valid pre-qualification certificate, shall make a contribution to, or *solicit* contributions on behalf of (i) an exploratory committee or candidate committee established by a candidate for nomination or election to the office of Governor, Lieutenant Governor, Attorney General, State Comptroller, Secretary of the State or State Treasurer, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee;

In addition, no holder or principal of a holder of a valid pre-qualification certificate, shall make a contribution to, or solicit contributions on behalf of (i) an exploratory committee or candidate committee established by a candidate for nomination or election to the office of State senator or State representative, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee.

Duty to Inform

State contractors and prospective state contractors are required to inform their principals of the above prohibitions, as applicable, and the possible penalties and other consequences of any violation thereof.

Penalties for Violations

Contributions or solicitations of contributions made in violation of the above prohibitions may result in the following civil and criminal penalties:

Civil penalties--$2000 or twice the amount of the prohibited contribution, whichever is greater, against a principal or a contractor. Any state contractor or prospective state contractor which fails to make reasonable efforts to comply with the provisions requiring notice to its principals of these prohibitions and the possible consequences of their violations may also be subject to civil penalties of $2000 or twice the amount of the prohibited contributions made by their principals.

Criminal penalties—Any knowing and willful violation of the prohibition is a Class D felony, which may subject the violator to imprisonment of not more than 5 years, or $5000 in fines, or both.

Contract Consequences

Contributions made or solicited in violation of the above prohibitions may result, in the case of a state contractor, in the contract being voided.

Contributions made or solicited in violation of the above prohibitions, in the case of a prospective state contractor, shall result in the contract described in the state contract solicitation not being awarded to the prospective state contractor, unless the State Elections Enforcement Commission determines that mitigating circumstances exist concerning such violation.

The state will not award any other state contract to anyone found in violation of the above prohibitions for a period of one year after the election for which such contribution is made or solicited, unless the State Elections

Enforcement Commission determines that mitigating circumstances exist concerning such violation.

Receipt acknowledged:_____ _____
(signature) (date)

Print name:_____

Title:_____

Company Name:_____

Additional information and the entire text of P.A 07-1 may be found on the website of the State Elections Enforcement Commission, www.ct.gov/seec. Click on the link to "State Contractor Contribution Ban"

Definitions:

"State contractor" means a person, business entity or nonprofit organization that enters into a state contract. Such person, business entity or nonprofit organization shall be deemed to be a state contractor until December thirty-first of the year in which such contract terminates. "State contractor" does not include a municipality or any other political subdivision of the state, including any entities or associations duly created by the municipality or political subdivision exclusively amongst themselves to further any purpose authorized by statute or charter, or an employee in the executive or legislative branch of state government or a quasi-public agency, whether in the classified or unclassified service and full or part-time, and only in such person's capacity as a state or quasi-public agency employee.

"Prospective state contractor" means a person, business entity or nonprofit organization that (i) submits a response to a state contract solicitation by the state, a state agency or a quasi-public agency, or a proposal in response to a request for proposals by the state, a state agency or a quasi-public agency, until the contract has been entered into, or (ii) holds a valid pre-qualification certificate issued by the Commissioner of Administrative Services under section 4a-100.

"Prospective state contractor" does not include a municipality or any other political subdivision of the state, including any entities or associations duly created by the municipality or political subdivision exclusively amongst themselves to further any purpose authorized by statute or charter, or an employee in the executive or legislative branch of state government or a quasi-public agency, whether in the classified or unclassified service and full or part-time, and only in such person's capacity as a state or quasi-public agency employee.

"Principal of a state contractor or prospective state contractor" means (i) any individual who is a member of the board of directors of, or has an ownership interest of five per cent or more in, a state contractor or prospective state contractor, which is a business entity, except for an individual who is a member of the board of directors of a nonprofit organization, (ii) an individual who is employed by a state contractor or prospective state contractor, which is a business entity, as president, treasurer or executive vice president, (iii) an individual who is the chief executive officer of a state contractor or prospective state contractor, which is not a business entity, or if a state contractor or prospective state contractor has no such officer, then the officer who duly possesses comparable powers and duties, (iv) an officer or an employee of any state contractor or prospective state contractor who has managerial or discretionary responsibilities with respect to a state contract, (v) the spouse or a dependent child who is eighteen years of age or older of an individual described in this subparagraph, or (vi) a political committee established or controlled by an individual described in this subparagraph or the business entity or nonprofit organization that is the state contractor or prospective state contractor.

"State contract" means an agreement or contract with the state or any state agency or any quasi-public agency, let through a procurement process or otherwise, having a value of fifty thousand dollars or more, or a combination or series of such agreements or contracts having a value of one hundred thousand dollars or more in a calendar year, for (i) the rendition of services, (ii) the furnishing of any goods, material, supplies, equipment or any items of any kind, (iii) the construction, alteration or repair of any public building or public work, (iv) the acquisition, sale or lease of any land or building, (v) a licensing arrangement, or (vi) a grant, loan or loan guarantee. "State contract" does not include any agreement or contract with the state, any state agency or any quasi-public agency that is exclusively federally funded, an education loan or a loan to an individual for other than commercial purposes.

"State contract solicitation" means a request by a state agency or quasi-public agency, in whatever form issued, including, but not limited to, an invitation to bid, request for proposals, request for information or request for quotes, inviting bids, quotes or other types of submittals, through a competitive procurement process or another process authorized by law waiving competitive procurement.

"Managerial or discretionary responsibilities with respect to a state contract" means having direct, extensive and substantive responsibilities with respect to the negotiation of the state contract and not peripheral, clerical or ministerial responsibilities.

"Dependent child" means a child residing in an individual's household who may legally be claimed as a dependent on the federal income tax of such individual.

"Solicit" means (A) requesting that a contribution be made, (B) participating in any fund-raising activities for a candidate committee, exploratory committee, political committee or party committee, including, but not limited to, forwarding tickets to potential contributors, receiving contributions for transmission to any such committee or bundling contributions, (C) serving as chairperson, treasurer or deputy treasurer of any such committee, or (D) establishing a political committee for the sole purpose of soliciting or receiving contributions for any committee. Solicit does not include: (i) making a contribution that is otherwise permitted by Chapter 155 of the Connecticut General Statutes; (ii) informing any person of a position taken by a candidate for public office or a public official, (iii) notifying the person of any activities of, or contact information for, any candidate for public office; or (IV) serving as a member in any party committee or as an officer of such committee that is not otherwise prohibited in this section.

APPENDIX 3: CONSULTING AGREEMENT AFFIDAVIT

STATE OF CONNECTICUT
CONSULTING AGREEMENT AFFIDAVIT

Affidavit to accompany a State contract for the purchase of goods and services with a value of $50,000 or more in a calendar or fiscal year, pursuant to Connecticut General Statutes §§ 4a-81(a) and 4a-81(b)

INSTRUCTIONS:

If the bidder or vendor has entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1): Complete all sections of the form. If the bidder or vendor has entered into more than one such consulting agreement, use a separate form for each agreement. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public. **If the bidder or vendor has not entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1):** Complete only the shaded section of the form. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public.

Submit completed form to the awarding State agency with bid or proposal. For a sole source award, submit completed form to the awarding State agency at the time of contract execution.

This affidavit must be amended if the contractor enters into any new consulting agreement(s) during the term of the State contract.

AFFIDAVIT: [Number of Affidavits Sworn and Subscribed On This Day: _____]

I, the undersigned, hereby swear that I am the chief official of the bidder or vendor awarded a contract, as described in Connecticut General Statutes § 4a-81(a), or that I am the individual awarded such a contract who is authorized to execute such contract. I further swear that I have not entered into any consulting agreement in connection with such contract, **except for the agreement listed below**:

_____
Consultant's Name and Title — Name of Firm (if applicable)

_____ _____ _____
Start Date — End Date — Cost

Description of Services Provided:

_____

_____

Is the consultant a former State employee or former public official? ☐ YES ☐ NO

If YES: _____ _____
Name of Former State Agency — Termination Date of Employment

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

_____ _____ _____
Printed Name of Bidder or Vendor — **Signature of Chief Official or Individual** — **Date**

_____ _____
Printed Name (of above) — Awarding State Agency

Sworn and subscribed before me on this _____ day of _____, 200__.

_____
Commissioner of the Superior Court or Notary Public

APPENDIX 4: AFFIRMATION OF RECEIPT OF SUMMARY OF STATE ETHICS LAW

STATE OF CONNECTICUT

AFFIRMATION OF RECEIPT OF STATE ETHICS LAWS SUMMARY

Affirmation to accompany a large State construction or procurement contract, having a cost of more than $500,000, pursuant to Connecticut General Statutes §§ 1-101mm and 1-101qq

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INSTRUCTIONS:

Complete all sections of the form. Submit completed form to the awarding State agency or contractor, as directed below.

CHECK ONE:

☐ I am a person seeking a large State construction or procurement contract. I am submitting this affirmation to the awarding State agency with my bid or proposal. [Check this box if the contract will be awarded through a competitive process.]

☐ I am a contractor who has been awarded a large State construction or procurement contract. I am submitting this affirmation to the awarding State agency at the time of contract execution. [Check this box if the contract was a sole source award.]

☐ I am a subcontractor or consultant of a contractor who has been awarded a large State construction or procurement contract. I am submitting this affirmation to the contractor.

IMPORTANT NOTE:

Contractors shall submit the affirmations of their subcontractors and consultants to the awarding State agency. Failure to submit such affirmations in a timely manner shall be cause for termination of the large State construction or procurement contract.

AFFIRMATION:

I, the undersigned person, contractor, subcontractor, consultant, or the duly authorized representative thereof, affirm (1) receipt of the summary of State ethics laws* developed by the Office of State Ethics pursuant to Connecticut General Statutes § 1-81b and (2) that key employees of such person, contractor, subcontractor, or consultant have read and understand the summary and agree to comply with its provisions.

* The summary of State ethics laws is available on the State of Connecticut's Office of State Ethics website at http://www.ct.gov/ethics/lib/ethics/contractors_guide_final2.pdf

_____ _____
Signature Date

_____ _____
Printed Name Title

_____
Firm or Corporation (if applicable)

_____ _____ ____ _____
Street Address City State Zip

_____
Awarding State Agency

APPENDIX 5: ELEMENTS OF TRAINING CURRICULUM

The purpose of this appendix is to serve as an outline to guide curriculum development and contains minimum content areas and hours of concentration to be addressed in the training components through the certification process. The structure, sequencing, format, and methods of instruction do not need to conform to the sequence as presented below (e.g. instructors may want to open, close and interweave some classes with elements of wellness, self care, recovery stories, cultural competence, etc.).

Effective, Empathic Communication Skills	**12 hours**
Legal & Ethical Practice, Boundaries, Client Rights	**6 hours**
Introduction to MH, SA, & Co-Occurring Disorders	**12 hours**
Principles of Psychiatric Rehabilitation/MRO	**6 hours**
Using Your Recovery Story, Role of Peer Supports on Teams, Recovery Culture	**6 hours**
Role Challenges, Conflict Resolution, Self Care	**6 hours**
Recovery Planning and Documentation	**3 hours**
Entitlements & Benefits Management	**3 hours**
Cultural Awareness	**6 hours**
Total	**60 hours**

APPENDIX 6: CMS PEER SERVICES CRITERIA

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

Center for Medicaid and State Operations

SMDL #07-011

August 15, 2007

Dear State Medicaid Director:

The purpose of this letter is to provide guidance to States interested in peer support services under the Medicaid program. The Centers for Medicare & Medicaid Services (CMS) recognizes that the mental health field has seen a big shift in the paradigm of care over the last few years. Now, more than ever, there is great emphasis on recovery from even the most serious mental illnesses when persons have access in their communities to treatment and supports that are tailored to their needs. Recovery refers to the process in which people are able to live, work, learn and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms.

Background on Policy Issue

States are increasingly interested in covering peer support providers as a distinct provider type for the delivery of counseling and other support services to Medicaid eligible adults with mental illnesses and/or substance use disorders. Peer support services are an evidence-based mental health model of care which consists of a qualified peer support provider who assists individuals with their recovery from mental illness and substance use disorders. CMS recognizes that the experiences of peer support providers, as consumers of mental health and substance use services, can be an important component in a State's delivery of effective treatment. CMS is reaffirming its commitment to State flexibility, increased innovation, consumer choice, self-direction, recovery, and consumer protection through approval of these services. The following policy guidance includes requirements for supervision, care-coordination, and minimum training criteria for peer support providers.

As States develop behavioral health models of care under the Medicaid program, they have the option to offer peer support services as a component of a comprehensive mental health and substance use service delivery system. When electing to provide peer support services for Medicaid beneficiaries, State Medicaid agencies may choose to collaborate with State Mental Health Departments. We encourage States to consider comprehensive programs but note that regardless of how a State models its mental health and substance use disorder service delivery system, the State Medicaid agency continues to have the authority to determine the service delivery system, medical necessity criteria, and to define the amount, duration, and scope of the service.

States may choose to deliver peer support services through several Medicaid funding authorities in the Social Security Act. The following current authorities have been used by States to date:

- Section 1905(a)(13)
- 1915(b) Waiver Authority
- 1915(c) Waiver Authority

Delivery of Peer Support Services

Consistent with all services billed under the Medicaid program, States utilizing peer support services must comply with all Federal Medicaid regulations and policy. In order to be considered for Federal reimbursement, States must identify the Medicaid authority to be used for coverage and payment, describe the service, the provider of the service, and their qualifications in full detail. States must describe utilization review and reimbursement methodologies. Medicaid reimburses for peer support services delivered directly to Medicaid beneficiaries with mental health and/or substance use disorders. Additionally, reimbursement must be based on an identified unit of service and be provided by one peer support provider, based on an approved plan of care. States must provide an assurance that there are mechanisms in place to prevent over-billing for services, such as prior authorization and other utilization management methods.

Peer support providers should be self-identified consumers who are in recovery from mental illness and/or substance use disorders. Supervision and care coordination are core components of peer support services. Additionally, peer support providers must be sufficiently trained to deliver services. The following are the minimum requirements that should be addressed for supervision, care coordination and training when electing to provide peer support services.

1) Supervision

Supervision must be provided by a competent mental health professional (as defined by the State). The amount, duration and scope of supervision will vary depending on State Practice Acts, the demonstrated competency and experience of the peer support provider, as well as the service mix, and may range from direct oversight to periodic care consultation.

2) Care-Coordination

As with many Medicaid funded services, peer support services must be coordinated within the context of a comprehensive, individualized plan of care that includes specific individualized goals. States should use a person-centered planning process to help promote participant ownership of the plan of care. Such methods actively engage and empower the participant, and individuals selected by the participant, in leading and directing the design of the service plan and, thereby, ensure that the plan reflects the needs and preferences of the participant in achieving the specific, individualized goals that have measurable results and are specified in the service plan.

3) Training and Credentialing
Peer support providers must complete training and certification as defined by the State. Training must provide peer support providers with a basic set of competencies necessary to perform the peer support function. The peer must demonstrate the ability to support the recovery of others from mental illness and/or substance use disorders. Similar to other provider types, ongoing continuing educational requirements for peer support providers must be in place.

Please feel free to contact Gale Arden, Director, Disabled and Elderly Health Programs Group, at 410-786-6810, if you have any questions.

Sincerely,

/s/

Dennis G. Smith
Director

cc:

CMS Regional Administrators

CMS Associate Regional Administrators
Division of Medicaid and Children's Health

Martha Roherty
Director, Health Policy Unit
American Public Human Services Association

Joy Wilson
Director, Health Committee
National Conference of State Legislatures

Matt Salo
Director of Health Legislation
National Governors Association

Jacalyn Bryan Carden
Director of Policy and Programs
Association of State and Territorial Health Officials

Christie Raniszewski Herrera
Director, Health and Human Services Task Force
American Legislative Exchange Council

Debra Miller
Director for Health Policy
Council of State Governments