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**PROCUREMENT NOTICE**

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The State of Connecticut (CT), Department of Public Health (DPH), is seeking proposals to identify a contractor who will develop and administer a statewide program to address Sickle Cell Disease (SCD) and Trait in the adult and adolescent population in CT. The purpose of the funds is to identify adults with SCD and Trait, assure linkages to medical homes, provide transition planning and referral to ensure efficacious transition from pediatric to adult services.

The Request For Proposals (RFP) is available in electronic format on the State Contracting Portal at [http://www.das.state.ct.us/Purchase/Portal/Portal\\_Home.asp](http://www.das.state.ct.us/Purchase/Portal/Portal_Home.asp) or from the DPH's Official Contact:

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Hartford, CT 03134-0308  
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The RFP is also available on the DPH's website at [www.ct.gov/dph/rfp](http://www.ct.gov/dph/rfp). A printed copy of the RFP can be obtained from the Official Contact upon request. A Letter of Intent (LOI) is due February 21, 2011. Deadline for submission of proposals is March 24, 2011 at Noon.

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## I. GENERAL INFORMATION

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### ■ A. INTRODUCTION

1. **RFP Name or Number.** PHI # 2012-0903 Sickle Cell Disease and Trait Community Outreach
2. **Summary.** The Connecticut Department of Public Health (DPH) is seeking proposals identify one (1) individual or organization to develop and administer a statewide program and provide community education and outreach to address Sickle Cell Disease and Trait in the adult and adolescent population in CT.
3. **Synopsis (Optional).** The goal of the SCD and Trait Community Outreach Program is to conduct in community outreach and consumer advocacy, and provide consumer-oriented, family-centered, culturally sensitive services and education to the community, health care providers, students and families regarding SCD and Trait. Through the community linkages and the creation of clinical and family networks, the program strives to increase access to medical homes and specific care coordination for primary and specialist care to decrease Emergency Department (ED) usage throughout CT. The program aims to increase Transition Planning and Services for efficacious transition of pediatric SCD patients to Adult primary and specialist services. The program also intends to support and develop protocols and education/resources responding to the National Collegiate Athletic Association (NCAA) new mandate for sickle cell trait screening for young adults entering college who plan to join athletic competitive sports. The selected contractor will be part of the Connecticut SCD Stakeholders' Consortium and will work closely with the DPH Sickle Cell Program Coordinator to achieve stated contractual objectives.
4. **Commodity Codes.** The services procured through this RFP are as follows:
  - 0098: Medical Services or Medical Testing Services
  - 0600: Services (Professional, Support, Consulting and Misc. Services)
  - 1000: Healthcare Services
  - 2000: Community and Social Services
  - 3000: Education and Training

### ■ B. ABBREVIATIONS / ACRONYMS / DEFINITIONS

BFO	Best and Final Offer
C.G.S.	Connecticut General Statutes
CHRO	Commission on Human Rights and Opportunity (CT)
CT	Connecticut
DAS	Department of Administrative Services (CT)
FOIA	Freedom of Information Act (CT)
IRS	Internal Revenue Service (US)
LOI	Letter of Intent
OAG	Office of the Attorney General
OPM	Office of Policy and Management (CT)
OSC	Office of the State Comptroller (CT)
POS	Purchase of Service
P.A.	Public Act (CT)
RFP	Request For Proposal

SEEC State Elections Enforcement Commission (CT)  
U.S. United States

- *contractor*: a private provider organization, CT State agency, or municipality that enters into a POS contract with the Department as a result of this RFP
- *proposer*: a private provider organization, CT State agency, or municipality that has submitted a proposal to the Department in response to this RFP
- *prospective proposer*: a private provider organization, CT State agency, or municipality that may submit a proposal to the Department in response to this RFP, but has not yet done so
- *subcontractor*: an individual (other than an employee of the contractor) or business entity hired by a contractor to provide a specific health or human service as part of a POS contract with the Department as a result of this RFP

## ■ C. INSTRUCTIONS

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

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Phone: 860-509-8074  
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E-Mail: [kathryn.britos-swain@ct.gov](mailto:kathryn.britos-swain@ct.gov)

Please ensure that e-mail screening software (if used) recognizes and accepts e-mails from the Official Contact.

2. **RFP Information.** The RFP, amendments to the RFP, and other information associated with this procurement are available in electronic format from the Official Contact or from the Internet at the following locations:

- Department's RFP Web Page  
[www.ct.gov/dph/rfp](http://www.ct.gov/dph/rfp)
- State Contracting Portal  
<http://www.das.state.ct.us/cr1.aspx?page=12>

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

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

3. **Contract Awards.** The award of any contract pursuant to this RFP is dependent upon the availability of funding to the Department. The Department anticipates the following:

- Total Funding Available: \$706,500.00
- Number of Awards: One (1)
- Contract Cost: Confidential
- Contract Term: Three (3) years

The selected contractor will enter into a contract for the period beginning on or about July 1, 2011 through June 30, 2014. Funding will be contingent upon the performance of the selected contractor and the continued appropriation and availability of funds to the Department.

4. **Eligibility.** Private provider organizations (defined as nonstate entities that are either nonprofit or proprietary corporations or partnerships), CT State agencies, and municipalities are eligible to submit proposals in response to this RFP. Individuals who are not a duly formed business entity are ineligible to participate in this procurement. The successful Applicant will be in good standing with the State of Connecticut. A current investigation of insurance or Medicaid fraud, or investigation and/or judgment pertaining to fraud involving the appropriation and/or misuse of other state, federal or private funds within the past five (5) years excludes a provider from participation and receiving an award under this RFP.

Important Note:

Pursuant to C.G.S. § 18-101, the Department of Correction (DOC) must award purchase of service contracts only to private nonprofit organizations, State agencies, or units of local government. Proprietary corporations or partnerships are not eligible to submit proposals in response to any RFP issued by DOC.

5. **Minimum Qualifications of Proposers.** To qualify for a contract award, a proposer must have the following minimum qualifications:

Applicants will be accepted from public and private organizations, community-based agencies and individuals. DPH is seeking organizations that can demonstrate the ability to provide cost-effective culturally and linguistically appropriate community-based, consumer oriented services to children, youth and adults who have SCD or Trait, or who have provided similar services for a minimum of a 5 year period. Applicants must have linkages with community resources and health care providers serving consumers diagnosed with either SCD or Trait in CT. Applicants must demonstrate financial integrity and solvency. Proposals will be screened for completeness and compliance with the requirements specified in the RFP. Applications that do not conform to the instructions or fail to include all required elements will be deemed incomplete and removed from further review. In addition, applications from proposers with long-standing, significant outstanding unresolved issues on current and prior year contracts with the Department may be removed from consideration for additional funding.

6. **Procurement Schedule.** See below. Dates after the due date for proposals ("Proposals Due") are target dates only (\*). The Department may amend the schedule, as needed. Any change will be made by means of an amendment to this RFP and will be posted on the State Contracting Portal and, if available, the Department's RFP Web Page.

- RFP Released: February 10, 2011
- Letter of Intent Due: February 21, 2011
- Deadline for Questions: March 3, 2011
- Answers Released (Round 1): March 10, 2011
- RFP Conference: Not Applicable
- Answers Released (Round 2): Not Applicable
- Proposals Due: March 24, 2011
- (\*) Proposer Selection: April 29, 2011
- (\*) Start of Contract Negotiations: May 13, 2011
- (\*) Start of Contract: July 1, 2011

7. **Letter of Intent.** A Letter of Intent (LOI) is required by this RFP. The LOI is non-binding and does not obligate the sender to submit a proposal. The LOI must be submitted to the Official Contact by US mail, fax, or e-mail by the deadline established in the Procurement Schedule. The LOI must clearly identify the sender, including name, postal address, telephone number, fax number, and e-mail address. It is the sender's responsibility to confirm the Department's receipt of the LOI. Failure to submit the required LOI in accordance with the requirements set forth herein shall result in disqualification from further consideration.
8. **Inquiry Procedures.** All questions regarding this RFP or the Department's procurement process must be directed, in writing, to the Official Contact before the deadline specified in the Procurement Schedule. The early submission of questions is encouraged. Questions will not be accepted or answered verbally – neither in person nor over the telephone. All questions received before the deadline(s) will be answered. However, the Department will not answer questions when the source is unknown (i.e., nuisance or anonymous questions). Questions deemed unrelated to the RFP or the procurement process will not be answered. At its discretion, the Department may or may not respond to questions received after the deadline. If this RFP requires a Letter of Intent, the Department reserves the right to answer questions only from those who have submitted such a letter. The Department may combine similar questions and give only one answer. All questions and answers will be compiled into a written amendment to this RFP. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the amendment and duly noted as such. The agency will release the answers to questions on the date(s) established in the Procurement Schedule. The Department will publish any and all amendments to this RFP on the State Contracting Portal and, if available, on the Department's RFP Web Page. At its discretion, the Department may distribute any amendments to this RFP to prospective proposers who submitted a Letter of Intent or attended the RFP Conference.
9. **RFP Conference.** An RFP conference will not be held.
10. **Proposal Due Date and Time.** The Official Contact is the **only authorized recipient** of proposals submitted in response to this RFP. Proposals must be received by the Official Contact on or before the due date and time:
- Due Date: March 24, 2011
  - Time: Noon

Faxed or e-mailed proposals will not be evaluated. When hand-delivering proposals by courier or in person, allow extra time due to building security procedures. The Department will not accept a postmark date as the basis for meeting the submission due date and time. Proposals received after the due date and time may be accepted by the Department as a clerical function, but late proposals will not be evaluated. At the discretion of the Department, late proposals may be destroyed or retained for pick up by the submitters.

An acceptable submission must include the following:

- one (1) original proposal;
- four (4) conforming copies of the original proposal; and
- one (1) conforming electronic copy of the original proposal.

The original proposal must carry original signatures and be clearly marked on the cover as "Original." Unsigned proposals will not be evaluated. The original proposal and each conforming copy of the proposal must be complete, properly formatted and outlined, and ready for evaluation by the Screening Committee. The electronic copy of the proposal must be compatible with Microsoft Office Word 2003. For the

electronic copy, required forms and appendices may be scanned and submitted in Portable Document Format (PDF) or similar file format.

11. **Multiple Proposals.** The submission of multiple proposals is not an option with this procurement.
12. **Declaration of Confidential Information.** Proposers are advised that all materials associated with this procurement are subject to the terms of the Freedom of Information Act (FOIA), the Privacy Act, and all rules, regulations and interpretations resulting from them. If a proposer deems that certain information required by this RFP is confidential, the proposer must label such information as CONFIDENTIAL. In Section C of the proposal submission, the proposer must reference where the information labeled CONFIDENTIAL is located in the proposal. *EXAMPLE: Section G.1.a.* For each subsection so referenced, the proposer must provide a convincing explanation and rationale sufficient to justify an exemption of the information from release under the FOIA. The explanation and rationale must be stated in terms of (a) the prospective harm to the competitive position of the proposer that would result if the identified information were to be released and (b) the reasons why the information is legally exempt from release pursuant to C.G.S. § 1-210(b).
13. **Conflict of Interest - Disclosure Statement.** Proposers must include a disclosure statement concerning any current business relationships (within the last three (3) years) that pose a conflict of interest, as defined by C.G.S. § 1-85. A conflict of interest exists when a relationship exists between the proposer and a public official (including an elected official) or State employee that may interfere with fair competition or may be adverse to the interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. A conflict of interest may, however, become a legal matter if a proposer tries to influence, or succeeds in influencing, the outcome of an official decision for their personal or corporate benefit. The Department will determine whether any disclosed conflict of interest poses a substantial advantage to the proposer over the competition, decreases the overall competitiveness of this procurement, or is not in the best interests of the State. In the absence of any conflict of interest, a proposer must affirm such in the disclosure statement. *Example: "[name of proposer] has no current business relationship (within the last three (3) years) that poses a conflict of interest, as defined by C.G.S. § 1-85."*

#### ■ D. PROPOSAL FORMAT

1. **Required Outline.** All proposals must follow the required outline presented in Section IV – Proposal Outline. Proposals that fail to follow the required outline will be deemed non-responsive and not evaluated.
2. **Cover Sheet.** The Cover Sheet is Page 1 of the proposal. Proposers must complete and use the Cover Sheet form provided by the Department in Section IV. Proposal Outline, Section A.
3. **Table of Contents.** All proposals must include a Table of Contents that conforms to the required proposal outline. (See Section IV. Proposal Outline, Section B.)
4. **Executive Summary.** Proposals must include a high-level summary, not exceeding 3 pages, of the main proposal and cost proposal.
5. **Main Proposal.** Proposals must address the evaluation criteria detailed in Section I. General information, Section E. 4. The maximum number of pages must not exceed 10 (ten).
  - A. Describe your experience providing linkages for consumers and their families who have been diagnosed with either SCD or Trait to community-based resources including family support organizations, health care financing agencies and other resources.

- i. Describe your experience working with community based organizations including but not limited to the Southern and Northern Connecticut Chapters of the Sickle Cell Disease Association of America, Family-to-Family Health Information Network, the Connecticut Family Support Network, PATH/Family Voices of Connecticut, and CT-KASA (Kids As Self Advocates), etc. in providing education, family/consumer support services and advocacy, and assistance with essential services, such as finances, health insurance, transportation, school systems, etc.
- ii. Describe your experience working with the Connecticut SCD Comprehensive Pediatric Treatment Centers, and providing coordination or referral services to Primary Care Provider/Medical Homes (MH), to create a holistic and comprehensive system of care for newborns, babies and children diagnosed with SCD and Trait.
- iii. Describe your experience working with transition planning and coordinating linkages with the SCD Transition clinics to assist adolescents with SCD and Trait create a transition plan from pediatric specialty and primary care to adult primary and specialty care, utilizing the MH model including educational and vocational transition services. The two transition clinics in CT are located at the Connecticut Children's Medical Center (CCMC) and Yale-New Haven Hospital (Yale).
- iv. Describe your experience and protocols developed providing education, training and testing, and counseling on SCD and Trait for both consumers (young adults and families) and providers of health care (in light of the increasing interest in collegiate athletic trait testing mandates).
- v. Describe the organization's approach to identifying and engaging adults who have been diagnosed with SCD and Trait through either community based testing or ED utilization. Provide a description of how your agency has provided a similar service or overseen a similar program.
- vi. Describe your experience/attendance with the existing Connecticut SCD Stakeholders' Consortium meetings.
- vii. Describe your agency's staffing and infrastructure that will allow you to meet all the goals and objectives of the proposed program including statewide access by fax or email, timely turnaround of funding requests, and quality procedures to insure that disbursements, accounting balances and all reporting are timely, accurate and efficient. Describe your ability to provide services statewide. Describe your agency's technological capabilities and systems to collect, manage, interpret and submit data as required in this RFP.
- viii. Describe how the organization will meet the cultural and linguistic needs of families who are impacted by SCD and Trait.

**6. Attachments.** Attachments other than the required Appendices or Forms identified in Section IV. Proposal Outline (Section I Forms, 1. Department. Forms) are not permitted and will not be evaluated. Further, the required Appendices or Forms must not be altered or used to extend, enhance, or replace any component required by this RFP. Failure to abide by these instructions will result in disqualification.

**7. Style Requirements.** Submitted proposals must conform to the following specifications:

- Binding Type: Unbound, fastened with binder clip
- Dividers: None
- Paper Size: 8.5 X 11 inch

- Page Limit: Executive Summary- 3(three) pages, Main Proposal-10(ten) pages= 13 (thirteen)
- Print Style: Two-sided
- Font Size: 12 Point
- Font Type: Times New Roman, Arial or Verdana
- Margins: ½ inch top, bottom, left and right margins
- Line Spacing: 1 ½ or double spaced

- 8. Pagination.** The proposer's name must be displayed in the header of each page. All pages, including the required Appendices and Forms, must be numbered in the footer.
- 9. Packaging and Labeling Requirements.** All proposals must be submitted in sealed envelopes or packages and be addressed to the Official Contact. The Legal Name and Address of the proposer must appear in the upper left corner of the envelope or package. The RFP Name or Number must be clearly displayed on the envelope or package. Any received proposal that does not conform to these packaging or labeling instructions will be opened as general mail. Such a proposal may be accepted by the Department as a clerical function, but it will not be evaluated. At the discretion of the Department, such a proposal may be destroyed or retained for pick up by the submitters.

## ■ E. EVALUATION OF PROPOSALS

- 1. Evaluation Process.** It is the intent of the Department to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. When evaluating proposals, negotiating with successful proposers, and awarding contracts, the Department will conform with its written procedures for POS procurements (pursuant to C.G.S. § 4-217) and the State's Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85).
- 2. Screening Committee.** The Department will designate a Screening Committee to evaluate proposals submitted in response to this RFP. The contents of all submitted proposals, including any confidential information, will be shared with the Screening Committee. Only proposals found to be responsive (that is, complying with all instructions and requirements described herein) will be reviewed, rated, and scored. Proposals that fail to comply with all instructions will be rejected without further consideration. Attempts by any proposer (or representative of any proposer) to contact or influence any member of the Screening Committee may result in disqualification of the proposer.
- 3. Minimum Submission Requirements.** All proposals must comply with the requirements specified in this RFP. To be eligible for evaluation, proposals must (1) be received on or before the due date and time; (2) meet the Proposal Format requirements; (3) follow the required Proposal Outline; and (4) be complete. Proposals that fail to follow instructions or satisfy these minimum submission requirements will not be reviewed further. The Department will reject any proposal that deviates significantly from the requirements of this RFP. See minimum requirement checklist below:
- Resumes provided for all professional staff assigned to this project.
  - Completed Notification to Bidders form included in the proposal.
  - Completed Workforce Analysis Questionnaire included in proposal.
  - Signed Statement of Adherence to Assurances included in proposal.
  - Completed Consulting Agreement Affidavit Form for Proposals of \$50,000 or more.
  - Letter of Intent (LOI) submitted February 21, 2011.
  - An original, 5 hard copies, and one (1) electronic copy of the completed proposal must be received at DPH no later than Noon, March 24, 2011.
  - Proposal is completed in Application Forms attached.
  - The proposal is signed by an authorized official of the Applicant Organization.

4. **Evaluation Criteria (and Weights).** Proposals meeting the Minimum Submission Requirements will be evaluated according to the established criteria. The criteria are the objective standards that the Screening Committee will use to evaluate the technical merits of the proposals. Only the criteria listed below will be used to evaluate proposals. The criteria are weighted according to their relative importance. The weights are disclosed below.

- **Organizational Profile (25%)**
  - The extent to which the applicant has demonstrated successful experience providing similar services to the target population: adults and youth with SCD and Trait. (20%)
  - The extent to which the applicant has demonstrated previous experience in coordinating systems of care (pediatric, adolescent and adult primary and specialty) for people with SCD (5%)
- **Scope of Services (30%)**
  - The extent to which the applicant provides evidence that it will demonstrate cultural competence in the design and implementation of services to be provided. These services address continuing service delivery as described in Section I. D. 5. A. a-h, and are described clearly, following the requirements outlined in the RFP. (25%)
  - The extent to which adequate time is allocated to manage the services to be provided. (5%)
- **Staffing Plan (10%) *see note***
  - The extent to which the profile of staff, including subcontractors, which will be working on this project is clear and adequate to manage the services to be provided. (10%), *see note*.
- **Data and Technology (10%)**
  - The extent to which data and technology support required functions. (10%)
- **Work Plan (10%)**
  - The extent to which a thorough work plan is presented with Specific, Measurable, Attainable, Relevant and Time-Specific (SMART) objectives and specific, appropriate timelines and measurable health outcomes. (10%)
- **Financial Profile -Budget and Budget Narrative (10%)**
  - The fiscal competitiveness of the proposal and the extent to which a cost effective budget and budget narrative is presented that follows eligibility guidelines. (10%)
- **Appendices (5%)**
  - Any attachments the applicant has developed in the provision of similar services to the target population (adults and youth with SCD and Trait) that have made an impact, or are in the process of making an impact, in the comprehensive care of these individuals.

Note:

As part of its evaluation of the Staffing Plan, the Screening Committee will consider the proposer's demonstrated commitment to affirmative action, as required by the Regulations of CT State Agencies § 46A-68j-30(10). Applicants must indicate evidence of utilization of small and minority businesses, whenever feasible and appropriate, in the purchases of supplies and services funded through this contract.

5. **Proposer Selection.** Upon completing its evaluation of proposals, the Screening Committee will submit the rankings of all proposals to the Department head. The final selection of a successful proposer is at the discretion of the Department head. Any proposer selected will be so notified and awarded an opportunity to negotiate a contract with the Department. Such negotiations may, but will not automatically, result in a contract. Pursuant to Governor M. Jodi Rell's Executive Order No. 3, any resulting contract will be posted on the State Contracting Portal. All unsuccessful proposers will be notified by e-mail or U.S. mail, at the Department's discretion, about the outcome of the evaluation and proposer selection process.

- 6. Debriefing.** Within ten (10) days of receiving notification from the Department, unsuccessful proposers may contact the Official Contact and request information about the evaluation and proposer selection process. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the ten (10) days. If unsuccessful proposers still have questions after receiving this information, they may contact the Official Contact and request a meeting with the Department to discuss the evaluation process and their proposals. If held, the debriefing meeting will not include any comparisons of unsuccessful proposals with other proposals. The Department will schedule and hold the debriefing meeting within fifteen (15) days of the request. The Department will not change, alter, or modify the outcome of the evaluation or selection process as a result of any debriefing meeting.
- 7. Appeal Process.** Proposers may appeal any aspect the Department's competitive procurement, including the evaluation and proposer selection process. Any such appeal must be submitted to the Department head. A proposer may file an appeal at any time after the proposal due date, but not later than thirty (30) days after an agency notifies unsuccessful proposers about the outcome of the evaluation and proposer selection process. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the thirty (30) days. The filing of an appeal shall not be deemed sufficient reason for the Department to delay, suspend, cancel, or terminate the procurement process or execution of a contract. More detailed information about filing an appeal may be obtained from the Official Contact.
- 8. Contract Execution.** Any contract developed and executed as a result of this RFP is subject to the Department's contracting procedures, which may include approval by the Office of the Attorney General.

## II. MANDATORY PROVISIONS

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

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

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

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

Note:

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

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

### ■ B. ASSURANCES

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

- 1. Collusion.** The proposer represents and warrants that the proposer did not participate in any part of the RFP development process and had no knowledge of the specific contents of the RFP prior to its issuance. The proposer further represents and warrants that no agent, representative, or employee of the State participated directly in the preparation of the proposer's proposal. The proposer also represents and warrants that the submitted proposal is in all respects fair and is made without collusion or fraud.
- 2. State Officials and Employees.** The proposer certifies that no elected or appointed official or employee of the State has or will benefit financially or materially from any contract resulting from this RFP. The Department may terminate a resulting contract if it is determined that gratuities of any kind were either offered or received by any of the aforementioned officials or employees from the proposer, contractor, or its agents or employees.
- 3. Competitors.** The proposer assures that the submitted proposal is not made in connection with any competing organization or competitor submitting a separate proposal in response to this RFP. No attempt has been made, or will be made, by the proposer to induce any other organization or competitor to submit, or not submit, a proposal for the purpose of restricting competition. The proposer further assures that the proposed costs have been arrived at independently, without consultation, communication, or

agreement with any other organization or competitor for the purpose of restricting competition. Nor has the proposer knowingly disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor.

4. **Validity of Proposal.** The proposer certifies that the proposal represents a valid and binding offer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto. The proposal shall remain valid for a period of 180 days after the submission due date and may be extended beyond that time by mutual agreement. At its sole discretion, the Department may include the proposal, by reference or otherwise, into any contract with the successful proposer.
5. **Press Releases.** The proposer agrees to obtain prior written consent and approval of the Department for press releases that relate in any manner to this RFP or any resultant contract.

### ■ C. TERMS AND CONDITIONS

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

1. **Equal Opportunity and Affirmative Action.** The State is an Equal Opportunity and Affirmative Action employer and does not discriminate in its hiring, employment, or business practices. The State is committed to complying with the Americans with Disabilities Act of 1990 (ADA) and does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities.
2. **Preparation Expenses.** Neither the State nor the Department shall assume any liability for expenses incurred by a proposer in preparing, submitting, or clarifying any proposal submitted in response to this RFP.
3. **Exclusion of Taxes.** The Department is exempt from the payment of excise and sales taxes imposed by the federal government and the State. Proposers are liable for any other applicable taxes.
4. **Proposed Costs.** No cost submissions that are contingent upon a State action will be accepted. All proposed costs must be fixed through the entire term of the contract.
5. **Changes to Proposal.** No additions or changes to the original proposal will be allowed after submission. While changes are not permitted, the Department may request and authorize proposers to submit written clarification of their proposals, in a manner or format prescribed by the Department, and at the proposer's expense.
6. **Supplemental Information.** Supplemental information will not be considered after the deadline submission of proposals, unless specifically requested by the Department. The Department may ask a proposer to give demonstrations, interviews, oral presentations or further explanations to clarify information contained in a proposal. Any such demonstration, interview, or oral presentation will be at a time selected and in a place provided by the Department. At its sole discretion, the Department may limit the number of proposers invited to make such a demonstration, interview, or oral presentation and may limit the number of attendees per proposer.
7. **Presentation of Supporting Evidence.** If requested by the Department, a proposer must be prepared to present evidence of experience, ability, data reporting capabilities, financial standing, or other information necessary to satisfactorily meet the requirements set forth or implied in this RFP. The Department may make onsite visits to an operational facility or facilities of a proposer to evaluate further the proposer's capability to perform the duties required by this RFP. At its discretion, the Department may also check or contact any reference provided by the proposer.

8. **RFP Is Not An Offer.** Neither this RFP nor any subsequent discussions shall give rise to any commitment on the part of the State or the Department or confer any rights on any proposer unless and until a contract is fully executed by the necessary parties. The contract document will represent the entire agreement between the proposer and the Department and will supersede all prior negotiations, representations or agreements, alleged or made, between the parties. The State shall assume no liability for costs incurred by the proposer or for payment of services under the terms of the contract until the successful proposer is notified that the contract has been accepted and approved by the Department and, if required, by the Attorney General's Office.

#### ■ D. RIGHTS RESERVED TO THE STATE

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

1. **Timing Sequence.** The timing and sequence of events associated with this RFP shall ultimately be determined by the Department.
2. **Amending or Canceling RFP.** The Department reserves the right to amend or cancel this RFP on any date and at any time, if the Department deems it to be necessary, appropriate, or otherwise in the best interests of the State.
3. **No Acceptable Proposals.** In the event that no acceptable proposals are submitted in response to this RFP, the Department may reopen the procurement process, if it is determined to be in the best interests of the State.
4. **Award and Rejection of Proposals.** The Department reserves the right to award in part, to reject any and all proposals in whole or in part, for misrepresentation or if the proposal limits or modifies any of the terms, conditions, or specifications of this RFP. The Department may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. The Department reserves the right to reject the proposal of any proposer who submits a proposal after the submission date and time.
5. **Sole Property of the State.** All proposals submitted in response to this RFP are to be the sole property of the State. Any product, whether acceptable or unacceptable, developed under a contract awarded as a result of this RFP shall be the sole property of the State, unless stated otherwise in this RFP or subsequent contract. The right to publish, distribute, or disseminate any and all information or reports, or part thereof, shall accrue to the State without recourse.
6. **Contract Negotiation.** The Department reserves the right to negotiate or contract for all or any portion of the services contained in this RFP. The Department further reserves the right to contract with one or more proposer for such services. After reviewing the scored criteria, the Department may seek Best and Final Offers (BFO) on cost from proposers. The Department may set parameters on any BFOs received.
7. **Clerical Errors in Award.** The Department reserves the right to correct inaccurate awards resulting from its clerical errors. This may include, in extreme circumstances, revoking the awarding of a contract already made to a proposer and subsequently awarding the contract to another proposer. Such action on the part of the State shall not constitute a breach of contract on the part of the State since the contract with the initial proposer is deemed to be void *ab initio* and of no effect as if no contract ever existed between the State and the proposer.
8. **Key Personnel.** When the Department is the sole funder of a purchased service, the Department reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The Department also reserves the right to approve

replacements for key personnel who have terminated employment. The Department further reserves the right to require the removal and replacement of any of the proposer's key personnel who do not perform adequately, regardless of whether they were previously approved by the Department.

## ■ E. STATUTORY AND REGULATORY COMPLIANCE

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

1. **Freedom of Information, C.G.S. § 1-210(b).** The Freedom of Information Act (FOIA) generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). Proposers are generally advised not to include in their proposals any confidential information. If the proposer indicates that certain documentation, as required by this RFP, is submitted in confidence, the State will endeavor to keep said information confidential to the extent permitted by law. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The proposer has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While a proposer may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.
2. **Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive.** CT statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to insure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.
3. **Consulting Agreements, C.G.S. § 4a-81.** Proposals for State contracts with a value of \$50,000 or more in a calendar or fiscal year, excluding leases and licensing agreements of any value, shall include a consulting agreement affidavit attesting to whether any consulting agreement has been entered into in connection with the proposal. As used herein "consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information or (C) any other similar activity related to such contract. Consulting agreement does not include any agreements entered into with a consultant who is registered under the provisions of C.G.S. Chapter 10 as of the date such affidavit is submitted in accordance with the provisions of C.G.S. § 4a-81. The Consulting Agreement Affidavit (OPM Ethics Form 5) is available on OPM's website at [http://www.ct.gov/opm/fin/ethics\\_forms](http://www.ct.gov/opm/fin/ethics_forms)  
IMPORTANT NOTE: A proposer must complete and submit OPM Ethics Form 5 to the Department with the proposal.
4. **Gift and Campaign Contributions, C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8 and No. 7C, Para. 10; C.G.S. § 9-612(g)(2).** If a proposer is awarded an opportunity to negotiate a contract with an anticipated value of \$50,000 or more in a calendar or fiscal year, the proposer must fully disclose any gifts or lawful contributions made to campaigns of candidates for statewide public office or the General Assembly. Municipalities and CT State agencies are exempt from this requirement. The gift and campaign contributions certification (OPM Ethics Form 1) is available on OPM's website at [http://www.ct.gov/opm/fin/ethics\\_forms](http://www.ct.gov/opm/fin/ethics_forms)

IMPORTANT NOTE: The successful proposer must complete and submit OPM Ethics Form 1 to the Department prior to contract execution.

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

### III. PROGRAM INFORMATION

#### ■ A. DEPARTMENT OVERVIEW

The CT DPH is the state's leader in public health policy and advocacy. The agency is the center of a comprehensive network of public health services, and is a partner to local health departments for which it provides advocacy, training and certification, technical assistance and consultation, and specialty services such as risk assessment that are not available at the local level. The agency is a source of accurate, up-to-date health information to the Governor, the Legislature, the federal government and local communities. This information is used to monitor the health status of CT's residents, set health priorities and evaluate the effectiveness of health initiatives. The agency is a regulator focused on health outcomes, maintaining a balance between assuring quality and administrative burden on the personnel, facilities and programs regulated.

The mission of the CT DPH is to protect and improve the health and safety of the people of CT by:

- Assuring the conditions in which people can be healthy;
- Promoting physical and mental health, and;
- Preventing disease, injury, and disability.

#### ■ B. PROGRAM OVERVIEW

The CT Sickle Cell Disease Program strives to ensure that all CT residents with SCD or carrying the Sickle Cell trait will have access to primary healthcare and receive comprehensive coordination of healthcare and related services essential to a standard quality of life, free from pain and organ damage to reach their potential and maintain their health throughout the life course.

SCD (sometimes known as sickle cell anemia) is a group of life-long blood disorders that affect hemoglobin, the molecule in red blood cells that delivers oxygen to cells throughout the body. People with this disorder have atypical hemoglobin molecules called hemoglobin S, which can distort red blood cells into a sickle or crescent shape which then clog capillaries. This results in blocked blood flow to organs and tissues which, in turn results in anemia, periodic and severe pain episodes, tissue and organ damage, infections, stroke and even death.

SCD is the most common inherited blood disorder in the United States. In the United States, sickle cell anemia is most prevalent in African-Americans, occurring in about one in every 400 African-American births. Those of Mediterranean, middle Eastern, or Indian background are also affected. It is estimated that more than 2 million Americans are carriers for SCD, and over 72,000 have the disorder. In Connecticut, annually approximately 1,200 newborns are identified with either SCD or Trait through the CT State Newborn Screening Program. The CT Newborn Screening Program, housed at the DPH State Laboratory, has been legislatively mandated through the CT General Statutes, Sec. 19a-55, to screen all newborn births in the state of CT for a panel of 41 genetic disorders, including SCD and Sickle Cell Trait. Those families who have babies with a positive screening test are referred to one of two comprehensive sickle cell treatment centers located at Yale-New Haven Hospital and Connecticut Children's Medical Center for confirmatory testing and treatment planning.

The goals of CT's Sickle Cell Disease Program are to:

1. Increase and conduct community outreach and education to CT residents about SCD, and increase family support activities to those diagnosed with SCD/Trait.
2. Support and create linkages to Medical Homes for primary care, and coordinate access to a medical home through CT Hospital Emergency Departments with the hospital discharge planning.
3. Increase transition planning and services for efficacious transition from pediatric primary and specialty care to adult services.
4. Develop and support protocols and education/resources regarding addressing the newly enacted athletic NCAA mandated SCD/Trait screening policies, and disseminate these protocols to youth in high schools/colleges during educational sessions.

5. Investigate all currently available data sources, evaluating criteria and developing methodologies to access data for program evaluation, including the development of new data sources.
6. Implement a patient/consumer Satisfaction Survey.

Children and youth with Sickle Cell Disease are eligible for the DPH's Children and Youth with Special Health Care Needs Program (CYSHCN). This program provides a linkage to a medical home. Medical homes provide accessible, family-centered, continuous, comprehensive, coordinated, and cultural competent care. The DPH currently has five network medical home care coordination contractors that provide care coordination for children and youth with special health care needs in pediatric practices throughout the state. Care coordinators work with pediatric and family practices and families to develop a comprehensive care plan to address the global needs of the child, including basic needs, primary care, specialist referrals, follow up, educational assistance, transition services, family support and resource referrals. The Connecticut SCD Program dovetails with the Medical Home concept and state-wide initiative. The two systems of care provide:

- Coordination of primary healthcare services with the utilization of federal qualified health centers (FQHCs, pediatric practices)
- Social work
- Pain management services
- Transition services for youth to primary and specialist adult healthcare
- Sickle Cell Trait Testing and Counseling
- Consumer support groups
- Consumer advocacy
- Increase public awareness via educational offerings to the general public, policy makers, students, consumers and health care providers
- Family support through arenas of support groups, advocacy, ensuring educational rights and legal referral sources if these right are violated

The CT Statewide Comprehensive SCD Consortium serves as a venue for professionals and consumers that provides advisory and educational information to the Department and other partners to promote the most effective care delivery to people in Connecticut who have either SCD/Trait. Consortium partners include, but are not limited to:

- Consumers of health services and their families
- The Hospital for Special Care
- Community Based Organizations- SCD Association of America Southern CT Chapter & Northern CT Chapter-Citizens for Quality Sickle Cell Care
- FQHCs (Hill Health, Community Health Services, Community Health Centers Inc., Charter Oak and Optimus)
- Yale-New Haven Hospital
- University of CT Health Center
- CT Children's Medical Center
- DPH

## ■ C. MAIN PROPOSAL COMPONENTS

### 1. Organizational Requirements

Please provide the name, title, address, telephone and FAX number of staff persons responsible for the completion and submittal of:

1. Contract and legal documents/forms
2. Program progress reports
3. Financial expenditure reports

*Accurate information is needed by the Branch concerning the applicant's legal status.*

Please indicate whether or not the agency is incorporated, the type of agency applying for funding, the fiscal year for the applicant agency, the agency's federal employer ID number and/or town code number,

the applicant's Medicaid provider status and Medicaid number, if any, and if the applicant agency is registered as a Connecticut Minority Business Enterprise and/or Women Business Enterprise.

Applications will be accepted from public and private organizations, community-based agencies and individuals. Applicants must have an office location needed to support a statewide system of services.

## 2. Service Requirements

The contractor is required to provide a statewide system of services. Hours of operations shall include at a minimum, normal business hours Monday through Friday, and the contractor must be able to participate in community workshops, conferences, and other activities that may take place at night or on the weekends within funded staff time. The contractor will facilitate program access and when necessary referrals to community-based resources. The contractor/subcontractor will work to provide families with a response to inquiries, and referrals to appropriate services.

The contractor shall demonstrate program policies that support cultural competence; have a congruent, defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally; have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to the diversity and cultural contexts of communities they serve; and 6) incorporate the above into all aspects of policymaking, administration, practice, and service delivery and systematically involve consumers, key stakeholders and communities.

The Contractor must provide the following services and the contractor's approach must be addressed in the proposal.

- i. Work with community based organizations including, but not limited to, the Southern and Northern Connecticut Chapters of the Sickle Cell Disease Association of America, Family-to-Family Health Information Network, the Connecticut Family Support Network, PATH/Family Voices of Connecticut, and CT-KASA (Kids As Self Advocates), to provide education, family/consumer support services and advocacy, promote consumer empowerment to enhance access to care, and assist with navigation of the health care delivery system. Assist with essential services, such as finances, health insurance, transportation, school systems, etc. Conduct outreach/support activities. Identify people with SCD/trait, not identified through the CT Newborn Screening Program, through support groups, school educational sessions, religion-based activities, community fairs, social media, blast e-mailings, etc.
- ii. Collaborate with the Connecticut SCD Comprehensive Pediatric Treatment Centers, located at Connecticut Children's Medical Center (CCMC) and Yale-New Haven Hospital (Yale) and provide coordination or referral services to Primary Care Provider/Medical Homes (MH), support and create linkages to MH, to create a holistic and comprehensive system of care for newborns, babies and children diagnosed with SCD and Trait. Develop and expand partnerships with community-based providers.
- iii. Increase transition planning and coordinate linkages with the SCD Transition clinics to assist adolescents with SCD and Trait create a transition plan and enable efficacious transition from pediatric specialty and primary care to adult primary and specialty care, utilizing the MH model including educational and vocational transition services. The two transition clinics in CT are located at the Connecticut Children's Medical Center (CCMC) and Yale-New Haven Hospital (Yale).
- iv. Establish a committee to develop practical guidelines providing education, training and testing, and counseling on SCD and Trait for both consumers (young adults and families) and providers of health care to address the newly enacted NCAA (National Collegiate Athletic Association) mandated SCD/Trait screening policies. Disseminate these guidelines to youth in

high schools and/or colleges statewide during educational sessions to support, educate and provide resources for responsible health care decision making.

- v. Identify and engage adults who have been diagnosed with SCD/Trait through either community based testing or ED utilization. Coordinate with existing health care systems and promote the use of new policies/recommendations (i.e. Section V. Attachments) to promote effective utilization of Emergency Department services and decrease subsequent hospital admissions. Through timely and effective service coordination, medical home/primary care coordination and prudent exchange of health information, there is great potential to prevent ED visits, decrease the ED wait time, receipt of medications, and alleviate need for inpatient admissions for pain management.
- vi. Attend the existing Connecticut SCD Stakeholders' Consortium meetings. With Stakeholder participation, conduct quality assurance activities that include, but are not limited to, development of a quality assurance plan including components of patient/family satisfaction, maintenance of a QA database for reporting to DPH, institution of quality improvement, and collection of periodic information from families on quality issues as obtained from surveys/focus groups.
- vii. Ensure sufficient staffing and infrastructure to meet all the goals and objectives of the proposed program including statewide access by fax or email, timely turnaround of funding requests, and quality procedures to insure that disbursements, accounting balances and all reporting are timely, accurate and efficient. Provide services statewide. The agency's technological capabilities and systems must be able to collect, manage, interpret and submit data as required in this RFP. Data will include, but not be limited to, establishment of an automated system to enable collection, storage and transmission of data electronically to DPH; capability to develop reports per DPH specifications which support documentation of delivered services; submission of quarterly activity reports, and an annual report in the format described by the Department.
- viii. Meet the cultural and linguistic needs of families who are impacted by SCD/Trait. Improve consumer and health care provider awareness and knowledge of SCD through novel educational opportunities and marketing strategies, utilizing non-traditional approaches (i.e. grand rounds, Education Practices in the Community (EPIC) trainings, online trainings, pod casting, web based methods, etc.).

### **3. Staffing Requirements**

The proposal must describe the staff to be assigned or hired for the project, including the extent to which they have the appropriate training and experience to perform assigned duties. Job descriptions, hours per week, and hourly rates must be provided for all staff assigned to this project on the form included in Staffing Profile (Section IV. Proposal Outline, I. Forms, i. Staffing Profile). Resumes for the program manager (four page limit) and all other professional staff assigned to this project must be provided (exemption: staff yet to be hired).

### **4. Data and Technology Requirements**

The applicant must have the capability to report data using an Access database, and to pull reports/data from database for submission to the DPH. The applicant must have e-mail and Internet capabilities. Technology requirements include, but are not limited to, an automated system to enable collection, and capacity to store and transmit data electronically to DPH. In addition, the contractor must develop reports per DPH specifications, which support documentation of delivered services.

Quality assurance activities include, but are not limited to, development of a quality assurance plan including components of patient/family satisfaction, and information from families on quality issues as obtained from focus groups, surveys.

#### **5. Subcontractor Requirements**

The applicant will provide the legal name, address, FEIN, name and title of contact person, phone, fax numbers and e-mail addresses of subcontractors, if applicable and available at the time of the application. The narrative must include a description of how the applicant plans to oversee the subcontract. Budget information concerning staffing, hours and resources must be provided on DPH expenditure forms. If not available at the time of application, an estimate can be provided and details will be negotiated during contract development after notice of award. The applicant shall make good faith efforts to employ minority and small business enterprises as sub-contractors.

#### **6. Work Plan**

A comprehensive and realistic work plan with measurable objectives describing tasks to be performed, deliverables and timelines, including a project start date, must be provided on the Application Forms included in Attachment IV. Proposal Outline, I. Forms, 1. Department, h. Work Plan. The work plan must be consistent with the RFP and the project's goals and objectives and reflect the time period for the grant.

#### **7. Deliverables**

A payment schedule will be determined by DPH. The contractor shall produce and submit to the department specific documents (deliverables), which will be the indicators for measuring the performance of the contractor. These deliverables must be included as objectives in the project work plan described above.

1. A fully executed contract with signatures from the appropriate authorized persons from the CT DPH and the contractor's authorized official.
2. Evidence of attendance and participation on the statewide Sickle Cell Stakeholders Consortium.
3. Quarterly and annual activity reports on specified SCD/Trait distribution around the state, budget revisions.
4. Timely reporting of all contractual reporting documents.
5. Timely hiring (or assigning) and training of staff for the project.
6. Completion of quality improvement initiatives as outlined in the work plan.

#### **8. Contract Compliance**

The proposal must include a completed Notification to Bidders form (return one and keep one for your records) and a Workforce Analysis Questionnaire. In addition, proposals must include a signed statement of Adherence to Assurances. These forms are included in Section IV. Proposal Outline, Section I. forms. Proposals from private entities totaling \$50,000 or more within a calendar or fiscal year must include a completed Consulting Agreement Affidavit.

### **D. COST PROPOSAL COMPONENT**

#### **1. Financial Requirements**

The applicant will establish policies and provide procedures to assure sound fiscal control, effective management and efficient use of contract funds. Fiscal control and accounting procedures will ensure proper disbursement and accounting of contract funds. Accounting procedures will provide for accurate and timely recording of receipt of funds by source, expenditures made from such funds, and unexpended

balances. Controls will be adequate to ensure that expenditures charged to contract activities are for allowable purposes and documentation is readily available to verify that changes are accurate.

Any funds owed to the Department due to unanticipated funds received by the Contractor for the same services from other sources or unallowable expenditures shall be refunded by the contractor within thirty (30) days of receiving notice from the Department. Any funds remaining unexpended upon the expiration of the contract will be returned to the Department within thirty (30) days.

The selected contractor must provide quarterly financial status reports and year end final reports. The cost of State Single Audits (CGS-4-23 to 4-236) are allowable charges to State awards. Audit costs are allowable to the extent that they represent a pro-rata share of the cost of such audit. Audit costs charged to the DPH contracts must be budgeted, reported and justified as an audit cost line item.

## **2. Budget Requirements**

The proposal must contain an itemized budget with justification for each line item on the budget forms included in the Application in Attachment A. All costs (travel, printing, supplies, etc.) must be included in the contract price. Competitiveness of the budget will be considered as part of the proposal review process.

The State of Connecticut is exempt from the payment of excise, transportation and sales taxes imposed by the Federal and/or state government. Such taxes must not be included in contract prices.

The maximum amount of the bid may not be increased after the proposal is submitted. All cost estimates will be considered as "not to exceed" quotations against which time and expenses will be charged.

The proposed budget is subject to change during the contract award negotiations.

The selected contractor must provide DPH with one (1) and two (2) copies of the subcontract. All information required of the contractor must be applied to the subcontractor as well. The applicant shall make good faith efforts to employ minority business enterprises as sub-contractors.

Copies of state set aside certifications for small and/or minority business must also be provided.

Payments will be negotiated based on timeframes and deliverables described in Section III. Program Information, C. Main Proposal Components, 7. Deliverables.

Total available funding is \$706,500 for a three year period, beginning July 15, 2011 through June 30, 2014. Third party reimbursement, either through public or private entities, should be actively perused.

**IV. PROPOSAL OUTLINE**

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

	Page
<b>A. Cover Sheet</b> . . . . .	<b>1</b>
<b>B. Table of Contents</b> . . . . .	<b>2</b>
<b>C. Declaration of Confidential Information</b> . . . . .	<b>3</b>
(Section I. General Information, C. Instructions, 12. Declaration of Confidential Information)	
<b>D. Conflict of Interest - Disclosure Statement</b> . . . . .	<b>4</b>
(Section I. General Information, C. Instructions, 13. Conflict of Interest Disclosure Statement)	
<b>E. Executive Summary</b> . . . . .	<b>5</b>
(Section I. General Information, D. Proposal Format, 4. Executive Summary)	
<b>F. Main Proposal</b> . . . . .	<b>6</b>
(Section III. Program Information, C. Main Proposal Components)	
<b>1. Organizational Profile</b> . . . . .	<b>etc.</b>
a. Purpose, Mission, Vision, Values	
b. Entity Type / Parent Organization / Years of Operation	
c. Location of Offices / Facilities	
d. Functional Organization	
e. Current Range of Services / Clients	
f. Qualifications	
g. Relevant Experience	
h. References	
• A minimum of two (2) references, include phone numbers	
<b>2. Scope of Services</b> . . . . .	
a. Documentation of Community Needs / Resources	
b. Community Collaboration	
c. Service Capacity / Delivery Plan / Systems / Processes / Protocols	
d. Client Consultation / Evaluation / Treatment Plan	
e. Quality Assurance Protocols	
f. Administrative Support	
<b>3. Staffing Plan</b> . . . . .	
a. Key Personnel / Managers	
b. Staffing Levels & Qualifications	
c. Job Descriptions	
d. Personnel Organization Chart	
e. Staff Training / Education / Development	
<b>4. Data and Technology</b> . . . . .	

- a. E-Mail / Internet Capabilities
- b. IT Infrastructure / Hardware & Software Quality
- c. Data Collection / Storage / Reporting
- d. Assessment of Client Satisfaction
- e. Evaluation / Outcome Measures

**5. Subcontractors . . . . .**

- a. Legal Name of Agency, Address, FEIN
- b. Contact Person, Title, Phone, Fax, E-mail
- c. Services Currently Provided
- d. Services To Be Provided Under Subcontract
- e. Subcontractor Oversight
- f. Subcontract Cost and Term

**6. Work Plan . . . . .**

- a. Start Date
- b. Timetable / Schedule
- c. Tasks, Deliverables
- d. Methodologies
- e. Measurable Objectives

**G. Cost Proposal . . . . .**

**1. Financial Profile . . . . .**

- a. Annual Budget and Revenues . . . . .
- b. Financial Standing . . . . .
- c. Financial Management Systems . . . . .

**2. Budget and Budget Narrative . . . . .**

- a. Narrative
- b. Line Item Budget Form
- c. Subcontractor Costs

**H. Appendices . . . . .**

- a. Résumés of Key Personnel

**I. Forms . . . . .**

**1. Department. . . . .**

- a. Request For Proposal-Cover Sheet
- b. Contractor Information
- c. Budget Forms and Instructions
- d. Budget Justification Schedule B
- e. Subcontractor Schedule A--Detail
- f. Work Plan
- g. Staffing Profile
- h. Workforce Analysis
- i. Assurances
- j. Affirmative Action
- k. Notification to Bidders
- l. Consulting Agreement Affidavit
- m. Nondiscrimination Certification
- n. Certification Regarding Lobbying (DSS)

**V. ATTACHMENTS**

- A. American Academy of Pediatric Policy Statement: The Medical Home
- B. Sickle Cell Emergency Department Guideline
- C. Sickle Cell Acute Pain Episode Management Clinical Pathway

**Request for Proposal – Cover Sheet**  
**RFP # 2012-0903**  
**Children and Youth with Special Health Care Needs**  
**DPH, Public Health Initiatives Branch**  
**Family Health Section**

**1. Applicant Information**

Applicant Agency:

\_\_\_\_\_

Legal Name

\_\_\_\_\_

Address

\_\_\_\_\_

City/Town State Zip Code

\_\_\_\_\_

Telephone No. FAX No. E-Mail Address

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone No: \_\_\_\_\_

**TOTAL PROGRAM COST: \$** \_\_\_\_\_

I certify that to the best of my knowledge and belief, the information contained in this application is true and correct. The application has been duly authorized by the governing body of the applicant, the applicant has the legal authority to apply for this funding, the applicant will comply with applicable state and federal laws and regulations, and that I am a duly authorized signatory for the applicant.

\_\_\_\_\_

Signature of Authorizing Official Date

\_\_\_\_\_

Typed Name and Title

-----

The applicant agency is the agency or organization, which is legally and financially responsible and accountable for the use and disposition of any awarded funds. Please provide the following information:

- Full legal name of the organization or corporation as it appears on the corporate seal and as registered with the Secretary of State
- Mailing address
- Main telephone number
- E-mail address
- Fax number, if any
- Principal contact person for the application (person responsible for developing application)
- Total program cost

The funding application and all required submittals must include the signature of an officer of the applicant agency who has the legal authority to bind the organization. The signature, typed name and position of the authorized official of the applicant agency must be included as well as the date on which the application is signed.

IV. Proposal Outline, I. Forms 1. Department, a. Request for Proposal - Cover Sheet

**CONTRACTOR INFORMATION**

PLEASE LIST THE AGENCY CONTACT PERSONS RESPONSIBLE FOR COMPLETION AND SUBMITTAL OF:

**Contract and Legal Documents/Forms:**

Name	Title	Tel. No.
Street	Town	Zip Code
Email	Fax No.	

**Program Progress Reports:**

Name	Title	Tel. No.
Street	Town	Zip Code
Email	Fax No.	

**Financial Expenditure Reporting Forms:**

Name	Title	Tel. No.
Street	Town	Zip Code
Email	Fax No.	

Incorporated:  YES  NO

Agency Fiscal Year:

--

Type of Agency:  Public  Private 

Other, Explain:

 Profit  Non-ProfitFederal Employer I.D.  
Number:

--

Town Code No:

--

Medicaid Provider Status:  YES  NO

Medicaid Number:

--

Minority Business Enterprise (MBE) :  YES  NOWomen Business Enterprise (MBE) :  YES  NOYES  NOWomen Business Enterprise (MBE) : 

IV. Proposal Outline, I. Forms 1. Department, b. Contractor Information

## **Budget Forms and Instructions**

### **A. Instructions Budget Summary 1**

#### **I. Personnel (lines #1 - #5) each person funded:**

- a) Name of person & Title
- b) Hourly rate, # hours working per week, and # of weeks. (calculate)
- c) Fringe benefit rate. (calculate)

**Example:**

1. Name & Position: John Smith, Coordinator	
Calculation: \$25.00 hr X 35hrs X 45wks	\$39,375
Fringe Benefit: 26%	\$10,238

#### **II. Line #11 **Contractual (Subcontracts)** provide the total of all subcontracts and complete Subcontractor Schedule.**

#### **III. Lines #6 - #13 complete categories as appropriate,**

#### **IV. Line # 14: Other Expenses are any other types of expense that do not fit into the categories listed.**

For example: Equipment (purchasing a computer at a cost of \$1,500). Please note that the state's definition of equipment is tangible personal property with a normal useful life of at least one year and a value of at least \$2,500 or more.

#### **V.\*\*\* **Audit Costs**, the cost of audits made in accordance with OMB Circular A133 (Federal Single Audit) are allowable charges to Federal awards. The cost of State Single Audits (CGS 4-23 to 4-236) are allowable charges to State awards. Audit costs are allowable to the extent that they represent a pro-rata share of the cost of such audit. Audit costs charged to DPH contracts **must be budgeted, reported and justified as an audit cost line item within the Administrative and General Cost category.****

#### **VI. Line Item #15 **Administrative and General Costs**, these are defined as those costs that have been incurred for the overall executive and administrative offices of the organization or other expenses of a general nature that do not relate solely to any major cost objective of the overall organization. Examples of A&G costs include salaries of executive directors, administrative & financial personnel, accounting, auditing, management information systems, proportional office costs such as building occupancy, telephone, equipment, and office supplies. Please review the OPM website on Cost Standards for more information at: <http://www.ct.gov/opm/cwp/view.asp?a=2981&q=382994>.**

#### **VII. **Administrative and General Costs** must be itemized on the Budget Justification Schedule. Costs that have a separate line item in the Budget Summary may not be duplicated as an Administrative and General Cost. For example, if the Budget Summary includes an amount for telephone costs, this cannot also be included as an Administrative and General Cost.**

#### **VIII. **Other Income** list any other program income such as in-kind contributions, fees collected, or other funding sources and include brief explanation on Budget Justification.**

#### **IX. **2 Year Contracts:** 2 sets of budget forms have been provided. Please do a full budget for each year of the contract, clearly indicating the year on each form. Assume level funding for the second year.**

Note: If space allowed is not sufficient for large or complex subcontract budgets, the Budget Summary format may be copied and used instead.

## Budget Justification Schedule B

- I. Please provide a brief explanation for each line item listed on the Budget Summary. This must include a detailed breakdown of the components that make up the line item and any calculation used to compute the amount.

**\*\*\*Please note: If Laboratory Services is a line item or subcontractor, please supply a justification as to why a private laboratory is being used as opposed to the Connecticut State Laboratory.**

- II. For contractors who have subcontracts, a brief description of the purpose of each subcontract must be provided. Use additional sheets as necessary.

**Example:**

Line Item (Description)	Amount	Justification - Breakdown of Costs
Travel	\$730	1,659 miles @ .44 = \$730.00 outreach workers going to meetings and site visits.

## C. Subcontractor Schedule A--Detail

- I. All subcontractors used by each program must be included, if it is not known who the subcontractor will be, an estimated amount and whatever budget detail is anticipated should be provided. (Submit the actual detail when it is available). A separate subcontractor schedule must be completed for each program included in the contract. For example: The contract is providing both a Needle Exchange program and an AIDS Prevention Education Program and Subcontractor "A" is providing services to both program there must be a separate budget for Subcontractor "A" for each.

II. **Detail of Each Subcontractor:**

Choose a category below for each subcontract using the basis by which it is paid:

- A. Budget Basis     B. Fee for Service     C. Hourly Rate.

Provide the detail for each subcontract referencing the corresponding program of the contract. Detail must be provided for each subcontractor listed in the Summary.

**Example A. Budget Basis**

Outreach Educator \$20/hr x 20hrs/wk x 50wks	\$20,000
Travel 590 miles @ .44 cents/mile	260
Supplies	500
Total	\$20,760

**Example B. Fee for Service:**

Develop and Produce	
500 Videos @ \$10 each	\$5,000
Total	

**Example C. Hourly Rate:**

Quality Assurance Review of 200 Patient Charts	
by Nurse Clinician 200 hours @ \$25/hour	\$5,000
Total	\$5,000

**\*\*\*Please note: If Laboratory Services is a line item or subcontractor, please supply a justification as to why a private laboratory is being used as opposed to the Connecticut State Laboratory.**

IV. Proposal Outline, I. Forms 1. Department, d. Budget Instructions continued

Category	Amount
<b>Personnel:</b>	
1) Name & Position: _____ , _____	
Calculation:	
Fringe Benefit: _____ %	
2) Name & Position: _____ , _____	
Calculation:	
Fringe Benefit: _____ %	
3) Name & Position: _____ , _____	
Calculation:	
Fringe Benefit: _____ %	
4) Name & Position: _____ , _____	
Calculation:	
Fringe Benefit: _____ %	
5) Name & Position: _____ , _____ :	
Calculation:	
Fringe Benefit: _____ %	
6) Travel _____ per mile X _____ miles	
7) Training	
8) Educational Materials	
9) Office Supplies	
10) Medical Materials	
11) Contractual (Subcontracts)***	
12) Telephone	
13) Advertising	
14) Other Expenses (List Below)	
a)	
b)	
c)	
d)	
e)	
f)	
15) Administrative and General Costs	
<b>Total DPH Grant</b>	
Other Program Income:	

\*\*\* Complete Subcontractor Schedule A

IV. Proposal Outline, I. Forms 1. Department, e. Budget summary



**Subcontractor Schedule A-Detail  
#1**

Program:

Subcontractor Name:

Address:

Telephone: ( ) ( - )

Select One: **A**  Budget Basis    **B**  Fee-for-Service    **C**  Hourly Rate

Indicate One:     MBE     WBE     Neither

Line Item	Amount
Total Subcontract Amount:	

**#2**

Subcontractor Name:

Address:

Telephone: ( ) ( - )

Select One: **A**  Budget Basis    **B**  Fee-for-Service    **C**  Hourly Rate

Indicate One:     MBE     WBE     Neither

Line Item	Amount
Total Subcontract Amount:	

**#3**

Subcontractor Name:

Address:

Telephone: ( ) ( - )

Select One: **A**  Budget Basis    **B**  Fee-for-Service    **C**  Hourly Rate

Indicate One:     MBE     WBE     Neither

Line Item	Amount
Total Subcontract Amount:	

**Work Plan (make as many blank pages as needed)**

Deliverables	Activities	Staff Position(s) Responsible	Timeframe for Completion

IV. Proposal Outline, I. Forms 1. Department, h. Work plan

**Staffing Profile**

Profile of staff providing services. Please provide the information requested below.

Professional Staff*	Name	Title	Hourly Rate	Assigned to Project: # hrs/wk
Position 1				
Position 2				
Position 3				
Position 4				
Clerical/ Support Staff:				
Position 1				
Position 2				

**\*Attach résumés and job descriptions for all Professional Staff in Appendix Section**

IV. Proposal Outline, I. Forms 1. Department, i. Staffing Profile

**WORKFORCE ANALYSIS**

Contractor Name:  
Address:

Total Number of CT employees:  
Full Time: Part Time:

Complete the following Workforce Analysis for employees on Connecticut worksites who are:

Job Categories	Overall Totals (sum of all cols. male & female)	White (not of Hispanic Origin)		Black (not of Hispanic Origin)		Hispanic		Asian or Pacific Islander		American Indian or Alaskan Native		People with Disabilities	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Officials & Managers													
Professionals													
Technicians													
Office & Clerical													
Craft Workers (skilled)													
Operatives (semi-skilled)													
Laborers (unskilled)													
Service Workers													
Totals Above													
Totals 1 year Ago													
FORMAL ON-THE-JOB TRAINEES (Enter figures for the same categories as are shown above)													
Apprentices													
Trainees													
EMPLOYMENT FIGURES WERE OBTAINED FROM:						Visual Check:			Employment Records		Other:		

- Have you successfully implemented an Affirmative Action Plan?  YES  NO  
Date of implementation: \_\_\_\_\_ If the answer is "No", explain.
- a) Do you promise to develop and implement a successful Affirmative Action?  
 YES  NO  Not Applicable Explanation:
- Have you successfully developed an apprenticeship program complying with Sec. 46a-68-1 to 46a-68-18 of the Connecticut Department of Labor Regulations, inclusive:  YES  NO  Not Applicable Explanation:
- According to EEO-1 data, is the composition of your work force at or near parity when compared with the racial and sexual composition of the work force in the relevant labor market area?  YES  NO Explanation:
- If you plan to subcontract, will you set aside a portion of the contract for legitimate minority business enterprises?  
 YES  NO Explanation:

\_\_\_\_\_  
Contractor's Authorized Signature

\_\_\_\_\_  
Date

IV. Proposal Outline, I. Forms 1. Department, j. Workforce Analysis

## **Assurances**

Any prospective contractor must agree to adhere to the following conditions and **must positively state such in the proposal. Please read, sign, date and return this statement with your proposal.**

A. **Conformance with Statutes** - Any contract awarded as a result of this RFP must be in full conformance with statutory requirements of the State of Connecticut and the Federal Government.

B. **Ownership of Proposals** - All proposals in response to this RFP are to be the sole property of the State, and subject to the provisions of Sections 1-19 of the Connecticut General Statutes (Re: Freedom of Information).

C. **Reports and Information** - The contractor shall agree to supply any information required by DPH: including evaluation and billing information in the time, manner and format directed by DPH.

The contractor shall permit access by properly authorized DPH staff to the contractor's premises, staff and participant and financial records, at any reasonable time.

The right to publish, distribute or disseminate any and all information or reports, or any part thereof, shall accrue to DPH without recourse. The contractor shall maintain written records to substantiate costs incurred under the contract.

D. **Timing and Sequence** - Timing and sequence of events resulting from this RFP will ultimately be determined by the State.

E. **Stability of Proposed Prices** - Any price offerings from applicants must be valid for a period of 120 days from the due date of applicant proposals.

F. **Oral Agreements** - Any alleged oral agreement or arrangement made by an applicant with any agency or employee will be superseded by the written agreement.

G. **Amending or Canceling Requests** - The State reserves the right to amend or cancel this RFP at its discretion, prior to the due date and time, and/or at any point to the issuance of the written agreement, if it is in the best interests of the agency and the State.

H. **Rejection for Default or Misrepresentation** - The State reserves the right to reject the proposal of any applicant which is in default of any prior contract or for misrepresentation.

I. **State's Clerical Errors in Awards** - The State reserves the right to correct inaccurate awards resulting from its clerical errors.

J. **Rejection of 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.

K. **Applicant Presentation of Supporting Evidence** - An applicant, if requested, must be prepared to present evidence of experience, ability, service facilities, and financial standing necessary to satisfactorily meet the requirements set forth or implied in the RFP.

L. **Changes to Proposals** - No additions or changes to the original proposal will be allowed after submittal, unless specifically requested by DPH.

M. **Collusion** - By responding, the applicant implicitly states that the proposal is not made in connection with any competing applicant submitting a separate response to the RFP, and is in all respects 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 the agency participated directly or indirectly in the applicant's proposal preparation.

- N. **Subcontracting** - In a multi-contractor situation, DPH requires a single point of responsibility and accountability.

**The undersigned acknowledges receiving and reading the aforementioned assurances and agrees to these terms and conditions as set forth by the DPH.**

---

Signature

---

Date

On behalf of:

---

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

J. Robert Galvin, M.D., M.P.H.  
Commissioner



M. Jodi Rell  
Governor

### AFFIRMATIVE ACTION CONTRACT COMPLIANCE POLICY STATEMENT

The Department of Public Health is an affirmative action employer, in compliance with all state and federal laws which prohibit discrimination and mandate affirmative action to overcome the present effects of past discrimination. Accordingly, we require that the individuals and organizations with which we do business do not engage in discriminatory practices.

This Department and our contractors shall fully comply with the CONTRACT COMPLIANCE REGULATIONS OF CONNECTICUT STATE AGENCIES, Sections 46a-68j-21 through 46a-68j-43, which establish procedures for evaluating compliance with Connecticut General Statutes, Section 4a-60, the state's nondiscrimination contract provisions. We require our contractors to cooperate with the Connecticut Commission on Human Rights and Opportunities in all activities pertinent to these regulations.

This Department will not knowingly do business with any contractor, subcontractor or supplier of materials who unlawfully discriminates against members of any class protected under state or federal law. Contractors whose overall employment statistics are not reflective of the general employment area may be required to submit evidence of good faith efforts to ensure that their personnel policies and practices do not have a discriminatory impact.

As part of our contract compliance program, bidders, contractors, subcontractors, and suppliers are encouraged to develop and follow a plan of affirmative action to achieve or exceed parity of employment with the applicable labor market. The existence and active administration of voluntary plans will be a factor in deciding contract approvals and the continuation of existing contracts, in accordance with Section 46a-68j-30.

This Department also solicits and encourages the participation of minority business enterprises as bidders, awardees, contractors, suppliers, and subcontractors.

All bidders and contractors shall be notified of this policy, must sign a Notification to Bidders Form, and complete a workforce analysis questionnaire necessary for the contract award process.

17 Sep 04

Date

J. Robert Galvin, M.D., M.P.H.  
Commissioner of Public Health



PHONE: (860) 509-7101 FAX: (860) 509-7111  
410 CAPITOL AVENUE - MS#13COM, P.O. BOX 340308, HARTFORD, CONNECTICUT 06134-0308  
Affirmative Action/Equal Employment Opportunity Employer

### **NOTIFICATION TO BIDDERS**

The contract to be awarded is subject to contract compliance requirements mandated by Sections 4a-60 and 4a-60a of the Connecticut General Statutes; and, when the awarding agency is the State, Sections 46a-71 (d) and 46a-81i (d) of the Connecticut General Statutes. There are Contract Compliance Regulations codified at Section 46a-68j-21 through 46a-68j-43 of the Regulations of Connecticut State agencies which establish a procedure for the awarding of all contracts covered by Sections 4a-60 and 46a-71 (d) of the Connecticut General Statutes.

According to Section 46a-68j-30 (9) of the Contract Compliance Regulations, every agency awarding a contract subject to the contract compliance requirements has an obligation to “aggressively solicit the participation of legitimate minority business enterprises as bidders, contractors, subcontractors and suppliers of materials.” “Minority Business Enterprise” is defined in Section 4a-60 of the Connecticut General Statutes as a business wherein fifty-one percent or more of the capital stock, or assets belong to a person or persons: “(1) Who are active in the daily affairs of the enterprise; (2) Who have the power to direct the management and policies of the enterprise; and, (3) Who are members of a minority, as such term is defined in subsection (a) of Section 32-9n.” “Minority” groups are defined in Section 32-9n of the Connecticut General Statutes as “(1) Black Americans ... (2) Hispanic Americans ... (3) Women ... (4) Asian Pacific Americans and Pacific Islanders; or (5) American Indians.” The above definitions apply to the contract compliance requirements by virtue of Section 46a-68j-21 (11) of the Contract Compliance Regulations.

The awarding agency will consider the following factors when reviewing the bidder’s qualifications under the contract compliance requirements.

- a) the bidder’s success in implementing an affirmative action plan;
- b) the bidder’s success in developing an apprenticeship program complying with Sections 46a-68-1 to 46a-68-18 of the Connecticut General Statutes, inclusive;
- c) the bidder’s promise to develop and implement a successful affirmative action plan;
- d) the bidder’s submission of EEO-1 data indicating the composition of its workforce is at or near parity when compared to the racial and sexual composition of the workforce in the relevant labor market area; and,
- e) the bidder’s promise to set aside a portion of the contract for legitimate minority business enterprises. See Section 46a-68j-30 (10) (E) of the Contract Compliance Regulations.

**INSTRUCTION:** Bidder must sign acknowledgment below, detach along dotted line and return acknowledgment to Awarding Agency along with the bid proposal.

---

The undersigned acknowledges receiving and reading a copy of the “Notification to Bidders” form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

On behalf of: \_\_\_\_\_

IV. Proposal Outline, I. Forms 1. Department, m. Notification to Bidders

STATE OF CONNECTICUT
OFFICE OF POLICY AND MANAGEMENT
Policies and Guidelines

Consulting Agreement Affidavit

Consulting agreement affidavit to accompany state contracts for the purchase of goods and services with a value of \$50,000 or more in a calendar or fiscal year, pursuant to Section 51 of Public Act 05-287.

This affidavit is required if a bidder or vendor has entered into any consulting agreements whereby the duties of the consultant include communications concerning business of such state agency, whether or not direct contact with a state agency, state or public official or state employee was expected or made. Pursuant to Section 51 of P.A. 05-287, "consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information or (C) any other similar activity related to such contract. Consulting agreement does not include any agreements entered into with a consultant who is registered under the provisions of chapter 10 of the general statutes as of the date such affidavit is submitted in accordance with the provisions of this section.

I, Type/Print Name, Title and Name of Firm or Corporation, hereby swear that I am the chief official of the bidder or vendor of the Contract or authorized to execute such Contract. I further swear that I have not entered into any consulting agreement in connection with such contract, except the agreements listed below:

Contractor's Name, Title and Firm or Corporation:

Terms of Consulting Agreement (Date of Execution, Amount, Expiration Date):

Brief Description of Services Provided (Purpose, Scope, Activities, Outcomes):

[ ] Yes [ ] No Is the Consultant a former state employee or public official?
If yes, provide the following information about the former state employee or public official:

- Former Agency:
Date Such Employment Terminated:

Attach additional sheets if necessary. This affidavit must be amended if Contractor enters into any new consulting agreements during the term of this Contract

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

Signature

Date

Sworn and subscribed before me on this \_\_\_ day of \_\_\_, 200\_\_

Commissioner of the Superior Court, Notary Public



**STATE OF CONNECTICUT  
NONDISCRIMINATION CERTIFICATION – Representation By Entity  
For Contracts Valued at Less Than \$50,000**

*Written representation that complies with the nondiscrimination agreements and warranties under Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended*

**INSTRUCTIONS:**

For use by an entity (corporation, limited liability company, or partnership) when entering into any contract type with the State of Connecticut **valued at less than \$50,000 for each year of the contract.** Complete all sections of the form. Submit to the awarding State agency prior to contract execution.

**REPRESENTATION OF AN ENTITY:**

I, \_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_,  
Authorized Signatory Title Name of Entity

an entity duly formed and existing under the \_\_\_\_\_,  
laws of Name of State or Commonwealth

represent that I am authorized to execute and deliver this representation on behalf of

\_\_\_\_\_ and that \_\_\_\_\_  
Name of Entity Name of Entity

has a policy in place that complies with the nondiscrimination agreements and warranties of Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## ATTACHMENT A

### American Academy of Pediatric Policy Statement: The Medical Home Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of All Children, Medical Home Initiatives for Children With Special Needs Project Advisory Committee.

**ABSTRACT.** The American Academy of Pediatrics proposed a definition of the medical home in a 1992 policy statement. Efforts to establish medical homes for all children have encountered many challenges, including the existence of multiple interpretations of the "medical home" concept and the lack of adequate reimbursement for services provided by physicians caring for children in a medical home. This new policy statement contains an expanded and more comprehensive interpretation of the concept and an operational definition of the medical home.

The American Academy of Pediatrics (AAP) believes that the medical care of infants, children, and adolescents ideally should be accessible, continuous, comprehensive, family centered, coordinated,<sup>1</sup> compassionate, and culturally effective.<sup>2</sup> It should be delivered or directed by well-trained physicians who provide primary care<sup>3</sup> and help to manage and facilitate essentially all aspects of pediatric care. The physician should be known to the child and family and should be able to develop a partnership of mutual responsibility and trust with them. These characteristics define the "medical home." In contrast to care provided in a medical home, care provided through emergency departments, walk-in clinics, and other urgent-care facilities, though sometimes necessary, is more costly and often less effective. Although inadequate reimbursement for services offered in the medical home remains a very significant barrier to full implementation of this concept,<sup>4,5</sup> reimbursement is not the subject of this statement. It deserves coverage in other AAP forums.

Physicians should seek to improve the effectiveness and efficiency of health care for all children and strive to attain a medical home for every child in their community.<sup>6</sup> Although barriers such as geography, personnel constraints, practice patterns, and economic and social forces create challenges, the AAP believes that comprehensive health care for infants, children, and adolescents should encompass the following services:

1. Provision of family-centered care through developing a trusting partnership with families, respecting their diversity, and recognizing that they are the constant in a child's life.
2. Sharing clear and unbiased information with the family about the child's medical care and management and about the specialty and community services and organizations they can access.
3. Provision of primary care, including but not restricted to acute and chronic care and preventive services, including breastfeeding promotion and management,<sup>7</sup> immunizations, growth and developmental assessments, appropriate screenings, health care supervision, and patient and parent counseling about health, nutrition, safety, parenting, and psychosocial issues.
4. Assurance that ambulatory and inpatient care for acute illnesses will be continuously available (24 hours a day, 7 days a week, 52 weeks a year).
5. Provision of care over an extended period of time to ensure continuity. Transitions, including those to other pediatric providers or into the adult health care system, should be planned and organized with the child and family.
6. Identification of the need for consultation and appropriate referral to pediatric medical sub specialists and surgical specialists. (In instances in which the child enters the medical system through a specialty clinic, identification of the need for primary pediatric consultation and referral is appropriate.) Primary, pediatric medical subspecialty, and surgical specialty care providers should collaborate to establish shared management

plans in partnership with the child and family and to formulate a clear articulation of each other's role.

7. Interaction with early intervention programs, schools, early childhood education and child care programs, and other public and private community agencies to be certain that the special needs of the child and family are addressed.
8. Provision of care coordination services in which the family, the physician, and other service providers work to implement a specific care plan as an organized team.
9. Maintenance of an accessible, comprehensive, central record that contains all pertinent information about the child, preserving confidentiality.
10. Provision of developmentally appropriate and culturally competent health assessments and counseling to ensure successful transition to adult-oriented health care, work, and independence in a deliberate, coordinated way.

Medical care may be provided in various locations, such as physicians' offices, hospital outpatient clinics, school-based and school-linked clinics, community health centers, and health department clinics. Regardless of the venue in which the medical care is provided, to meet the definition of medical home, a designated physician must ensure that the aforementioned services are provided.

The need for an ongoing source of health care—ideally a medical home—for all children has been identified as a priority for child health policy reform at the national and local level. The US Department of Health and Human Services' *Healthy People 2010* goals and objectives state that "all children with special health care needs will receive regular ongoing comprehensive care within a "medical home"<sup>8</sup> and multiple federal programs require that all children have access to an ongoing source of health care. In addition, the Future of Pediatric Education II goals and objectives state: "Pediatric medical education at all levels must be based on the health needs of children in the context of the family and community" and "all children should receive primary care services through a consistent "medical home."<sup>9</sup> Over the next decade, with the collaboration of families, insurers, employers, government, medical educators, and other components of the health care system, the quality of life can be improved for all children through the care provided in a medical home.

#### MEDICAL HOME INITIATIVES FOR CHILDREN WITH SPECIAL NEEDS PROJECT ADVISORY COMMITTEE, 2000-2001

Calvin J. Sia, MD, Chairperson, Richard Antonelli, MD, Vidya Bhushan Gupta, MD, Gilbert Buchanan, MD, David Hirsch, MD, John Nackashi, MD, Jill Rinehart, MD, CONSULTANTS Antoinette Parisi Eaton, MD, Merle McPherson, MD, MPH, Maureen Mitchell, Bonnie Strickland, PhD, Trish Thomas, STAFF Thomas F. Tonniges, MD

#### REFERENCES

1. American Academy of Pediatrics, Committee on Children With Disabilities. Care coordination: integrating health and related systems of care for children with special health care needs. *Pediatrics*. 1999;104:978-981
2. American Academy of Pediatrics, Committee on Pediatric Workforce. Culturally effective pediatric care: education and training issues. *Pediatrics*. 1999;103:167-170
3. American Academy of Pediatrics, Committee on Pediatric Workforce. Pediatric primary health care. *AAP News*. November 1993;11:7. Reaffirmed June 2001
4. American Academy of Pediatrics, Committee on Child Health Financing. Guiding principles for managed care arrangements for the health care of newborns, infants, children, adolescents, and young adults. *Pediatrics*. 2000;105:132-135
5. American Academy of Pediatrics, Committee on Children With Disabilities. Managed care and children with special health care needs: a subject review. *Pediatrics*. 1998;102:657-660
6. American Academy of Pediatrics, Committee on Community Health Services. The pediatrician's role in community pediatrics. *Pediatrics*. 1999;103:1304-1306

7. American Academy of Pediatrics, Work Group on Breastfeeding. Breastfeeding and the use of human milk. *Pediatrics*. 1997;100:1035-1039
8. US Department of Health and Human Services, Health Resources and Services Administration. *Measuring Success for Healthy People 2010: National Agenda for Children with Special Health Care Needs*. Washington, DC: US Department of Health and Human Services; 1999. <http://www.mchb.hrsa.gov/programs/specialneeds/measuresuccess.htm>. Accessed September 19, 2001
9. American Academy of Pediatrics, Task Force on the Future of Pediatric Education. The Future of Pediatric Education II. Organizing pediatric education to meet the needs of infants, children, adolescents, and young adults in the 21st century. *Pediatrics*. 2000;105:157-212
10. Americans With Disabilities Act. Pub L No. 101-336 (1990)

Physicians should strive to provide these services and incorporate these values into the way they deliver care to all children. (Note: pediatricians, pediatric medical subspecialists, pediatric surgical specialists, and family practitioners are included in the definition of "physician.") The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Copyright © 2002 by the American Academy of Pediatrics. No part of this statement may be reproduced in any form or by any means without prior written permission from the American Academy of Pediatrics except for one copy for personal use.

## **ATTACHMENT B**

### **Connecticut SCD Emergency Department Care Pathway and Check List**

A standardized framework to provide rapid and adequate administration of analgesics to patients with an acute pain episode associated with SCD

**Triage:** All patients with self-report of a history of SCD, who present to the ED with an acute pain episode

\_\_\_ Triage the patient to a room and assign staff as rapidly as possible

Ask patient if he or she has a care plan for SCD and consult this plan, if available

- Patient's physical appearance often does not correlate with stated pain level
- Those patients with a triage pain score  $\geq 7$  meet level 2 ESI status should be triaged to a room immediately

#### **History: Key historical factors to obtain**

- Pain score
- Functional limitations
- Duration
- Character
- Different from usual episode
- Medication regimen that works
- Do they have a pain plan?
- Did they call their PCP/hematologist

#### **Interventions**

- Meds
- Complementary techniques

#### **Other Symptoms**

- Fever
- Cough
- SOB
- Priapism
- Weakness
- Pallor

#### **Previous History**

- Hospitalizations
  - Chest syndrome
  - Stroke
  - Therapy
- \_\_\_ Obtain history of pain, self-assessment of pain, and treatments attempted at home
- \_\_\_ Ask about previous hospitalizations, treatments, and medication allergies or reactions
- \_\_\_ Assess vital signs: blood pressure, heart rate, respiratory rate, oxygen saturation, temperature
- \_\_\_ Administer oxygen for O2 saturation <90% or more than 3% below patient's baseline status, if known
- \_\_\_ Draw baseline labs including CBC, reticulocyte count, type and screen and CMP
- \_\_\_ Perform a urine pregnancy test if indicated

### **Analgesic Therapy**

- \_\_\_ Initiate ASAP
- Follow pain plan if present
  - See flow diagram or clinical algorithm in appendix A and recommendations for the management of pain below
  - Opt for subcutaneous or IV infusion of morphine or hydromorphone/Dilaudid. Avoid intramuscular injection and do not under-dose
  - PCA administration for ongoing pain control if patient will be admitted. Avoid intramuscular injection and do not under dose
  - Unless otherwise contraindicated, give Ketorolac (Toradol) IV or other NSAID and other adjunct therapies
- \_\_\_ Provide integrative or complementary and alternative therapies
- Encourage distraction techniques (relaxation/deep breathing, music, etc.)
  - Provide spiritual and supportive care (prayer, energy healing, massage, warm packs, nutrition, etc)

### **Patient/Pain reassessment**

- \_\_\_ Assess pain relief every 15 minutes and modify dosing until pain is controlled

### **Fluids Therapy**

- \_\_\_ IV fluids Isotonic saline - Children < 50 kg 20cc/kg 1<sup>st</sup> hour then 1.5 maintenance

Adults 1 liter NS followed by 1.5 maintenance

- Fluids should be reduced for renal/cardiac disease
- In adults, central access is preferred to leg access
- Adult patients with normal renal/cardiac function: 1-2 liters NS

### **Laboratory evaluation**

\_\_\_ Obtain CBC/ Retic count

### **Other Conditions- Treatments to consider**

**Fever** -Infection (fever  $>38.5^{\circ}$ , other signs of infection or sepsis)

- Blood Cx, CXR (if respiratory symptoms),
- Initiate broad-spectrum IV antibiotic therapy with ceftriaxone (plus vancomycin if toxic). Do not wait for result of lab tests
- Urinalysis, urine culture and other tests as clinically indicated

**Respiratory Symptoms** (chest pain, shortness of breath, tenderness, breathing problems)

- Obtain chest X-ray and administer oxygen if indicated by O2 saturation  
blood culture, antibiotics if positive, bronchodilators and consideration of transfusion
- Incentive spirometry & avoid overhydration

**Acute Neurologic Symptoms** (including painless limp, acute headache, seizures)

- CT scan, MRI/A as indicated
- Consult hematology/neurology

**Abdominal symptoms** (distension, "silent" abdomen, pain, anemia, weakness, or pallor)

- Check spleen and liver size. Enlargement, especially coupled with falling hematocrit and increased reticulocyte count may indicate sequestration crisis
- Type and screen for suspected sequestration and possible transfusion
- Rule out constipation and treat accordingly
- If gallbladder disease is suspected, consider abdominal ultrasound, other imaging and amylase, lipase in addition to CMP

### **Priapism**

- IV hydration, urology consultation if not resolved within 4-6 hours of onset
- Ice, subcutaneous terbutaline

- Consider intracavernous injection of alpha adrenergic agent such as phenylephrine 500 microgram (250 microgram if patient has cardiovascular disease) - may repeat in 5 to 10 minutes if inadequate response

**Pallor/ Weakness**

- Check CBC- is hemoglobin stable?
- Isotonic IV fluids

**Pregnant Patients**

\_\_\_ Obtain OB consult for pregnant patients

**Admission Criteria**

- Pain not controlled within 4-6 hours
- Patient returns to ER within 48 hours due to treatment failure
  
- Patient is pregnant
- Significant acidosis or hypoxia from baseline
- Infant less than 1 year
- Fever > 38.5° or significant infection is suspected
- Acute neurologic symptoms
- Splenic or hepatic syndromes
- Cholecystitis
- Evidence of acute chest syndrome (pulmonary infiltrate on x-ray, decrease of hemoglobin more than 1g from baseline, patient requires oxygen, chest pain)
- Urology consult not immediately available for priapism lasting more than 4 hours
- Consider admission for patients unable to achieve follow-up as an outpatient

**Emergency Room Discharge Criteria**

- Pain under control and patient able to manage at home with oral medication
- Stable cardio-respiratory status
- Plan in place for timely outpatient follow-up
- Stable hemoglobin or near baseline (sickle cell patients are uniformly anemic at baseline)
- If patient will be discharged, consider patient's resources in achieving required follow-up (refer to case manager/social worker/community based organization)

## **Resources**

### **For acute consultation and follow-up**

1. Yale Adult/Peds
2. CCMC
3. UCHC
4. Others

### **Other centers willing to provide routine follow-up**

Community Health Centers

### **Community Support**

1. SCD Association of America, Northern Regional Chapter-Citizens for Quality Sickle Cell Care, Inc.
2. SCD Association of America, Southern Regional Chapter

## **Appendix A**

Major recommendations for the management of pain can be summarized as follows:

- Pain management should be prompt and aggressive.
- Severe pain is a medical emergency and should be treated accordingly.
- Pain should be quantitated in adults and children, using a validated pain scale.
- Analgesic use should be liberal, but tailored to the individual patient.
- Mild to moderate pain is usually controlled with acetaminophen or NSAIDS but if pain persists or escalates, opioids should be added.
- Adjunct methods such as acupuncture and psychological/behavioral methods can be utilized.
- Short duration pain can be controlled by opioids with short duration of action.
- If pain takes several days to resolve, a sustained release compound may be appropriate. For the hospitalized patient, consultation with the pain service is desirable.
- Meperidine use should be limited and should be avoided if it is anticipated that its use will be frequent or prolonged.
- When a patient is discharged from the in-patient service or from the emergency department after treatment for a pain episode, he or she should be given enough equianalgesic doses of an oral opioid to last until the follow-up visit a few days later.

- If the patient has continuous follow-up care in a facility with knowledgeable providers, the number of hospitalizations can be minimized.
- Opioid tolerance and physical dependence can occur with lengthy treatment; this is not addiction. Addiction is psychological dependence characterized by continued craving for an opioid other than for pain relief. Addiction is rare in patients under proper care.
- Older children and adults with severe recurrent pain may be candidates for hydroxyurea, given daily under the careful supervision of a hematologist, internist or pediatrician thoroughly familiar with this form of treatment. Hydroxyurea can lessen the severity and frequency of pain episodes in many patients with the SS genotype. The study of its use in the infant and young child has been limited.

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## ATTACHMENT C

### Sickle Cell Acute Pain Episode Management Clinical Pathway

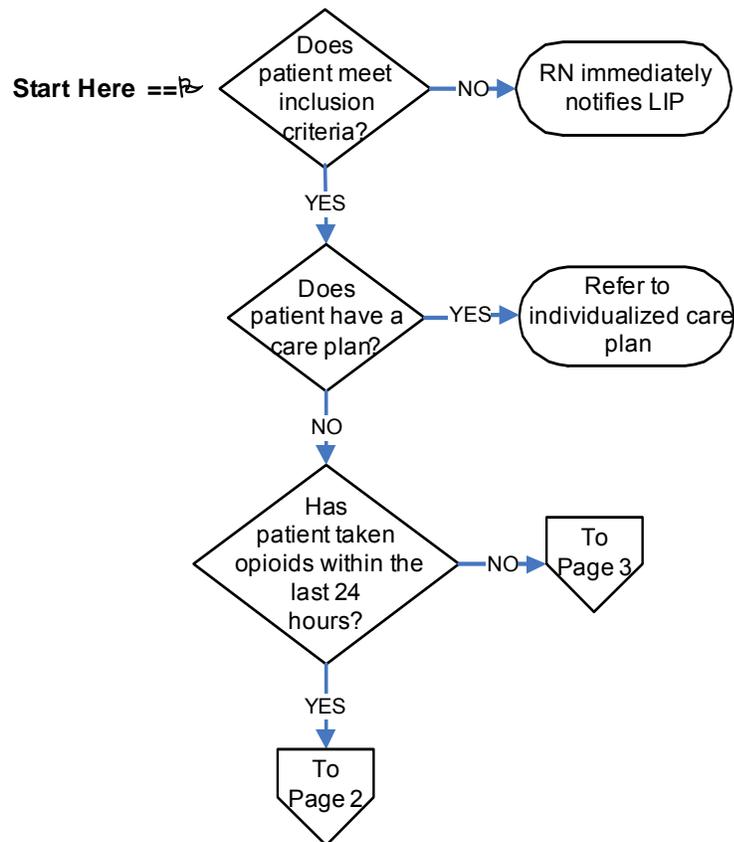
1-13-2010

**Inclusion Criteria:**

All patients 18 years or older with a history of sickle cell disease who present to the ED with an acute pain episode

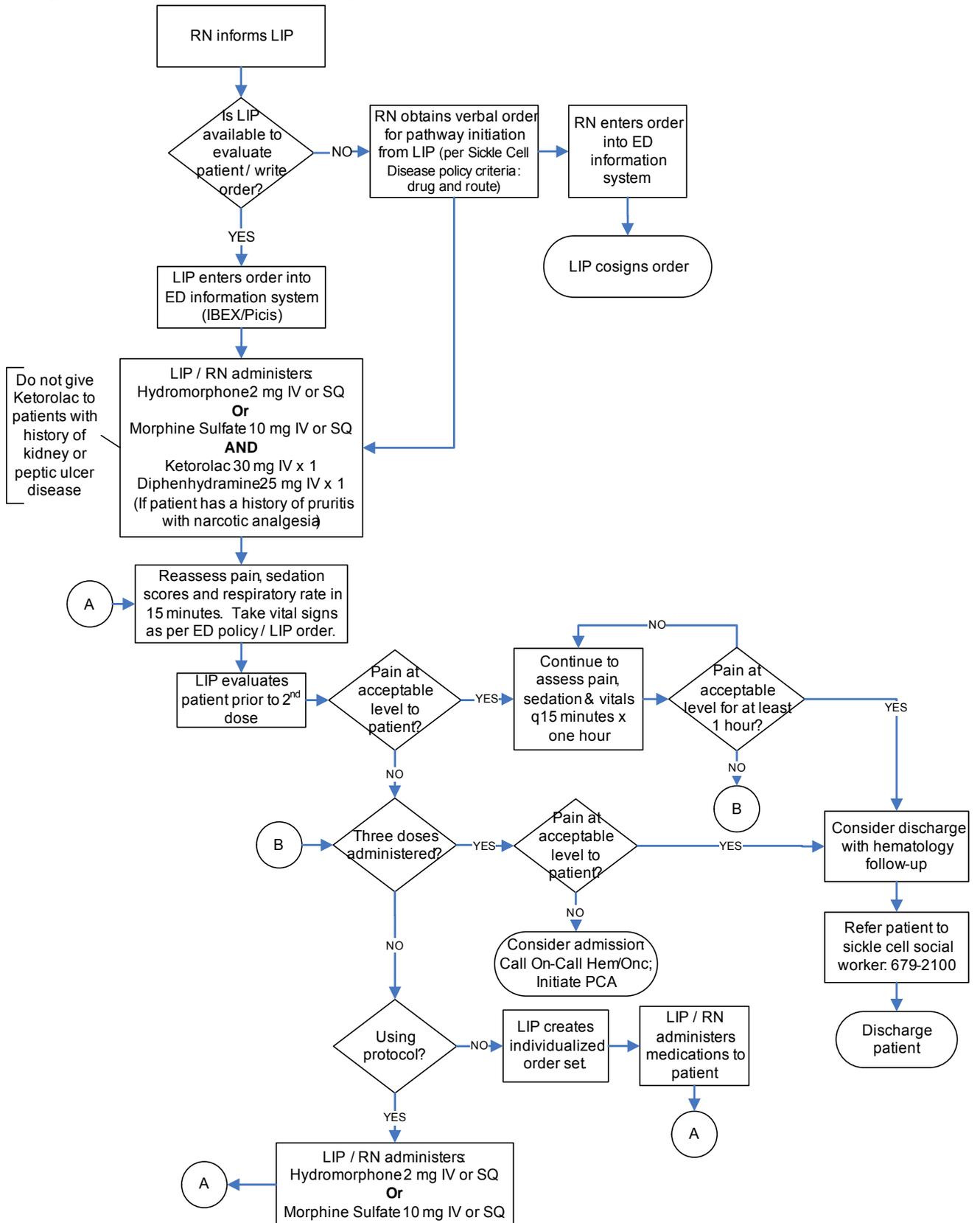
**Exclusion Criteria:**

1. Patients less than 18 years of age
2. Allergies to morphine and hypdromorphone
3. Any one of the following abnormal vital signs upon arrival :
  - >Temperature > 101 F
  - >Heart rate >130
  - >Respiratory rate < 10 or > 24
  - >SPO<sub>2</sub> < 93% on room air
4. Reason for visit
  - >Chest pain (atypical of usual pain episode )
  - >Shortness of breath
  - >Severe headache , dizziness, or other altered neurological or mental status
  - >Abdominal pain (atypical of usual pain episode )



### Sickle Cell Acute Pain Episode Management Clinical Pathway

**Page 2:** For patients who meet the eligibility criteria, do not have a care plan, and have taken opioids within the last 24 hours



### Sickle Cell Acute Pain Episode Management Clinical Pathway

**Page 3:** For patients who meet the eligibility criteria, do not have a care plan, and have **NOT** taken opioids within the last 24 hours

