



**Solicitation Information**  
**18 Nov 05**

RFP # B05827

TITLE: *Traumatic Brain Injury System Component Development*

Submission Deadline: 28 Dec 05 @ 1:40 PM (Eastern Time)

Questions concerning this solicitation may be e-mailed to the Division of Purchases at [questions@purchasing.state.ri.us](mailto:questions@purchasing.state.ri.us) no later than 9 Dec 05 **at 12:00 Noon (EST)**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP / LOI # on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

**SURETY REQUIRED: No**

**BOND REQUIRED: No**

Jerome D. Moynihan, C.P.M., CPPO  
**Administrator of Purchasing Systems**

**Vendors must register on-line at the State Purchasing Website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).**

**NOTE TO VENDORS:**

*Offers received without the entire completed three-page RIVP Generated Bidder Certification Form attached may result in disqualification.*

**THIS PAGE IS NOT A BIDDER CERTIFICATION FORM**

## **SECTION 1 - INTRODUCTION**

The Rhode Island Department of Administration/Office of Purchases, on behalf of the Rhode Island Department of Human Services, is soliciting proposals from qualified firms to develop services for people with traumatic brain injuries and to administer a brain injury fund of last resort under newly allocated state funds. All aspects of the proposed project will be performed according to the specifications described elsewhere herein, and in accordance with the terms of this Request and the State's **General Conditions of Purchase**, available at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).

This is a Request for Proposals, not an Invitation for Bid: responses will be evaluated on the basis of the relative merits of the proposal, in addition to price; there will be no public opening and reading of responses received by the Office of Purchases pursuant to this Request, other than to name those offerors who have submitted proposals.

### **INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:**

- Potential offerors are advised to review all sections of this Request carefully, and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
- Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this Request will be rejected as being non-responsive.
- All costs associated with developing or submitting a proposal in response to this Request, or to provide oral or written clarification of its content, shall be borne by the offeror. The State assumes no responsibility for these costs.
- Proposals are considered to be irrevocable for a period of not less than sixty (60) days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
- All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.
- Proposals misdirected to other State locations or which are otherwise not present in the Office of Purchases at the time of opening for any cause will be determined to be late and may not be considered. **For the purposes of this requirement, the official time and date shall be that of the time clock in the reception area of the Office of Purchases.**
- It is intended that an award pursuant to this Request will be made to a prime contractor, who will assume responsibility for all aspects of the work. Joint venture and cooperative proposals will not be considered, but subcontracts are permitted, provided that their use is clearly indicated in the offeror's proposal, and the subcontractor(s) proposed to be used are identified in the proposal.
- All proposals must include the offeror's FEIN or Social Security number as evidenced by a W9, downloadable from the Division of Purchases website at [www.purchasing.state.ri.us](http://www.purchasing.state.ri.us).
- The purchase of services under an award made pursuant to this Request will be contingent on the availability of funds.

- **Offerors are advised that all materials submitted to the State for consideration in response to this Request for Proposals will be considered to be Public Records as defined in Title 38 Chapter 2 of the Rhode Island General Laws, without exception, and will be released for inspection immediately upon request once an award has been made.**
- Interested parties are instructed to peruse the Division of Purchases web site on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP / LOI
- The Offeror should be aware of the State's MBE requirements, which addresses the State's goal of ten per cent (10%) participation by MBE's in all State procurements. For further information, contact the MBE Administrator, at (401) 222-6253 or visit the website <http://www.rimbe.org>

## **SECTION 2 – PURPOSE AND BACKGROUND**

### **PURPOSE:**

The RI Department of Human Services was allocated \$250,000 for Brain Injury Systems and Services in July 2005. This funding will be used to develop service infrastructure, maintain the brain injury resource center, and provide last resort service funding for individuals to receive necessary services related to their brain injury. This request for proposals is for brain injury service infrastructure development and/or administration and distribution of brain injury service funds of last resort. Up to \$115,000 will be awarded for infrastructure development, and up to \$50,000 for the last resort fund, including administrative fees.

People with adult onset cognitive and/or behavioral challenges have a common, but currently unmet, need to receive services and/or supports needed to move toward increased community participation and productivity. The Governor's Permanent Advisory Commission on Traumatic Brain Injury (GPACTBI) has developed a priority list of those services most needed. The list of systemic development priorities to date is as follows:

1. Life Skills Training & Reinforcement
2. Cognitive Gym Model \*
3. Structured Peer/Family Support and Mentoring
4. Community-Based Social/Recreational Programs
5. Supported Employment Programs
6. Sensory Integration Programs
7. Community-Based Adaptive Sports and Recreation
8. Substance Abuse Programs

\* The cognitive gym model is a series of computer-based exercises to improve cognitive functioning (such as attention and memory) that is prescribed by a neuropsychologist. This has shown to have particularly good results for those with mild brain injuries.

The Department envisions ideal infrastructure proposals to be those for programs that are fully developed within six months of notification of award, and that the last resort fund will be implemented within one month of the contract being signed. It is expected that organizations will already have some of the resources necessary for full project implementation .

This RFP is a new announcement. No previous RFP has been offered for systemic development of programs to serve adults with acquired brain injuries or for last resort service funds.

## **BACKGROUND:**

Rhode Island's programs for those with developmental disabilities, and severe and persistent mental illness generally meet the need of a diverse array of populations. Yet for those individuals with severe cognitive or behavioral disabilities incurred after the age of 21, the existing systems are only beginning to meet their complex needs. These are the people who may fall through the cracks, and often end up in a nursing facility when community placement may be desired and more appropriate.

In Rhode Island, as in the rest of the nation, cognitive dysfunction from traumatic brain injuries (TBI) and other injuries or disorders presents a relatively widespread and largely unmet need. The CDC, for example, has estimated that a little more than 2 percent of the U.S. population currently live with disabilities resulting from traumatic brain injury (Thurman 1999). In 2002, the Traumatic Brain Injury Technical Assistance Center (supported by the Maternal and Child Health Bureau in HRSA) estimated that over 2,500 individuals were brought to an emergency room with traumatic brain injuries and 605 were hospitalized in that year in Rhode Island

(<http://www.tbicac.org/download/StateFactSheets/RI.txt>). The Rhode Island Department of Human Services, in partnership with PARI Independent Living Center and the Brain Injury Association of Rhode Island, established a program of intensive service coordination and community supports for institutionalized individuals who had TBI. Subsequently, the Department has received grants from the Health Resources and Services Administration to develop a statewide plan for TBI and subsequently to begin implementing the plan. These projects were undertaken with significant participation from the Brain Injury Association of Rhode Island, and have resulted in a dynamic Brain Injury Resource Center and numerous outreach efforts. These projects have been overseen by the Governor's Permanent Advisory Commission on TBI.

The critical need for further programs for persons with acquired cognitive dysfunction, including TBI, have been identified through Rhode Island's grants and Resource Center. These activities found that community programs are not sufficiently provided to address the complex needs of persons with brain injuries. People with adult onset cognitive and/or behavioral challenges have a common, but currently unmet need to receive supports needed to move toward increased community participation and productivity. System improvements have been steady, including a developing day program and new home and community based waiver. However, these services are available primarily to those qualifying for Rhode Island Medical Assistance. The combined issues of insufficient services and people without coverage for existing services creates significant access obstacles for those with brain injuries.

The Rhode Island Medical Assistance Program currently has six established Home and Community Based Waivers, yet most of them are unable to meet many of the needs of individuals with adult-onset of cognitive disabilities in order to enable them to live within the community. The programs are as follows:

Developmentally Disabled Waiver: Serving approximately 3000 individuals, this waiver includes all services of the Aged and Disabled Waiver in addition to habilitation, supported employment, and a very strong community support system for individuals. This waiver serves those who were disabled before the age of 22, and who have dysfunction in at least three major life activity areas. This waiver offers strong support to those with physical and cognitive disabilities, but is not available to those disabled after the age of 21.

Aged and Disabled Waiver: Serving approximately 1600 individuals, this waiver includes personal care, minor home modifications, durable medical equipment, and case management. This waiver is the most broad-based of Rhode Island's waivers, serving adults of all ages and types of disability. People who have cognitive and/or behavioral health disabilities generally require strong family support in addition to these waiver services in order to live safely in the community.

The Department of Elderly Affairs Waiver: This waiver serves approximately 500 individuals aged 65 and over. It includes the same services as the Aged and Disabled Waiver as well as intensive case management provided by community agencies contracted by the Department of Elderly Affairs. Many individuals served by this waiver also use Adult Day Care (Adult Day Care is covered as a state plan service in Rhode Island). Many individuals covered by this waiver have cognitive and physical disabilities, but those with cognitive disability generally need family support in addition to waiver services in order to remain in the community. There are also 30 assisted living slots within the DEA waiver for people transitioning from nursing facilities.

The Severely Physically Disabled Waiver: This waiver serves approximately 75 individuals with hemiplegia and quadriplegia. Administered in conjunction with PARI Independent Living Center, it is a consumer-directed model of personal care services, consumer preparation, more intensive case management, and all of the services provided under the Aged and Disabled waiver. Most of the individuals who transitioned from nursing facilities under the "Date Certain" grant continue to be served under this waiver, although a couple are served under the Aged and Disabled waiver.

Assisted Living Waiver: This waiver serves 200 individuals in certain licensed Assisted Living Residences. Under this waiver, individuals use an enhanced Supplemental Security Income (SSI) payment for room, board and basic Assisted Living-required services, and a Medical Assistance service payment for additional services needed to live in that environment. All individuals under this waiver must require assistance in at least two activities of daily living (ADLs).

The Habilitative Waiver was approved in December 2001, and implemented on May 1, 2002. Serving up to twenty-five people, this waiver offers case management, residential and day habilitation services, supported employment, private duty nursing and rehabilitation services to persons who have a sub-acute hospital level of care and who do not qualify for developmental disability services. This waiver primarily targets people with severe cognitive disabilities that began after age 21 who formerly had no option except institutionalization.

This RFP is a mechanism to develop new service and support options for persons with brain injuries across the state. The ideal proposals will clearly demonstrate how the proposed project will support the ability of persons with brain injuries to sustain and/or develop skills necessary to be full participants of their communities.

1. Relevant documents (Available by contacting the Brain Injury Resource Center at 401-461-6599) *Every 10 Seconds, Rhode Island's Needs and Resource Assessment and Plan for TBI*. May, 2005. The Traumatic Brain Injury Technical Assistance Center. <http://www.tbitac.org/>

### **SECTION 3 - SCOPE OF WORK**

#### **GENERAL DESCRIPTION:**

The Goal of this procurement is to establish one or more programs to meet the service and/or support needs of people with brain injury. Preference will be given to proposals that address one of the Governor's Permanent Advisory Commission priorities:

1. Life Skills Training & Reinforcement
2. Cognitive Gym Model
3. Structured Peer/Family Support and Mentoring
4. Community-Based Social/Recreational Programs
5. Supported Employment Programs
6. Sensory Integration Programs
7. Community-Based Adaptive Sports and Recreation
8. Substance Abuse Programs

The contractor(s) will identify the physical location of the proposed infrastructure development project, provide justification of why it is a project that will sustain or improve the ability of persons with brain injuries to be full participating members of their communities, and describe in detail the implementation of the project. For the last resort service fund, contractors will detail the clinical resources available to review requests and demonstrate capacity to distribute funds in a timely manner and file monthly detailed reports to the Department of Human Services.

The infrastructure projects should be ready for its first participant by June 30, 2006, and the last resort fund should be ready for actual distribution within one month of contract award. If additional funding becomes available, projects may be eligible for up to two one year extensions at the state's discretion.

Oversight for the program(s) will be by the Department of Human Services under advisement from The Governor's Permanent Advisory Commission on TBI. The Oversight Committee will monitor all aspects of project implementation and the reports submitted of funded programs.

The Governor's Permanent Advisory Committee on Traumatic Brain Injury and other community partners will lend technical assistance to projects and will ensure that best practices are followed for program implementation and development.

#### **TASKS:**

The contractor shall undertake the following activities:

- Identify a facility appropriate for the proposed project;
- Develop a program which clearly addresses the need for brain injury services and/or supports in the community OR for the last resort fund identify clinical resources available to evaluate funding requests;
- Identify appropriate and sufficient staff for the program;
- Set up internal record-keeping commensurate with the project (i.e. a socialization program would be expected to retain general attendance, demographic, problem statement and brief narratives of

progress, where a cognitive gym model would be expected to have detailed prescription, goal and progress information).

- Enroll the first clients by June 30, 2006 OR for the last resort fund, distribute for the first applicant within one month of contract award;
- Identify a plan for project sustainability. This may include potential insurers, legislative grants or future application for funding through the TBI fund;
- Identify how participants will be mentored toward assuming leadership roles in the project.

Required activities are to be conducted in the order listed above.

## **DELIVERABLES:**

### *1. Reports*

- a. Once the program begins admitting clients, providers will be responsible for transmitting data quarterly including: 1. Number of participants, 2. Number of encounters per participant, 3. Participant Names, addresses, 4. Summary of successes, and 5. Summary of challenges. The Department will work with vendors of funded projects to establish reporting requirements specific to the project.
- b. During development of the project, the contractor will submit monthly billing that includes a narrative of progress to date (no longer than two pages), copies of receipts for approved third party expenditures and a detailed invoice of charges.

### *2. Training sessions, instruction manuals, etc.*

The contractor will train staff in providing appropriate services to persons with brain injuries. All training materials shall be submitted to the Department to be archived in the Brain Injury Resource Center as part of the contractor's reporting requirements.

## **REQUIREMENTS:**

Contractual and program requirements include:

### *1. General*

The contractor will identify and prepare the physical location for the proposed project,; hire and train any necessary staff; and enroll the first client by June 30, 2006 or for last resort fund, distribute funds for the first applicant within one month of contract award.

Oversight will be provided by the Department of Human Services. Oversight includes monitoring all aspects of funded projects including reports and periodic site visits.

The Governor's Permanent Advisory Committee on Traumatic Brain Injury will act in an advisory capacity and will lend technical assistance to projects and will ensure that best practices are followed for program implementation and development.

### *2. Required contractor/staff expertise and/or credentials, experience, ability and capability*

The offeror must show evidence of having successfully completed similar projects. The contractor must have demonstrated experience developing and/or incorporating new programs into its existing operations. In addition, the offeror must demonstrate prior experience with persons with brain injury.

The contractor must demonstrate the ability to meet all state and local requirements for their project, including licensure, fire and building code requirements where applicable.

The contractor must demonstrate its abilities and capabilities to operate the program and to engage the community (including community agencies and consumers) as an active and integral part of its programs.

The successful offeror will show that the contracting entity is able to employ, train and supervise sufficient individuals with appropriate qualifications to operate the program.

While no minimum number of full time or part time staff is required for the successful offeror, when responding to this RFP, please indicate how the planned number of staff will meet all contract requirements within the time frame required in the RFP.

In addition, the successful contractor must have competent administrative structures (operationally and fiscally) to support the program described within this RFP.

### ***3. Term of contract***

The contract term will be 6 months with options for up to two one year extensions at the state's discretion (if additional funds are available) from the date the agreement is signed by a Department of Human Services representative and the contractor and a purchase order is issued by the Department of Administration/ Division of Purchases.

### ***4. Number of awards***

At minimum, one contract will be awarded for systemic development and one for the brain injury last resort fund. However, it is anticipated that up to six total awards may be made dependent on the quality of responses in meeting currently unmet service and/or support needs of persons with brain injuries.

### ***5. Conditions governing subcontracting***

If the contractor intends to use any subcontractors, the contractor must clearly identify the subcontractor in the response to the RFP. The contractor retains responsibility for the completion and quality of any work assigned to subcontractors.

### ***6. Completion of tasks***

The tasks described in the "Tasks" portion of this RFP must be completed in the order in which they are described. As the required activities can only reasonably be completed in this order, this should not present a problem to the potential contractor.

The entire project must be completed within six months (with up to two optional 12 month extensions) of the contract being signed by the contractor and Division representative.

### ***7. Setting for work, meeting and other relevant activities***

The Division will not provide office or other space for the contractor. All work other than meetings with Division staff will occur at a location of the contractor's choosing. The location(s) chosen must

be equipped to conduct the required activities as specified in the RFP. The offer must describe the ways in which the facility will be sufficient to ensure the contractor can successfully complete all required project tasks.

**8. *Compliance with statutory, regulatory, or other standards***

The contractor must comply with all applicable State and Federal regulations and statutes.

**9. *Compliance with program standards***

The contractor is required to comply with all applicable State laws and DHS program standards. The contractor will follow all requirements regarding confidentiality of client information as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**10. *Ability to integrate/communicate with state data systems***

Data generated by programs, including monthly reports, must be compatible with the state reporting system. As noted in Items 6 and 10, the contractor must follow HIPAA requirements regarding confidentiality of client data.

**11. *Cooperation/coordination with other agencies, contractors, or entities***

In signing a contract with the Division, the contractor agrees to submit the final report to Division staff as requested to do so. The Contractor agrees to make changes requested by the Division staff and partners.

**12. *Agreement that rights to data and work products revert to the State on payment***

In signing a contract with the Division, the contractor agrees that all data and other work products developed as part of this project are the property of the Division on the completion of the project and payment of the contractor.

**13. *Confidentiality***

As required by HIPAA and other State and Federal rules, the contractor must maintain the confidentiality of all information on clients. Any information provided by the Division to the contractor for the completion of the project may not be sold, given or otherwise shared with outside parties. The final report will include general and aggregate information (and not contain any identifiable personal information about clients).

**14. *Computer/data/data collection support***

Should they be required, the Contractor will provide all computers and associated equipment (including but not limited to printers, modems and other equipment) required for the completion of the project.

**15. Office space, office equipment, office support**

The Contractor will provide office space, office equipment and office support sufficient to allow the Contractor to fulfill contractual requirements in a timely and high-quality manner.

**16. Travel**

No travel is expected other than locally to the Division's offices. Any and all expenses related to that travel is the Contractor's responsibility.

**17. Supervision of subcontractors**

The Contractor is responsible for all subcontractors and employees involved in the completion of this project. The quality of work by subcontractors and employees is the responsibility of the Contractor. The Contractor is expected to supervise the activities of subcontractors and employees in order to ensure quality.

**18. Contractor Payment**

The contractor will receive payment on a fee-for-service basis. Payment will be made on a monthly basis upon receipt of a detailed invoice that includes receipts for third party payments and approved expenditures for project development in that period.

**SECTION 4 – PROPOSAL QUESTIONS & SUBMISSION**

Interested parties may submit e-mailed questions, in accordance with the terms and conditions described on page one of this solicitation. Questions received, if any, will be answered and posted as an addendum to this solicitation. It is the responsibility of all interested parties to download that information. If computer technical assistance is needed, call the Help Desk at 401 222-2142, ext 134.

The opportunity to ask questions via email is the sole opportunity for communication with State parties regarding detailed information about this solicitation.

Proposals must include the following:

1. A signed and completed **RIVIP Bidder Certification Cover Form** (all three pages) with **a letter of transmittal** signed by an owner, officer, or authorized agent of the firm or organization, acknowledging and accepting the terms and conditions of this Request, and tendering an offer to the Department of Human Services. The signature of the official with legal authority to bind the organization into a contractual agreement should also be included. This form is downloadable from [www.purchasing.state.ri.us](http://www.purchasing.state.ri.us)
2. A signed and sealed and separate **Cost Proposal** for the scope of services reflecting the hourly rate or other fee structure, as well as the other direct costs estimated for leasing and renovating the site.
3. A separate **Technical Proposal** describing the qualifications of the applicant and experience with similar programs, as well as the workplan proposed for this requirement.
4. In addition to the multiple hard copies of proposals required, Respondents are requested to provide their proposal in electronic format. Microsoft Word / Excel OR PDF format is preferable. Only 1 electronic copy is requested

The **Technical Proposal** must contain the following sections:

**A. Executive Summary/Project Justification (No more than 3 pages)**

The Executive Summary is intended to highlight the contents of the Technical Proposal and to provide State evaluators with a broad understanding of the offeror's technical approach and ability. The executive

**B. Offeror's Organization and Staffing (No more than 5 pages)**

This section shall include identification of all staff and/or subcontractors proposed as members of the project team, and the duties, responsibilities, and level of effort which apply to each (as well as resumes, curricula vitae, or statements of prior experience and qualification).

In order to be considered responsive, the offeror must at a minimum include the following in the Organization and Staffing Section of the Technical Proposal:

- Organizational Chart
- Board Composition (including names and constituency represented by each board member)
- Job Titles and Job Descriptions of key staff and roles in the management and provision of direct supports to people, including roles and responsibilities of particular positions
- A sample Support Staffing Pattern for the program
- Resumes of key staff
- At least two Letters of Reference (including at least one person or family member of a person with a brain injury who has been served by the offeror);

**C. Workplan/Approach Proposed (No more than 5 pages)**

This section shall describe the offeror's understanding of the State's requirement, including the result(s) intended and desired, the approach and/or methodology to be employed, and a workplan for accomplishing the results proposed. The description of approach shall discuss and justify the approach proposed to be taken for each task, and the technical issues that will or may be confronted at each stage on the project. The workplan description shall include a detailed proposed project schedule (by task and subtask), a list of tasks, activities, and/or milestones that will be employed to administer the project, the assignment of staff members and level of effort for each, and the attributable deliverables for each.

In addition to the above, the Workplan/Approach shall include

1. a statement of the offeror's philosophy of providing support to people, including the offeror's mission statement;
2. an overview of the offeror's experience providing similar services;
3. a brief description of the offeror's unique focus and expertise in working with the individuals who have experienced brain injury;
4. a description of the means the offeror uses for the recruitment, selection, training and supervision of staff, and criteria for qualification to meet the needs of the individuals requiring support;
5. a description of the offeror's existing relationships within the greater community as well as strategies for promoting community membership for individuals;

6. a description of the offeror's acquired brain injury experience and competencies;
7. A timeline and action plan for having an infrastructure Program accept its first client by June 30, 2005 OR for being ready to distribute first resort funds within one month of contract award.

**D. Previous Experience and Background** (No more than 2 pages)

This section shall include the following information:

1. A listing of similar projects undertaken and/or similar clients served, including a brief description of the projects,
2. A description of the business background of the offeror (and all subcontractors proposed), including a description of their financial position, and
3. The offeror's status as a Minority Business Enterprise (MBE), certified by the Rhode Island Department of Economic Development, and or a subcontracting plan which addresses the State's goal of ten per cent (10%) participation by MBE's in all State procurements.

**The Cost Proposal** must contain the following sections:

- Budget Tables (total by milestone)
- Fiscal Narrative including itemization of each item
- Provider Tax Compliance

The Cost Proposal is predicated upon a firm fixed price. Offerors must outline both the total proposed cost for completing this project and pricing by project milestone.

Note: Prior to award being made, the successful applicant must complete a Financial Disclosure, Signatory Authorizations, Authorization for Criminal Background Check, Demonstration of Fiscal Capacity, and Evidence of Application to do Business in Rhode Island.

Interested offerors may submit proposals to provide the services covered by this Request on or before the date and time listed on page one of this solicitation. Proposals received after this time and date will not be considered.

Proposals (an original plus four copies) shall be mailed or hand-delivered in a sealed envelope marked "RFP B05827: Brain Injury System Component Development" to:

RI Dept. of Administration  
Division of Purchases, 2<sup>nd</sup> floor  
One Capitol Hill  
Providence, RI 02908-5855

NOTE: Proposals received after the above-referenced due date and time may not be considered. Proposals misdirected to other State locations or which are otherwise not presented in the Division of Purchases by the scheduled due date and time will be determined to be late and will not be considered. Proposals faxed, or emailed, to the Division of Purchases will not be considered. The official time clock is located in the reception area of the Division of Purchases

## **SECTION 5 - EVALUATION AND SELECTION**

Justification of Need for Project 30 points

Includes but is not limited to the reason(s) why the proposed project will meet the service and/or support needs of persons with brain injuries. Projects that fall within one of the Governor's Permanent Advisory Commission priority list will be given higher scores.

Capability, Capacity, and Qualifications of the Offeror 30 points

Includes but is not limited to: Evidence of the offeror's previous successful completion of similar projects; information on the credentials of the team assembled to conduct all aspects of the project; and description of the offeror's ability to conduct the required tasks (including a description of the offeror's capability to open the program as evidenced by its ability to identify a building facility and to hire/train program staff.

Quality of the Workplan 25 points

Includes but is not limited to: Responsiveness to the requirements described in this RFP; description of the offeror's plan for conducting each phase of the project; evidence of state of the science approach consistent with similar programs in operation across the country; ability to complete the project in the described timeframe

Community Support 5 points

Including letters of support from stakeholders in the community (including a client/family members, professionals, state agency personnel, and at least one neuropsychologist)

Reasonableness of Cost 10 points

Whether the cost is commensurate with the proposed project given level of clinical expertise, staffing and equipment needed to implement the project.

**Evaluation of responses to this request for proposals will be judged separately on technical merits and cost. Cost proposals will remain sealed until the technical scoring is completed. This approach is intended to ensure that Technical appraisals of capacity, capability, and expertise are uninfluenced by considerations of cost or cost constraints.**

Notwithstanding the foregoing, the State reserves the right to award on the basis of cost alone, to accept or reject all options, bids, or proposals and to act in its best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further.

The State may, at its sole option, elect to require presentation(s) by offerors clearly in consideration for award.

The ranked findings and selection recommendation will be submitted to the State's Architectural/Engineering Consultant Services Selection Committee, and forwarded to the Director of Administration for final selection consideration.

**END**