



**Solicitation Information
October 4, 2019**

RFP# 7599803

TITLE: Intermediate Care Facility for Individuals with Intellectual Developmental Disabilities

Submission Deadline: November 4, 2019 at 10:00 AM (Eastern Time)

PRE-BID/ PROPOSAL CONFERENCE: No

DATE:

LOCATION:

Questions concerning this solicitation must be received by the Division of Purchases at david.francis@purchasing.ri.gov no later than **October 15, 2019 at 10:00 AM (ET)**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP# on all correspondence. Questions received, if any, will be posted on the Division of Purchases' website as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

BID SURETY BOND REQUIRED: NO

PAYMENT AND PERFORMANCE BOND REQUIRED: NO

David J. Francis, Interdepartmental Project Manager

Note to Applicants:

- Applicants must register on-line at the State Purchasing Website at www.purchasing.ri.gov
- Proposals received without a completed RIVIP Bidder Certification Cover Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION COVER FORM

Table of Contents

SECTION 1. INTRODUCTION.....	3
INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS	3
SECTION 2. BACKGROUND	6
SECTION 3: SCOPE OF WORK AND REQUIREMENTS.....	6
GENERAL SCOPE OF WORK	6
SECTION 4: PROPOSAL	8
A. TECHNICAL PROPOSAL	8
SECTION 5: EVALUATION AND SELECTION	10
SECTION 6. QUESTIONS	11
SECTION 7. PROPOSAL CONTENTS.....	11
SECTION 8. PROPOSAL SUBMISSION.....	12
SECTION 9. CONCLUDING STATEMENTS	12
APPENDIX A. IDD-ICF MEDICAID PAYMENT ATTESTATION FORMATTACHED	

SECTION 1. INTRODUCTION

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) is soliciting proposals from qualified firms to provide [provide 24 hour residential care (licensed as an intermediate care facility), for nine individuals with a primary developmental disability AND complex co-occurring conditions in a community based setting owned and maintained by the state, in accordance with the terms of this Request for Proposals (“RFP”) and the State’s General Conditions of Purchase, which may be obtained at the Division of Purchases’ website at www.purchasing.ri.gov.

The initial contract period will begin approximately January 1, 2020 for one year. It is anticipated that Medicaid reimbursement for eligible individuals will sustain delivery of services described in this Request for Proposals.

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

Instructions and Notifications to Offerors

1. Potential vendors are advised to review all sections of this RFP carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
2. Alternative approaches and/or methodologies to accomplish the desired or intended results of this RFP are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this RFP may be rejected as being non-responsive.
3. All costs associated with developing or submitting a proposal in response to this RFP or for providing oral or written clarification of its content, shall be borne by the vendor. The State assumes no responsibility for these costs even if the RFP is cancelled or continued.
4. Proposals are considered to be irrevocable for a period of not less than 180 days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
5. All pricing submitted will be considered to be firm and fixed unless otherwise indicated in the proposal.
6. It is intended that an award pursuant to this RFP will be made to a prime vendor, or prime vendors in the various categories, who will assume responsibility for all aspects of the work. Subcontracts are permitted, provided that their use is clearly indicated in the vendor’s proposal and the subcontractor(s) to be used is identified in the proposal.

7. The purchase of goods and/or services under an award made pursuant to this RFP will be contingent on the availability of appropriated funds.
8. Vendors are advised that all materials submitted to the Division of Purchases for consideration in response to this RFP may be considered to be public records as defined in R. I. Gen. Laws § 38-2-1, *et seq.* and may be released for inspection upon request once an award has been made.

Any information submitted in response to this RFP that a vendor believes are trade secrets or commercial or financial information which is of a privileged or confidential nature should be clearly marked as such. The vendor should provide a brief explanation as to why each portion of information that is marked should be withheld from public disclosure. Vendors are advised that the Division of Purchases may release records marked confidential by a vendor upon a public records request if the State determines the marked information does not fall within the category of trade secrets or commercial or financial information which is of a privileged or confidential nature.

9. Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.
10. By submission of proposals in response to this RFP vendors agree to comply with R. I. General Laws § 28-5.1-10 which mandates that contractors/subcontractors doing business with the State of Rhode Island exercise the same commitment to equal opportunity as prevails under Federal contracts controlled by Federal Executive Orders 11246, 11625 and 11375.

Vendors are required to ensure that they, and any subcontractors awarded a subcontract under this RFP, undertake or continue programs to ensure that minority group members, women, and persons with disabilities are afforded equal employment opportunities without discrimination on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, national origin, or disability.

Vendors and subcontractors who do more than \$10,000 in government business in one year are prohibited from engaging in employment discrimination on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, national origin, or disability, and are required to submit an “Affirmative Action Policy Statement.”

Vendors with 50 or more employees and \$50,000 or more in government contracts must prepare a written “Affirmative Action Plan” prior to issuance of a purchase order.

- a. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation.
- b. Vendors further agree, where applicable, to complete the “Contract Compliance Report” (<http://odeo.ri.gov/documents/odeo-eeo-contract-compliance-report.pdf>), as well as the “Certificate of Compliance” (<http://odeo.ri.gov/documents/odeo-eeo-certificate-of-compliance.pdf>), and submit both documents, along with their Affirmative Action Plan or an Affirmative Action Policy Statement, prior to issuance of a purchase order. For

public works projects vendors and all subcontractors must submit a “Monthly Utilization Report” (<http://odeo.ri.gov/documents/monthly-employment-utilization-report-form.xlsx>) to the ODEO/State Equal Opportunity Office, which identifies the workforce actually utilized on the project.

For further information, contact Vilma Peguero at the Rhode Island Equal Employment Opportunity Office, at 222-3090 or via e-mail at ODEO.EOO@doa.ri.gov .

11. In accordance with R. I. Gen. Laws § 7-1.2-1401 no foreign corporation has the right to transact business in Rhode Island until it has procured a certificate of authority so to do from the Secretary of State. This is a requirement only of the successful vendor(s). For further information, contact the Secretary of State at (401-222-3040).
12. In accordance with R. I. Gen. Laws §§ 37-14.1-1 and 37-2.2-1 it is the policy of the State to support the fullest possible participation of firms owned and controlled by minorities (MBEs) and women (WBEs) and to support the fullest possible participation of small disadvantaged businesses owned and controlled by persons with disabilities (Disability Business Enterprises a/k/a “DisBE”)(collectively, MBEs, WBEs, and DisBEs are referred to herein as ISBEs) in the performance of State procurements and projects. As part of the evaluation process, vendors will be scored and receive points based upon their proposed ISBE utilization rate in accordance with 150-RICR-90-10-1, “Regulations Governing Participation by Small Business Enterprises in State Purchases of Goods and Services and Public Works Projects”. As a condition of contract award vendors shall agree to meet or exceed their proposed ISBE utilization rate and that the rate shall apply to the total contract price, inclusive of all modifications and amendments. Vendors shall submit their ISBE participation rate on the enclosed form entitled “MBE, WBE and/or DisBE Plan Form”, which shall be submitted in a separate, sealed envelope as part of the proposal. ISBE participation credit will only be granted for ISBEs that are duly certified as MBEs or WBEs by the State of Rhode Island, Department of Administration, Office of Diversity, Equity and Opportunity or firms certified as DisBEs by the Governor’s Commission on Disabilities. The current directory of firms certified as MBEs or WBEs may be accessed at <http://odeo.ri.gov/offices/mbeco/mbe-wbe.php>. Information regarding DisBEs may be accessed at www.gcd.ri.gov.

For further information, visit the Office of Diversity, Equity & Opportunity’s website, at <http://odeo.ri.gov> and see R.I. Gen. Laws Ch. 37-14.1, R.I. Gen. Laws Ch. 37-2.2, and 150-RICR-90-10-1. The Office of Diversity, Equity & Opportunity may be contacted at, (401) 574-8670 or via email Dorinda.Keene@doa.ri.gov

13. HIPAA - Under HIPAA, a “business associate” is a person or entity, other than a member of the workforce of a HIPAA covered entity, who performs functions or activities on behalf of, or provides certain services to, a HIPAA covered entity that involves access by the business associate to HIPAA protected health information. A “business associate” also is a subcontractor that creates, receives, maintains, or transmits HIPAA protected health information on behalf of another business associate. The HIPAA rules generally require that HIPAA covered entities and business associates enter into contracts with their business associates to ensure that the business associates will appropriately safeguard HIPAA protected health information. Therefore, if a Contractor qualifies as a business associate, it will be required to sign a HIPAA business associate agreement.

SECTION 2. BACKGROUND

BHDDH is seeking a vendor to provide 24-hour residential care in an Intermediate Care Facility (ICF) for nine (9) individuals with a diagnosed intellectual developmental disability (I/DD) and complex co-occurring conditions. Providers with a history of providing strength-based services to persons with I/DD and complex behavioral management supports are invited to submit a proposal describing the capacity of the service provider to deliver services as described below in Section 3: Scope of Work and Requirements.

The services provided by the ICF I/DD are covered under the established Medicaid daily rate of \$808.68 for individuals eligible to receive this level of care and services as described on pages 6 through 8 of this solicitation. The offeror must submit an attestation contained in Appendix A indicating that they will accept this fixed cost in lieu of a submitting a cost proposal.

SECTION 3: SCOPE OF WORK AND REQUIREMENTS

General Scope of Work

Specifically, this service will focus on nine (9) clients identified by the State who are ready to be discharged from Eleanor Slater Hospital, inpatient care settings at other area hospitals or high-risk individuals currently residing in other community-based settings. Individuals to be served in the ICF will have a diagnosed I/DD, may have persistent psychiatric symptoms, AND behaviors that require an intense level of supervision and clinical intervention. The I/DD ICF must meet the requirements set out at [42 CFR Subpart I—Conditions of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities](#) §483.400 through §483.480, be certified as an ICF and obtain licensure using the enhanced staffing pattern required by the State as described below in Specific Tasks and Activities.

Specific Tasks and Activities

1. **Task 1:** Establish a 24-hour community-based program certified as an Intermediate Care Facility (ICF) by the RI Department of Health and licensed by BHDDH as a Developmental Disability Organization (DDO). BHDDH may be able offer the option of a community-based building to be utilized for this service that is owned and maintained by the State if the offeror does not have a suitable building available.
 - a. **Option 1:** Provider owned and administered community-based building compliant with all relevant federal and state regulations and statutes and municipal ordinances.
 - b. **Option 2:** State owned and maintained community-based building compliant with all relevant federal and state regulations and statutes and municipal ordinances. The State will act in its own best interest when reviewing options 1 and 2 for award. Currently there is no funding to rehabilitate the building located in Smithfield, RI should a vendor elect to submit a proposal for Option 2. In the event that the State chooses Option 2 for award, the State

would need to prepare the space for the delivery of the program. Therefore, Option 2 is contingent upon the availability of funding.

The program must be able to serve 9 individuals with I/DD and complex behavior management supports capable of providing ICF/I-DD Medicaid covered services as described in [42 CFR Subpart I—Conditions of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities](#) including:

- a. Active treatment (AT) - In an ICF/I-DD, AT is a continuous, aggressive, and consistent implementation of a program of specialized and generic training, treatment, and health or related services, directed toward helping a beneficiary function with as much self-determination and independence as possible. All services including health care services and nutrition are part of the AT, which is based on an evaluation and individualized program plan (IPP) by an interdisciplinary team. AT provides a continuous program of habilitation that excludes services to maintain generally independent beneficiaries who are able to function with little supervision.
- b. Day programs -- ICF/I-DD residents may work in the community, with support, and/or participate in vocational or other activities outside of the residence and engage in community interests of their choice. This service is to be delivered as part of the ICF/I-DD rate and programming or collaboration with other licensed DDOs for the subcontracting of this services should be included in the response to this RFP

Deliverables: Purchase and sale agreement, lease or rental agreement or certificate of occupancy as appropriate.

1. **Task 2:** Obtain certification by the RI Department of Health on behalf of the Center for Medicaid Services to deliver services described above based on Federal regulations([42 CFR Subpart I—Conditions of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities](#) §483.400 through §483.480) and licensed as a DDO by BHDDH to provide active treatment as described above at 1.a. including:
 - a. [Medicaid Long-Term Services and Supports: Institutionally Based LTSS](#) (210-RICR-50-05-1) to deliver Active Treatment Services as described at 1.6 Medicaid in an ICF/I-DD
 - b. [Uniform Accountability Procedures for Title XIX Resident Personal Needs Funds in Community Nursing Facilities, ICF/DD Facilities, and Assisted Living Residences](#) (210-RICR-50-05-2) as described at 2.3.E
 - c. [Medicaid Long-Term Services and Supports: Functional/Clinical Eligibility](#) (210-RICR-50-00-5) for populations as described at ICF/ID Needs-based Level of Care Determinations for Adults with Intellectual/Developmental Disabilities (IDD) as described at 5.7.
 - d. Obtain licensure as a Developmental Disability Organization (DDO) as described at) [Rules and Regulations for the Licensing of Organizations and Facilities Licensed by the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals](#) (212-RICR-10-00-1) and [Rules and Regulation for Developmental Disability Organizations](#) (212-10-05-1).

Deliverables: ICF certificate issued by the RI Department of Health; DDO License issued by BHDDH; and Policy and Procedure Manual outlining

program operations that demonstrates compliance with relevant state and federal statute and regulations, including the delivery of required services.

2. **Task 3:** Provide services required under Tasks 1 and 2 using the enhanced staffing pattern necessary to manage an I/DD population with complex behavioral management needs consistent with relevant federal regulations to include:

- House Manager;
- Community Living Aides/Direct Service Professionals;
- Registered Nurse 24/7;
- Psych Tech;
- Clinical Social Worker;
- Access to Contracted Clinical Care;
- Psychiatry / Prescriber (this this can be any Licensed Independent Practitioner).

Deliverables: Organizational chart, job descriptions and resumes/curriculum vitae.

SECTION 4: PROPOSAL

A. Technical Proposal

Narrative and format: The proposal should address specifically each of the following elements:

1. Capability, Capacity, and Qualifications of the Offeror

- a. Describe Offeror's previous experience with delivering the services requested or with similar scopes of work.
- b. Describe Offeror's information technology infrastructure, staffing, and operational practices for managing client, program, fiscal, and billing data and information. BHDDH seeks proposals that demonstrate resources and ability to securely and accurately collect, store, analyze, and share data in accordance with confidentiality requirements
- c. Describe Offeror's practices for required data collection, insuring data quality and submission of data or reports as required or requested by BHDDH.
- d. Describe the physical infrastructure in place to support service delivery. Be sure to identify whether the Offeror proposes to use the state provided property or the Offeror's property. See paragraph 1, page 7.
- e. Describe Offeror's financial management and internal control practices.
- f. Describe Offeror's ability to properly invoice for services rendered. BHDDH seeks proposals that describe practices to ensure invoices to the Department are accurate and timely, and supported by required documentation, and demonstrate ability to reconcile claims and resolve discrepancies between amounts billed and services rendered.
- g. Demonstrate compliance with all state and federal regulations and statutes, including but not limited to licensing regulations.

2. Staff Qualifications

- a. Describe qualifications and experience of key staff who will be involved in this project, including their experience in the field.

- b. Provide an organizational chart and relevant job descriptions, curricula vitae or resumes.

3. Proposed Approach

a. Service Methodology

- i. Describe the specific service, program or intervention the Offeror proposes to provide. BHDDH seeks proposals with detailed information on service components, intensity and duration of service, frequency and setting service, and population served.
- ii. Describe how the proposed service fits into and/or connects with the array of services provided by the Offeror, other community organizations, BHDDH, educational institutions, or other entities. BHDDH seeks proposals that demonstrate robust program linkages to related services, supports, and resources that collectively increase the likelihood of achieving successful outcomes including transitions to less restrictive, community-based settings utilizing a person-centered planning and service approach.

b. Feasibility of Success

- i. Describe why the proposed service model is likely to cause the achievement of desired outcomes for the target population. BHDDH seeks proposals that cite specific rigorously-designed, replicated, and peer-reviewed research – or, for locally-developed programs, a well-constructed theory of change supported by the best available research – that credibly supports causal links between services delivered and achievement of desired outcomes. Provide URLs or other details sufficient for verification of cited research.
- ii. Describe the Offeror’s prior experience delivering the proposed service to the described target population. BHDDH seeks proposals that reflect successful track record of effectively delivering services similar to those proposed to clients similar to those of the target population.
- iii. Describe how the Offeror will assess performance related to delivery of services as proposed and insure that they are delivered in a manner consistent with the service model. BHDDH seeks proposals that offer comprehensive fidelity monitoring strategies and demonstrate that data and feedback on services and performance are systematically analyzed and regularly used to share learnings, remedy performance deficits, and inform performance improvement.

c. Sustainability

- i. Describe how the services or outcomes would be sustained at the conclusion of the award period. Do not include cost information but rather a description of the approach or strategy to be implemented.

4. Workplan

- a. Please describe in detail how the requested services (key tasks) will be performed including staffing patterns (including level of effort), staffing ratios for service delivery, supervision and administration.
- b. Describe for which components of the proposed service the Offeror intends to be primary provider, and for which, if any, and with whom the Offeror intends to subcontract, and describe any relationships established with other organizations that will have a significant role in the development, delivery, or evaluation of services. BHDDH seeks proposals that demonstrate the existence of any necessary

organizational relationships, and describe the nature of such relationships, including but not limited to contractual and/or financial obligations.

- c. Please provide a graphic depiction (table or chart) that describes time frames for completion of key tasks, deliverables and lead parties for year 1 of implementation. This may be appended as attachment or included in the body of the proposal.

5. Fee Attestation: IDD-ICF Medicaid Payment Attestation Form |

The offeror must submit an attestation form included as Appendix A: IDD-ICF Medicaid Payment Attestation Form indicating that they agree to accept the daily rate identified on page 6, paragraph 2 under Background. Failure to submit the required form will result in the offeror’s proposal being deemed “non-responsive” and dropped from further consideration. |

SECTION 5: EVALUATION AND SELECTION

Proposals shall be reviewed by a technical evaluation committee (“TEC”) comprised of staff from State agencies. The TEC first shall consider and review the fee attestation on a Pass/Fail basis. Vendors are required to attest to the reimbursement rate by submitting a signed Appendix A: IDD-ICF Medicaid Payment Attestation Form. Those vendors that agree to the payment rate will be advanced to the technical review phase. Failure to attest to the rates will result in the proposal being dropped from further consideration.

Technical proposals must receive a minimum of | 75 (75%) | out of a maximum of | 100 | points to be considered responsive. Any technical proposals scoring less than | 75 | points will be dropped from further consideration.

The Division of Purchases reserves the right to select the vendor(s) or firm(s) (“vendor”) that it deems to be most qualified to provide the goods and/or services as specified herein; and, conversely, reserves the right to cancel the solicitation in its entirety in its sole discretion.

Proposals shall be reviewed and scored based upon the following criteria:

Criteria	Possible Points
Fee Attestation	Pass/Fail
Capability, Capacity, and Qualifications of the Offeror	20 Points
Staff Qualifications	30 Points
Work Plan	30 Points
Approach Proposed	20 Points
Total Possible Evaluation	100 Points

General Evaluation:

Points shall be assigned based on the vendor's clear demonstration of the ability to provide the requested goods and/or services. Vendors may be required to submit additional written information or be asked to make an oral presentation before the TEC to clarify statements made in the proposal.

SECTION 6. QUESTIONS

Questions concerning this solicitation must be e-mailed to the Division of Purchases at david.francis@purchasing.ri.gov no later than the date and time indicated on page one of this solicitation. No other contact with State parties is permitted. Please reference **RFP # 7599803** on all correspondence. Questions should be submitted in writing in a Microsoft Word attachment in a narrative format with no tables. Answers to questions received, if any, shall be posted on the Division of Purchases' website as an addendum to this solicitation. It is the responsibility of all interested parties to monitor the Division of Purchases website for any procurement related postings such as addenda. If technical assistance is required, call the Help Desk at (401) 574-8100.

SECTION 7. PROPOSAL CONTENTS

A. Proposals shall include the following:

1. One completed and signed RIVIP Bidder Certification Cover Form (included in the original copy only) downloaded from the Division of Purchases website at www.purchasing.ri.gov. *Do not include any copies in the Technical or Cost proposals.*
2. One completed and signed Rhode Island W-9 (included in the original copy only) downloaded from the Division of Purchases website at [/documents/Forms/Misc Forms/13_RI Version of IRS W-9 Form.docx](#). *Do not include any copies in the Technical or Cost proposals.*
3. Technical Proposal - (describing the qualifications and background of the applicant and experience with and for similar projects, and all information described earlier in this solicitation. The technical proposal is limited to fifteen (15) pages (this excludes any appendices and as appropriate, resumes of key staff that will provide services covered by this request).
 - a. One (1) Electronic copy on a CD-R, marked "Technical Proposal - Original".
 - b. One (1) printed paper copy, marked "Technical Proposal -Original" and signed.
 - c. Four (4) printed paper copies

B. Formatting of proposal response contents should consist of the following:

- A. Formatting of CD-Rs – Separate CD-Rs are required for the technical proposal and cost proposal. All CD-Rs submitted must be labeled with:
 - a. Vendor's name
 - b. RFP #
 - c. RFP Title

- d. Proposal type (e.g., technical proposal or cost proposal)
- e. If file sizes require more than one CD-R, multiple CD-Rs are acceptable. Each CD-R must include the above labeling and additional labeling of how many CD-Rs should be accounted for (e.g., 3 CD-Rs are submitted for a technical proposal and each CD-R should have additional label of '1 of 3' on first CD-R, '2 of 3' on second CD-R, '3 of 3' on third CD-R).

Vendors are responsible for testing their CD-Rs before submission as the Division of Purchase's inability to open or read a CD-R may be grounds for rejection of a Vendor's proposal. All files should be readable and readily accessible on the CD-Rs submitted with no instructions to download files from any external resource(s). If a file is partial, corrupt or unreadable, the Division of Purchases may consider it "non-responsive". USB Drives or any other electronic media shall not be accepted. Please note that CD-Rs submitted, shall not be returned.

B. Formatting of written documents and printed copies:

- a. For clarity, the technical proposal shall be typed. These documents shall be single-spaced with 1" margins on white 8.5"x 11" paper using a font of 12 point Calibri or 12 point Times New Roman.
- b. All pages on the technical proposal are to be sequentially numbered in the footer, starting with number 1 on the first page of the narrative (this does not include the cover page or table of contents) through to the end, including all forms and attachments. The Vendor's name should appear on every page, including attachments. Each attachment should be referenced appropriately within the proposal section and the attachment title should reference the proposal section it is applicable to.
- c. Printed copies are to be only bound with removable binder clips.

SECTION 8. PROPOSAL SUBMISSION

Interested vendors must submit proposals to provide the goods and/or services covered by this RFP on or before the date and time listed on the cover page of this solicitation. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases, shall not be accepted.

Proposals should be mailed or hand-delivered in a sealed envelope marked "**RFP# 7599803 Intermediate Care Facility for Individuals with Intellectual Developmental Disabilities**" to:

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

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

SECTION 9. CONCLUDING STATEMENTS

Notwithstanding the above, the Division of Purchases reserves the right to award on the basis of cost alone, to accept or reject any or all proposals, and to award in the State's 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.

If a Vendor is selected for an award, no work is to commence until a purchase order is issued by the Division of Purchases.

The State's General Conditions of Purchase contain the specific contract terms, stipulations and affirmations to be utilized for the contract awarded for this RFP. The State's General Conditions of Purchases can be found at the following URL: <https://rules.sos.ri.gov/regulations/part/220-30-00-13>

Appendix A: IDD-ICF Medicaid Payment Attestation Form



**Department of Behavioral Healthcare, Developmental Disabilities and Hospitals
Attestation Intermediate Care Facility for Individuals with Intellectual Developmental Disabilities**

Name:

Title:

Organization/Agency:

Phone:

Email Address:

MY SIGNATURE BELOW INDICATES THAT OUR AGENCY/ORGANIZATION AGREES TO BE REIMBURSED AT THE RATE OF \$808.68/DAY FOR PROVIDING SERVICES TO ELIGIBLE INDIVIDUALS AS DESCRIBED IN RFP# (ENTER NUMBER HERE) **INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL DEVELOPMENTAL DISABILITIES** IN THE MANNER DESCRIBED IN THE TECHNICAL PROPOSAL SUBMITTED TO THE STATE.

Name of Person Authorized to Submit this Application

Signature of Person Authorized to Submit this Application

Date