REQUEST FOR PROPOSAL
RFP #20-0056
TECHNOLOGY SOLUTIONS TO IMPROVE THE QUALITY OF LIFE OF INDIVIDUALS WITH INTELLECTUAL/DEVELOPMENTAL DISABILITIES

September 11, 2020

Sedgwick County, Kansas (hereinafter referred to as “county”) on behalf of its Sedgwick County Developmental Disability Organization (SCDD) is seeking a firm or firms to provide technology solutions designed to increase independence of individuals with IDD which may include for identification, enrollment, and usage of transportation services. If your firm is interested in submitting a response, please do so in accordance with the instructions contained within the attached Request for Proposal. Responses are due no later than 1:45 pm CDT, Tuesday, October 6, 2020.

All contact concerning this solicitation shall be made through the Purchasing Department. Bidders shall not contact county employees, department heads, using agencies, evaluation committee members or elected officials with questions or any other concerns about the solicitation. Questions, clarifications and concerns shall be submitted to the Purchasing Department in writing. Failure to comply with these guidelines may disqualify the Bidder’s response.

Sincerely,

Josh Lauber
Senior Buyer

JL/ch
Table of Contents

I. **About this Document**

II. **Background**

III. **Project Objectives**

IV. **Submittals**

V. **Scope of Work**

VI. **Sedgwick County’s Responsibilities**

VII. **Proposal Terms**
   
   A. **Questions and Contact Information**
   B. **Minimum Firm Qualifications**
   C. **Evaluation Criteria**
   D. **Request for Proposal Timeline**
   E. **Contract Period and Payment Terms**
   F. **Insurance Requirements**
   G. **Indemnification**
   H. **Confidential Matters and Data Ownership**
   I. **Proposal Conditions**

VIII. **Required Response Content**

IX. **HIPAA Required Response**

X. **Response Form**
I. **About this Document**

This document is a Request for Proposal. It differs from a Request for Bid or Quotation in that the county is seeking a solution, as described on the cover page and in the following Background Information section, not a bid or quotation meeting firm specifications for the lowest price. As such, the lowest price proposed will not guarantee an award recommendation. As defined in Charter Resolution No. 68, Competitive Sealed Proposals will be evaluated based upon criteria formulated around the most important features of the product(s) and/or service(s), of which quality, testing, references, service, availability or capability, may be overriding factors, and price may not be determinative in the issuance of a contract or award. The proposal evaluation criteria should be viewed as standards that measure how well a vendor’s approach meets the desired requirements and needs of the County. Criteria that will be used and considered in evaluation for award are set forth in this document. The county will thoroughly review all proposals received. The county will also utilize its best judgment when determining whether to schedule a pre-proposal conference, before proposals are accepted, or meetings with vendors, after receipt of all proposals. A Purchase Order/Contract will be awarded to a qualified vendor submitting the best proposal. **Sedgwick County reserves the right to select, and subsequently recommend for award, the proposed service(s) and/or product(s) which best meets its required needs, quality levels and budget constraints.**

The nature of this work is for a public entity and will require the expenditure of public funds and/or use of public facilities, therefore the successful proposer will understand that portions (potentially all) of their proposal may become public record at any time after receipt of proposals. Proposal responses, purchase orders and final contracts are subject to public disclosure after award. All confidential or proprietary information should be clearly denoted in proposal responses and responders should understand this information will be considered prior to release, however no guarantee is made that information will be withheld from public view.

II. **Background**

Sedgwick County, located in south-central Kansas, is one of the most populous of Kansas’ 105 counties with a population estimated at more than 514,000 persons. It is the sixteenth largest in area, with 1,008 square miles, and reportedly has the second highest per capita wealth among Kansas’ counties. Organizationally, the county is a Commission/Manager entity, employs nearly 2,500 persons, and hosts or provides a full range of municipal services, e.g. – public safety, public works, criminal justice, recreation, entertainment, cultural, human/social, and education.

The Sedgwick County Developmental Disability Organization (SCDDO) oversees the service system for individuals with intellectual and/or developmental disabilities (IDD) in Sedgwick County. The agency’s mission is to assist people with developmental disabilities to receive quality services and achieve greater independence. Specifically, the SCDDO acts as a central point of application and information, manages local and state funding, maintains a network of IDD service providers and monitors services for quality assurance. Ensuring adequate service capacity for the approximately 1,400 individuals receiving IDD services is challenging. Technology is seen as a way of improving the quality and independence of the lives of persons in services, as well as assisting providers with chronic staff shortages. IDD services are designed to foster independence and community inclusion for individuals with IDD. Services may be provided in an individual’s home or out in the community. Service needs vary greatly among individuals with IDD but often include supervision and/or guidance. For many people with IDD, technology may facilitate greater independence and reduces the need for more restrictive, supervised settings. In particular, technology that makes transportation accessible to individuals with disabilities has the potential to significantly increase individual’s independence in the community. SCDDO is allocating up to $249,000 for technological solutions to meet these two mutually beneficial goals for the system.

III. **Project Objectives**

Sedgwick County, Kansas (hereinafter referred to as “county”) is seeking a firm or firms to provide technology for identification, enrollment, and usage of transportation services. The following objectives have been identified for this contract:

1. Acquire technology solutions designed to increase independence of individuals with IDD which may include identification, enrollment, and usage of transportation services meeting the parameters, conditions and mandatory requirements presented in the document.

---

**RFP #20-0056**

*Sedgwick County...Working for you*
2. Establish contract pricing with the vendor that has the best proven “track-record” in performance, service and customer satisfaction.
3. Acquire a solution with the most advantageous overall cost to the county.

IV. Submittals
Carefully review this Request for Proposal. It provides specific technical information necessary to aid participating firms in formulating a thorough response. Should you elect to participate, submit one (1) original AND one (1) electronic copy (.PDF/Word supplied on a flash drive) of the entire document with any supplementary materials to:

Josh Lauber
Sedgwick County Purchasing Department
525 N. Main, Suite 823
Wichita, KS 67203

SUBMITTALS are due NO LATER THAN 1:45 pm CDT, TUESDAY, October 6, 2020. Responses must be sealed and marked on the lower left-hand corner with the firm name and address, proposal number, and proposal due date. Late or incomplete responses will not be accepted and will not receive consideration for final award.

Proposal responses will be acknowledged and read into record at bid opening which will occur at 2:00 p.m. CDT, on the due date. No information other than the respondent’s name will be disclosed at bid opening.

V. Scope of Work
SCDDO is seeking proposals for technology projects designed to improve the quality and independence of the lives of persons in services, as well as assisting providers with chronic staff shortages. Quarterly program and financial reports are required to demonstrate progress towards goals. Upon completion of the project the provider will be requested to provide a detailed analysis of the success of the project, to include information on replication, and present the results to the SCDDO affiliate network. Collaboration with affiliated IDD service providers is strongly encouraged. Additionally, preference may be given to projects that demonstrate a collaborative approach to include leveraging funding to increase potential impact. The below list of possible projects is provided to give an idea of the types of projects requested but is not intended to be an exhaustive list. Creativity and innovation is encouraged. For background on the direct support staff crisis please see, “Report to the President 2017 America’s Direct Support Workforce Crisis: Effects on People with Intellectual Disabilities, Families, Communities and the U.S. Economy.” The report is available online at https://www.acl.gov/sites/default/files/programs/2018-02/2017%20PCPID%20Full%20Report_0.PDF For background on the issues related to transportation for persons with disabilities please see “Assessment of Capacity to Meet Transportation Needs of Individuals who Experience Intellectual and Developmental Disabilities in Sedgwick County,” available on the Sedgwick County website at https://www.sedgwickcounty.org/developmental-disabilities/wsu-transportation-assessment/

• Implementation of a remote monitoring system in a family or group home;
• Development of a computer or phone application to assist individuals with IDD with decision making or supervision needs;
• Use of computer-assisted devices such as tablets or Smartphones to support learning and/or decision making
• Application of smart home technology to meet the needs of individuals with IDD;
• Software application or other innovation to create a more efficient and accessible transportation option for individuals with IDD;
• Targeted assistive technology to improve accessibility of transportation for individuals with IDD;
• Development of personal robots or assistants specifically designed to assist individuals with IDD.

RFP #20-0056
Sedgwick County...Working for you
Each proposal shall be limited to one project. An applicant may propose more than one project but awards will be limited to no more than two per organization. The projects should be designed to effectively utilize innovative technology to increase independence of individuals with IDD by either supplementing direct support staff or to be used in the absence of direct support staffing for individuals with lower supervision support needs.

**MANDATORY REQUIREMENTS**
The County requires the most thorough and professional services available. The following requirements are listed to assist proposers in understanding the objectives and in submitting a thorough response. All proposals must speak to their ability to meet the following requirements. Any proposals that do not satisfactorily meet the mandatory requirements will not be considered for funding. The successful proposer shall:

1.1 Agree to abide by the terms and conditions of any Federal/State/County contract provisions and guidelines.

1.2 Have the capability of entering into a written agreement with the County, setting forth the specific terms and conditions with which the proposer must comply.

1.3 Assure the County that grant funds will not be used to supplant existing resources. Funding is intended to provide additional resources to address difficult workforce issues, not to duplicate or replace funding already allocated for that purpose.

1.4 Ensure quarterly status and financial reports are provided documenting progress on meeting project goals; at the end of the project, successful applicants will be asked to provide a summary presentation to the SCDDO provider network on the project and how it can be replicated.

1.5 Appropriately fill out the Proposal Response Form, following the directions and ensuring the narrative (which includes the sections on current project type, project description and management plan) is no longer than five pages with at least one inch margins and font no smaller than 12 pt.

**VI. Sedgwick County’s Responsibilities**
- Provide information, as legally allowed, in possession of the County, which relates to the County’s requirements or which is relevant to this project.
- Designate a person to act as the County Contract Manager with respect to the work to be performed under this contract.
- County reserves the right to make inspections at various points of the project. Contractor agrees to openly participate in said inspections and provide information to the county on the progress, expected completion date and any unforeseen or unexpected complications in the project.

**VII. Proposal Terms**
A. **Questions and Contact Information**
Any questions regarding this document must be submitted in writing to Josh Lauber at Josh.Lauber@sedgwick.gov by 5:00 pm CDT, Friday, September 25, 2020. Any questions of a substantive nature will be answered in written form as an addendum and posted on the purchasing website at [https://www.sedgwickcounty.org/finance/purchasing/requests-for-bid-and-proposal/](https://www.sedgwickcounty.org/finance/purchasing/requests-for-bid-and-proposal/) under the Documents column associated with this RFP number by 5:00 pm CDT, Wednesday September 30, 2020. Firms are responsible for checking the website and acknowledging any addenda on their proposal response form.
B. **Minimum Firm Qualifications**

This section lists the criteria to be considered in evaluating the ability of firms interested in providing the service(s) and/or product(s) specified in this Request for Proposal. Firms must meet or exceed these qualifications to be considered for award. Any exceptions to the requirements listed should be clearly detailed in proposer’s response. Proposers shall:

1. Have a minimum of two (2) years’ experience in providing services similar to those specified in this RFP.
2. Demonstrate knowledge and experience utilizing or developing innovative technology; experience providing services to individuals with disabilities is desirable but not required.
3. Have an understanding of industry standards and best practices.
4. Have experience in managing projects of comparable size and complexity to that being proposed.
5. Have knowledge of and comply with all currently applicable, and as they become enacted during the contract term, federal, state and local laws, statutes, ordinances, rules and regulations. All laws of the State of Kansas, whether substantive or procedural, shall apply to the contract, and all statutory, charter, and ordinance provisions that are applicable to public contracts in the county shall be followed with respect to the contract.
6. Municipal and county government experience is desired, however, the county will make the final determination based on responses received and the evaluation process.
7. Have the capacity to acquire all bonds, escrows or insurances as outlined in the terms of this RFP.
8. Provide project supervision (as required) and quality control procedures.
9. Have appropriate material, equipment and labor to perform specified services.

C. **Evaluation Criteria**

The selection process will be based on the responses to this RFP. County staff will judge each response as determined by the scoring criteria below. Purchasing staff are not a part of the evaluation committee.

<table>
<thead>
<tr>
<th>Component</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Project Design</td>
<td>20</td>
</tr>
<tr>
<td>b. Funding Strategy</td>
<td>20</td>
</tr>
<tr>
<td>c. Program Schedule</td>
<td>20</td>
</tr>
<tr>
<td>d. Vendor Qualifications</td>
<td>20</td>
</tr>
<tr>
<td>e. Proposal Organization</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total Points</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Assume the following cost proposals (**examples only**)

A. $50,000.00
B. $38,000.00
C. $49,000.00

Company B with a total price of $38,000.00 is the low offer. Take the low offer and divide each of the other offers into the low offer to calculate a percentage. This percentage is then multiplied by the number of points available for the cost. In this case, 10 points are allocated to cost.

A. \[
\frac{38,000.00}{50,000.00} = 0.76 \quad 0.76 \times 10 = 7.6 \text{ points}
\]

B. \[
\frac{38,000.00}{38,000.00} = 1.00 \quad 1.00 \times 10 = 10 \text{ points}
\]

C. \[
\frac{38,000.00}{49,000.00} = 0.77 \quad 0.77 \times 10 = 7.7 \text{ points}
\]

Any final negotiations for services, terms and conditions will be based, in part, on the firm’s method of providing the service and the fee schedule achieved through discussions and agreement with the county’s review committee. The county is under no obligation to accept the lowest priced proposal and reserves the right to further negotiate services and costs that are proposed. The county also reserves the sole right to recommend for award the proposal and plan that it deems to be in its best interest.
The county reserves the right to reject all proposals. All proposals, including supporting documentation shall become
the property of Sedgwick County. All costs incurred in the preparation of this proposal shall be the responsibility of the
firm making the proposals. Sedgwick County reserves the right to select, and subsequently recommend for award, the
proposed service which best meets its required needs, quality levels and budget constraints.

D.  **Request for Proposal Timeline**
The following dates are provided for information purposes and are subject to change without notice. Contact the
Purchasing Department at (316) 660-7255 to confirm any and all dates.

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distribution of Request for Proposal to interested parties</td>
<td>September 11, 2020</td>
</tr>
<tr>
<td>Questions and clarifications submitted in writing by 5:00 p.m. CDT</td>
<td>September 25, 2020</td>
</tr>
<tr>
<td>Addendum Issued</td>
<td>September 30, 2020</td>
</tr>
<tr>
<td>Sealed Proposal due before 1:45 p.m. CDT</td>
<td>October 6, 2020</td>
</tr>
<tr>
<td>Evaluation Period</td>
<td>October 6, 2020 – October 29, 2020</td>
</tr>
<tr>
<td>Board of Bids and Contracts Recommendation</td>
<td>October 29, 2020</td>
</tr>
<tr>
<td>Board of County Commission Award</td>
<td>November 4, 2020</td>
</tr>
</tbody>
</table>

E.  **Contract Period and Payment Terms**
A contractual period will begin following Board of County Commissioners (BoCC) approval of the successful firm(s)
and continue for a period of January 1, 2021 - December 31, 2021, preceded by the County Commission's approval of
the recommended proposal(s), for a 12-month period or less depending on project timeline.

Payment based on project budget will be made in one payment at contract initiation with reports submitted quarterly
documenting how funds are spent. Any funds remaining unexpended by the end of the contract term must be returned
to the County. The contractual period shall not begin until after the County has secured a state tax clearance certificate
and any other required legal documents required for this type of service (e.g. - bonds, insurance certificates, etc.). This
or a similar selection process must be repeated should grant funds continue for future years past the initial timeframe.
All contracts are contingent on final approval of budgeted funds by the Sedgwick County Commission annually.

Either party may cancel its obligations herein upon thirty-day (30) prior written notice to the other party. It is
understood that funding may cease or be reduced at any time, and in the event that adequate funds are not available to
meet the obligations hereunder, either party reserves the right to terminate this agreement upon thirty (30) days prior
written notice to the other. Payment will be remitted following receipt of monthly detailed invoice.

Payment and Invoice Provisions
https://www.sedgwickcounty.org/media/39239/payment_and_invoice_provisions.pdf

F.  **Insurance Requirements**
Liability insurance coverage indicated below must be considered as primary and not as excess insurance. If required,
Contractor’s professional liability/errors and omissions insurance shall (i) have a policy retroactive date prior to the
date any professional services are provided for this project, and (ii) be maintained for a minimum of 3 years past
completion of the project. Contractor shall furnish a certificate evidencing such coverage, with County listed as an
additional insured including both ongoing and completed operations, except for professional liability, workers’
compensation and employer’s liability. **Certificate shall be provided prior to award of contract.** Certificate shall
remain in force during the duration of the project/services and will not be canceled, reduced, modified, limited, or
restricted until thirty (30) days after County receives written notice of such change. All insurance must be with an
insurance company with a minimum BEST rating of A-VIII and licensed to do business in the State of Kansas (**must
be acknowledged on the bid/proposal response form**).

**NOTE:** If any insurance is subject to a deductible or self-insured retention, written disclosure must be included in
your proposal response and also be noted on the certificate of insurance.

RFP #20-0056
Sedgwick County...Working for you
It is the responsibility of Contractor to require that any and all approved subcontractors meet the minimum insurance requirements.

### Workers’ Compensation:
- Applicable coverage per State Statutes

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Minimum Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer’s Liability Insurance</td>
<td>$500,000.00</td>
</tr>
</tbody>
</table>

### Commercial General Liability Insurance (on form CG 00 01 04 13 or its equivalent):
- Each Occurrence                     | $1,000,000.00    |
- General Aggregate, per project       | $2,000,000.00    |
- Personal Injury                      | $1,000,000.00    |
- Products and Completed Operations Aggregate | $2,000,000.00 |

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Minimum Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Automobile Liability</td>
<td></td>
</tr>
<tr>
<td>Combined single limit</td>
<td>$500,000.00</td>
</tr>
</tbody>
</table>

### Umbrella Liability:
- Following form for both the general liability and automobile
- ___ Required/ _X___ Not Required
  - Each Claim                          | $1,000,000.00    |
  - Aggregate                           | $1,000,000.00    |

### Professional Liability/ Errors & Omissions Insurance:
- _X___ Required/ ____ Not Required
  - Each Claim                          | $1,000,000.00    |
  - Aggregate                           | $1,000,000.00    |

### Pollution Liability Insurance:
- ___ Required/ _X___ Not Required
  - Each Claim                          | $1,000,000.00    |
  - Aggregate                           | $1,000,000.00    |

### Special Risks or Circumstances:
*Entity reserves the right to modify, by written contract, these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.*

G. **Indemnification**
To the fullest extent of the law, the provider, its subcontractor, agents, servants, officers or employees shall indemnify and hold harmless Sedgwick County, including, but not limited to, its elected and appointed officials, officers, employees and agents, from any and all claims brought by any person or entity whatsoever, arising from any act, error, or omission of the provider during the provider’s performance of the agreement or any other agreements of the provider entered into by reason thereof. The provider shall indemnify and defend Sedgwick County, including, but not limited to, its elected and appointed officials, officers, employees and agents, with respect to any claim arising, or alleged to have arisen from negligence, and/or willful, wanton or reckless acts or omissions of the provider, its subcontractor, agents, servants, officers, or employees and any and all losses or liabilities resulting from any such claims, including, but not limited to, damage awards, costs and reasonable attorney’s fees. This indemnification shall not be affected by any other portions of the agreement relating to insurance requirements. The provider agrees that it will procure and keep in force at all times at its own expense insurance in accordance with these specifications.

H. **Confidential Matters and Data Ownership**
The successful proposer agrees all data, records and information, which the proposer, its agents and employees, which is the subject of this proposal, obtain access, remains at all times exclusively the property of Sedgwick County. The successful proposer agrees all such data, records, plans and information constitutes at all times proprietary information of Sedgwick County. The successful proposer agrees that it will not disclose, provide, or make available any of such proprietary information in any form to any person or entity. In addition, the successful proposer agrees it will not use any names or addresses contained in such data, records, plans and information for the purpose of selling or offering for sale any property or service to any person or entity who resides at any address in such data. In addition, the successful
proposer agrees it will not sell, give or otherwise make available to any person or entity any names or addresses contained in or derived from such data, records and information for the purpose of allowing such person to sell or offer for sale any property or service to any person or entity named in such data. Successful proposer agrees it will take all reasonable steps and the same protective precautions to protect Sedgwick County's proprietary information from disclosure to third parties as with successful proposer's own proprietary and confidential information. Proposer agrees that all data, regardless of form that is generated as a result of this Request for Proposal is the property of Sedgwick County.

I. **Proposal Conditions**

https://www.sedgwickcounty.org/media/31338/proposal-terms-conditions.pdf

General Contract Provisions  
https://www.sedgwickcounty.org/media/31337/general-contractual-provisions.pdf

Mandatory Contract Provisions  
https://www.sedgwickcounty.org/media/31336/mandatory-contractual-provisions.pdf

Independent Contractor  
https://www.sedgwickcounty.org/media/54780/independent-contractor-addendum.pdf

Sample Contract  
https://www.sedgwickcounty.org/media/39236/sample-contract.pdf

Federally Funded Expenditures (if applicable)  
https://www.sedgwickcounty.org/media/57479/additional-representations-for-fema-funded-projects.pdf  

VIII. **Required Response Content**

All proposal submissions shall include the following:

**THE PROPOSAL SUBMISSION MUST BE ORGANIZED IN THE FOLLOWING FORMAT AND INFORMATION SEQUENCE**

1. **Proposal Response Form:** This form is the required first page for proposal submittals. This page should be completely and accurately completed. Those responses that do not include all required forms/items may be deemed non responsive.

2. **Cost Information** - (Un-allowed costs include fundraising and depreciation): State the total amount requested for the project, meeting ALL Mandatory Requirements, Specific Program Components, and Conditions listed in this Request for Proposal:

3. **Project Title:** State the proposed project title.

4. **Narrative:** The following information (items 4. A through 4. C) must be presented and shall be no longer than five (5) pages with margins no less than one inch and font no smaller than 12 point (not including appendices). Only five (5) pages of narrative will be reviewed. Please be concise and reference sources as required.

   **A. Project Description:**
   
   I. Describe your proposed project, its goals and reason for selecting this project.
   
   II. Proposals must address:

   a) How the use of technology will support individuals with IDD;
b) Discuss how the technology will supplement or replace paid staff or increase client independence; technology cannot be used solely for supervision of staff working at the site;
c) If proposed technology is aimed at improving transportation accessibility, explain how the barriers listed in the Sedgwick County transportation assessment will be addressed;
d) Discuss how clients will be informed of the use of the technology and its purpose; and,
e) How the project will meet the state requirements as outlined in the attached guidance on electronic monitoring (Attachment A).

III. Describe how success will be quantified for the proposed project (i.e. outcomes).

B. Management Plan:
   I. Describe the management plan for implementation of the proposed project.
   II. Discuss the project budget, including basis for estimating costs and controls in place to limit cost overruns.

1. Firm profile: the name of the firm, address, telephone number(s), contact person, year the firm was established, and the names of the principals of the firm.
2. The names of the staff members who will be available for work on the contract, including a listing of their work experience.
3. The firm’s relevant experience, notably experience working with government agencies.
4. At minimum, three (3) professional references, besides Sedgwick County, with email addresses, telephone numbers, and contact persons where work has been completed within the last three years.
5. A disclosure of any personal or financial interest in any properties in the project area, or any real or potential conflicts of interest with members of the Sedgwick County Board of County Commissioners or county staff.
6. A description of the type of assistance that will be sought from County staff, including assistance required from the County to lessen the costs of this project.
7. Proof of insurance meeting minimum insurance requirements as designated herein.
8. Those responses that do not include all required forms/items may be deemed non-responsive.

IX. HIPAA Required Response
All proposal submissions shall include the following:

1. During the past 36 months, how many notices of breach affecting 500 or more individuals have you reported to the U.S. Department of Health and Human Services regarding your breaches of unsecured protected health information, as required pursuant to HIPAA regulation 45 C.F.R. § 164.408?
2. During the past 36 months, how many notices of breach affecting fewer than 500 individuals have you reported to the U.S. Department of Health and Human Services regarding your breaches of unsecured protected health information, as required pursuant to HIPAA regulation 45 C.F.R. § 164.408?
3. Have you been responsible for any civil penalties as a result of any U.S. Department of Health and Human Services HIPAA enforcement action within the past 60 months? If so, for each instance during which you were responsible for these civil penalties, please describe: (a) when those civil penalties were imposed; (b) the amount of any such civil penalties; and (c) the activity that led to the imposition of such civil penalties.
REQUEST FOR PROPOSAL
RFP #20-0056
TECHNOLOGY SOLUTIONS TO IMPROVE THE QUALITY OF LIFE OF INDIVIDUALS WITH INTELLECTUAL/DEVELOPMENTAL DISABILITIES

The undersigned, on behalf of the proposer, certifies that: (1) this offer is made without previous understanding, agreement or connection with any person, firm, or corporation submitting a proposal on the same project; (2) is in all respects fair and without collusion or fraud; (3) the person whose signature appears below is legally empowered to bind the firm in whose name the proposer is entered; (4) they have read the complete Request for Proposal and understands all provisions; (5) if accepted by the county, this proposal is guaranteed as written and amended and will be implemented as stated; and (6) mistakes in writing of the submitted proposal will be their responsibility.

NAME
___________________________________________________________________________

DBA/SAME
___________________________________________________________________________

CONTACT
___________________________________________________________________________

ADDRESS__________________________CITY/STATE________________________ZIP_____

PHONE__________________________FAX__________________________HOURS_________

STATE OF INCORPORATION or ORGANIZATION ____________________________

WEBSITE ADDRESS ____________________________ EMAIL __________________

NUMBER OF LOCATIONS __________________ NUMBER OF PERSONS EMPLOYED __________

TYPE OF ORGANIZATION: Public Corporation ______ Private Corporation ______ Sole Proprietorship ______

Partnership ______ Other (Describe): __________________________________________

BUSINESS MODEL: Small Business ______ Manufacturer ______ Distributor ______ Retail ______

Dealer ______ Other (Describe): __________________________________________

Not a Minority-Owned Business: ______ Minority-Owned Business: ______ (Specify Below)

____ African American (05) ______ Asian Pacific (10) ______ Subcontinent Asian (15) ______ Hispanic (20)

____ Native American (25) ______ Other (30) - Please specify ________________________________

Not a Woman-Owned Business: ______ Woman-Owned Business: ______ (Specify Below)

____ Not Minority -Woman Owned (50) ______ African American-Woman Owned (55)

____ Asian Pacific-Woman Owned (60) ______ Subcontinent Asian-Woman Owned (65) ______ Hispanic Woman Owned (70)

____ Native American-Woman Owned (75) ______ Other – Woman Owned (80) – Please specify ______________________________

ARE YOU REGISTERED TO DO BUSINESS IN THE STATE OF KS: ______ Yes ______ No

INSURANCE REGISTERED IN THE STATE OF KS WITH MINIMUM BEST RATING OF A-VIII: ______ Yes ______ No

ACKNOWLEDGE RECEIPT OF ADDENDA: All addendum(s) are posted to our RFQ/RFP web page and it is the vendor’s responsibility to check and confirm all addendum(s) related to this document by going to www.sedgwickcounty.org/finance/purchasing.asp.

NO.______, DATED _______; NO.______, DATED _______; NO.______, DATED _______

In submitting a proposal, vendor acknowledges all requirements, terms, conditions, and sections of this document. Proposal submission format should be by order in which sections are listed throughout the document. All minimum and general requirements should be specifically addressed and detailed in proposer’s response. Exceptions to any part of this document should be clearly delineated and detailed.

Signature________________________________ Title________________________________

Print Name________________________________ Dated___________________________

11
Sedgwick County Non-Employee Information Technology Usage Agreement

Anyone that is not a Sedgwick County employee who will access Sedgwick County information technology in the course of their work for Sedgwick County ("Non-employee personnel") are required to sign this document before accessing any Sedgwick County information technology system. “Information technology” includes any computer, network, Internet access, electronic mail and voice message systems, facsimile devices, or other electronic systems used by Sedgwick County.

1. Non-employee personnel have no expectation of privacy in any electronic communications, use of Sedgwick County property, or Internet access. Sedgwick County reserves the right to review, audit, or monitor any information technology used by non-employee personnel.

2. Non-employee personnel shall use only accounts authorized by the Sedgwick County Chief Information Officer (CIO).

3. Non-employee personnel may access only those resources for which they are specifically authorized.

4. Non-employee personnel are personally responsible for safeguarding account and log-on information. Passwords shall adhere to the following:
   a. Passwords shall remain confidential.
   b. Passwords shall be changed at least every 90 days.
   c. Passwords shall be at least eight characters long.
   d. Passwords shall contain characters from at least three of the following four classes: (i) English upper case letters, A, B, (ii) English lower case letters, a, b, (iii) Westernized Arabic numerals, 0,1,2, and (iv) Non-alphanumeric (special characters) such as punctuation symbols.
   e. Passwords shall not contain your user name or any part of your full name.
   f. Passwords shall never be displayed, printed, or otherwise recorded in an unsecured manner.

5. Non-employee personnel are not permitted to script their user IDs and/or passwords for log-on access.

6. Non-employee personnel are not permitted to allow another person to log-on to any computer utilizing their, if provided, personal account, nor are they permitted to utilize someone else’s account to log-on to a computer. Authorized system or service accounts may be used by multiple authorized people.

7. Non-employee personnel may not leave their workstation logged onto the network while away from their area. Non-employee personnel may elect to lock the workstation rather than logging off when leaving for very short time periods.

8. Non-employee personnel shall maintain a log, left with the computer, of all software loaded onto any Sedgwick County computer. The software must have been approved in writing in advance by the CIO.

9. Non-employee personnel shall execute only applications that pertain to their specific contract work.

10. Non-employee personnel shall promptly report log-on problems or any other computer errors to the Helpdesk (316-660-9811).

11. Non-employee personnel shall promptly notify the County Helpdesk if they have any reason to suspect a breach of security or potential breach of security.

12. Non-employee personnel shall promptly report anything that they deem to be a security loophole or weakness in the computer network to the County Helpdesk.

13. Non-employee personnel shall not install or use any type of encryption device or software on any Sedgwick County hardware, which has not been approved in writing in advance by the CIO.

14. Non-employee personnel shall not attach any device to the Sedgwick County network without prior written approval in advance from the CIO.

15. Non-employee personnel may not remove any computer/hardware, data or software from a Sedgwick County building for any reason, without prior written approval from the CIO.

16. Non-employee personnel shall not delete, disable, or bypass any authorized encryption device, or anti-virus or other software program, installed on Sedgwick County hardware.

17. Non-employee personnel shall not attach any network or phone cables to any Sedgwick County device without written approval from the CIO.

18. Non-employee personnel may not copy any data and/or software from any Sedgwick County resource for personal use.

19. Non-employee personnel may not utilize Sedgwick County computer systems or networks for any of the following reasons:
   a. Game playing;
   b. Internet surfing not required for their work activity;
   c. Non-work related activity;
   d. Any illegal activity.
   e. Downloading of files from non-County resources. If files are needed for your work, contact Sedgwick County IT personnel.

20. Non-employee personnel are prohibited from intercepting or monitoring network traffic by any means, including the use of network sniffers, unless authorized in writing in advance by the CIO.

21. Non-employee personnel may not give out any Sedgwick County computer information to anyone. Exception: other non-employee personnel needing the information to complete authorized tasks and who have signed this agreement. Information includes but is not limited to: IP addresses, security configurations, etc.

22. All data storage media shall be erased or destroyed prior to disposal.

23. All portable media used must be FIPS 140-2 compliant media encrypted with hardware encryption using AES 256 algorithm.

24. Non-employee personnel may not remove, modify, erase, destroy or delete any computer software without the written approval in advance of the CIO.

25. Non-employee personnel shall not attempt to obtain or distribute Sedgwick County system or user passwords.

26. Non-employee personnel shall not attempt to obtain or distribute door passcodes/passkeys to secured rooms at any Sedgwick County facility for which they are not authorized.

27. All equipment issued to non-employee personnel will be returned in good condition to Sedgwick County upon termination of the Sedgwick County/non-employee Personnel relationship.

28. Non-employee personnel may not use Sedgwick County information technology to send or receive threatening, obscene, abusive, sexually explicit language or pictures.

29. Non-employee personnel are prohibited from using or receiving copyrighted multimedia or audiovisual materials.

30. Use by non-employee personnel of any Sedgwick County information technology will acknowledge acceptance of the above referenced policies. Any non-employee who violates any of these policies shall be subject to disciplinary action, including total removal from the Sedgwick County project as well as being subject to Kansas civil and criminal liability. Disciplinary action may include Sedgwick County requesting the non-employee be considered for demotion, suspension and termination.

Non-employee personnel’s signature: ____________________________

Date: ____________________________

Company’s/Agency’s name, printed: ____________________________

Non-employee personnel’s name, printed: ____________________________

Purpose – reason you are signing the form: ____________________________

Revision Date: 12/13/2018

Sedgwick County Sponsor – employee and department

RFP #20-0056

Sedgwick County... Working for you

12
HIPAA RULES
BUSINESS ASSOCIATE ADDENDUM

DEFINITIONS

1.1 The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required By Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

Specific definitions:

(a) Business Associate. “Business Associate” shall generally have the same meaning as the term “business associate” at 45 CFR 160.103.

(b) Covered Entity. “Covered Entity” shall generally have the same meaning as the term “covered entity” at 45 CFR 160.103, and in reference to the party to this agreement, shall mean Sedgwick County.


OBLIGATIONS AND ACTIVITIES OF BUSINESS ASSOCIATE

Business Associate agrees to:

2.1 not Use or Disclose Protected Health Information other than as permitted or required by the Agreement or as Required By Law;

2.2 Use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to electronic Protected Health Information, to prevent Use or Disclosure of Protected Health Information other than as provided for by this Agreement;

2.3 report to covered entity any Use or Disclosure of Protected Health Information not provided for by the Agreement of which it becomes aware, including Breaches of Unsecured Protected Health Information as required at 45 CFR 164.410, and any Security Incident of which it becomes aware, as further provided for in Par. 12.1, et seq.;

2.4 mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a Use or Disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement;

2.5 in accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any Subcontractors that create, receive, maintain, or transmit Protected Health Information on behalf of the Business Associate agree to the same restrictions, conditions, and requirements that apply to the Business Associate with respect to such information;

2.6 make available Protected Health Information in a Designated Record Set to the Covered Entity as necessary to satisfy Covered Entity’s obligations under 45 CFR 164.524;

2.7 make any amendment(s) to Protected Health Information in a Designated Record Set as directed or agreed to by the Covered Entity pursuant to 45 CFR 164.526 or take other measures as necessary to satisfy Covered Entity’s obligations under 45 CFR 164.526;
2.8 make its internal practices, books, and records available to the Secretary for purposes of determining compliance with the HIPAA Rules; and

2.9 maintain and make available the information required to provide an accounting of Disclosures to the Covered Entity as necessary to satisfy covered entity’s obligations under 45 CFR 164.528.

PERMITTED USES AND DISCLOSURES BY ASSOCIATE

3.1 Except as otherwise limited in this Agreement, Business Associate may only Use or Disclose Protected Health Information on behalf of, or to provide services to, Covered Entity for the purposes of the contractual relationship, if such Use or Disclosure of Protected Health Information would not violate the Privacy Rule if done by Covered Entity or the Minimum Necessary policies and procedures of the Covered Entity.

SPECIFIC USE AND DISCLOSURE PROVISIONS

4.1 Except as otherwise limited in this Agreement, Business Associate may Use Protected Health Information for the proper management and administration of the Business Associate or to carry out the contractual or legal responsibilities of the Business Associate.

4.2 Business Associate may Use or Disclose Protected Health Information as Required By Law.

4.3 Business Associate agrees to make Uses and Disclosures and requests for Protected Health Information consistent with Covered Entity’s Minimum Necessary policies and procedures.

4.4 Business Associate may Disclose Protected Health Information for the proper management and administration of Business Associate or to carry out the legal responsibilities of the Business Associate, provided the Disclosures are Required By Law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and Used or further Disclosed only as Required By Law or for the purposes for which it was Disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been Breached.

4.5 Business Associate may provide Data Aggregation services relating to the Health Care Operations of the covered entity.

4.6 Business Associate may Use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with § 164.502(j)(1).

OBLIGATIONS OF COVERED ENTITY

5.1 Covered Entity shall notify Business Associate of any limitation(s) in its Notice of Privacy Practices of Covered Entity in accordance with 45 CFR § 164.520, to the extent that such limitation may affect Business Associate's Use or Disclosure of Protected Health Information.

5.2 Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by Individual to Use or Disclose Protected Health Information, to the extent that such changes may affect Business Associate's Use or Disclosure of Protected Health Information.

5.3 Covered Entity shall notify Business Associate of any restriction to the Use or Disclosure of Protected Health Information that Covered Entity has agreed to in accordance with 45 CFR § 164.522, to the extent that such restriction may affect Business Associate's Use or Disclosure of Protected Health Information.
PERMISSIBLE REQUESTS BY COVERED ENTITY

6.1 Covered Entity shall not request Business Associate to Use or Disclose Protected Health Information in any manner that would not be permissible under Subpart E of 45 CFR Part 164 if done by Covered Entity. If necessary in order to meet the Business Associate’s obligations under the Agreement, the Business Associate may Use or Disclose Protected Health Information for Data Aggregation, management and administrative activities, or contractual or legal responsibilities of Business Associate.

TERM

7.1 Term. The Agreement shall be effective as of date of execution of the Agreement by the parties, and shall terminate when all of the Protected Health Information provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, has been returned to Covered Entity or, at Covered Entity’s option, is destroyed, or, if it is infeasible to destroy Protected Health Information, the protections are extended to such information, in accordance with the termination provisions in this Agreement.

MISCELLANEOUS

8.1 A reference in this Agreement to a section in the HIPAA Rules means the section as in effect or as amended.

8.2 The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Covered Entity to comply with the requirements of the HIPAA Rules.

8.3 Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the HIPAA Rules.

8.4 In addition to any implied indemnity or express indemnity provision in the Agreement, Business Associate agrees to indemnify, defend and hold harmless the Covered Entity, including any employees, agents, or Subcontractors against any actual and direct losses suffered by the Indemnified Party(ies) and all liability to third parties arising out of or in connection with any breach of this Agreement or from any negligent or wrongful acts or omissions, including failure to perform its obligations under the HIPAA Rules, by the Business Associate or its employees, directors, officers, Subcontractors, agents, or other members of its workforce. Accordingly, upon demand, the Business Associate shall reimburse the Indemnified Party(ies) for any and all actual expenses (including reasonable attorney’s fees) which may be imposed upon any Indemnified Party(ies) by reason of any suit, claim, action, proceeding or demand by any third party resulting from the Business Associate’s failure to perform, Breach or other action under this Agreement.

SECURITY RULE REQUIREMENTS

9.1 Business Associate agrees, to the extent any Protected Health Information created, received, maintained or transmitted by or in electronic media, also referred to as electronic protected health care information, as defined by 45 CFR § 160.103, that it will only create, maintain or transmit such information with appropriate safeguards in place.

Business Associate shall therefore: implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the electronic protected health care information; ensure that any agent, including Subcontractors, to whom it provides such information shall agree to also implement reasonable and appropriate safeguards to protect the information; and report to the Covered Entity any Security Incident, as that term is defined by 45 CFR § 164.304, of which it becomes aware.

TERMINATION

10.1 Business Associate authorizes termination of this Agreement by Covered Entity, if Covered Entity determines Business Associate has violated a material term of the Agreement and Business Associate has not cured the breach or ended the violation within the time specified by Covered Entity.

RFP #20-0056
Sedgwick County…Working for you
EFFECT OF TERMINATION

11.1 Upon termination of this Agreement for any reason, Business Associate shall return to Covered Entity or, if agreed to by Covered Entity, destroy all Protected Health Information received from Covered Entity, or created, maintained, or received by Business Associate on behalf of Covered Entity, that the Business Associate still maintains in any form. Business Associate shall retain no copies of the Protected Health Information.

Provided however, Business Associate may retain Protected Health Information if necessary for management and administration purposes or to carry out its legal responsibilities after termination of the Agreement.

Upon termination of this Agreement for any reason, Business Associate, with respect to Protected Health Information received from Covered Entity, or created, maintained, or received by Business Associate on behalf of Covered Entity, shall:

- retain only that Protected Health Information which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities;
- return to Covered Entity or, if agreed to by Covered Entity, destroy the remaining Protected Health Information that the Business Associate still maintains in any form;
- continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to electronic Protected Health Information to prevent Use or Disclosure of the Protected Health Information, other than as provided for in this Section, for as long as Business Associate retains the Protected Health Information;
- not Use or Disclose the Protected Health Information retained by Business Associate other than for the purposes for which such Protected Health Information was retained and subject to the same conditions set out at in this Agreement which applied prior to termination;
- return to Covered Entity or, if agreed to by Covered Entity, destroy the Protected Health Information retained by Business Associate when it is no longer needed by Business Associate for its proper management and administration or to carry out its legal responsibilities; and
- provided, however, that nothing in this section 11.1 shall apply in the case of PHI remaining in its possession which Business Associate determines it is not feasible to return or destroy. Business Associate shall extend the protection of this Agreement to such PHI and limit further uses and disclosure of such PHI.

The obligations of Business Associate under this Agreement shall survive the termination of this Agreement.

NOTIFICATION OF BREACH

12.1 To the extent Business Associate accesses, maintains, retains, modifies, records, stores, destroys, or otherwise holds, Uses, or Discloses Unsecured Protected Health Information, it shall, following the discovery of a Breach of such information, notify the Covered Entity of such Breach. Such notice shall include the identification of each Individual whose Unsecured Protected Health Information has been, or is reasonably believed by the Business Associate to have been, Used, accessed, acquired, or Disclosed during such Breach. The Business Associate shall provide the Covered Entity with any other available information that the Covered Entity is required to include in notification to the Individual under 45 C.F.R. § 164.404(c) at the time of the required notification to the Covered Entity, or as promptly thereafter as the information is available.
12.2 For purposes of this section, a Breach shall be treated as discovered by the Business Associate as of the first day on which such Breach is known to such Business Associate (including any person, other than the Individual committing the breach, that is an employee, officer, or other agent of such associate) or should reasonably have been known to such Business Associate (or person) to have occurred by the exercise of reasonable diligence.

12.3 Subject to section 12.4, all notifications required under this section shall be made without unreasonable delay and in no case later than 60 calendar days after the discovery of a Breach by the Business Associate involved in the case of a notification required under section 12.2. The Business Associate involved in the case of a notification required under section 12.2, shall have the burden of demonstrating that all notifications were made as required under this part, including evidence demonstrating the necessity of any delay.

12.4 If a law enforcement official determines that a notification or notice required under this section would impede a criminal investigation or cause damage to national security, such notification or notice shall be delayed in the same manner as provided under section 164.528(a)(2) of title 45, Code of Federal Regulations, in the case of a Disclosure covered under such section.

If a law enforcement official states to the Business Associate that any notification or notice would impede a criminal investigation or cause damage to national security, the Business Associate shall:

(a) If the statement is in writing and specifies the time for which a delay is required, delay such notification or notice for the time period specified by the official; or
(b) If the statement is made orally, document the statement, including the identity of the official making the statement, and delay the notification or notice temporarily and no longer than 30 days from the date of the oral statement, unless a written statement as described in (a) is submitted during that time.

PROHIBITION ON SALE OF ELECTRONIC HEALTH RECORDS OR PROTECTED HEALTH INFORMATION.

13.1 Except as provided in section 13.2, the Business Associate shall not directly or indirectly receive remuneration in exchange for any Protected Health Information of an Individual unless the Covered Entity has obtained from the Individual, in accordance with section 164.508 of title 45, Code of Federal Regulations, a valid authorization that includes, in accordance with such section, a specification of whether the Protected Health Information can be further exchanged for remuneration by the entity receiving Protected Health Information of that Individual.

13.2. Section 13.1 shall not apply in the following cases:

(a) The purpose of the exchange is for public health activities (as described in section 164.512(b) of title 45, Code of Federal Regulations).
(b) The purpose of the exchange is for research (as described in sections 164.501 and 164.512(i) of title 45, Code of Federal Regulations) and the price charged reflects the costs of preparation and transmittal of the data for such purpose.
(c) The purpose of the exchange is for the treatment of the Individual, subject to any regulation that the Secretary may promulgate to prevent Protected Health Information from inappropriate access, Use, or Disclosure.
(d) The purpose of the exchange is the health care operation specifically described in subparagraph (iv) of paragraph (6) of the definition of healthcare operations in section 164.501 of title 45, Code of Federal Regulations.
(e) The purpose of the exchange is for remuneration that is provided by the Covered Entity to the Business Associate for activities involving the exchange of Protected Health Information that the Business Associate undertakes on behalf of and at the specific request of the Covered Entity pursuant to the Agreement.
(f) The purpose of the exchange is to provide an Individual with a copy of the Individual's Protected Health Information pursuant to section 164.524 of title 45, Code of Federal Regulations.
(g) The purpose of the exchange is otherwise determined by the Secretary in regulations to be similarly necessary and appropriate as the exceptions provided in subparagraphs (a) through
IX. Attachment “A”

DBHS/CSS – MR/DD WAIVER
Requirements when electronic monitoring is utilized:

- Monitoring must be “approved in writing” by persons/guardians including ALL members of the household.

- The “extent” of the monitoring must be clearly stated, including:
  - Areas to be monitored.
  - Target person of the monitoring.
  - Target activity of the monitoring.
  - Who will see the monitored person/activity?

- Monitoring security
  - Stated limitations on the monitoring.
  - Stated identity of all persons who will view the monitored activity.
  - Stated access to monitored activity.
    - Live broadcast
      - What steps are in place to prevent interception?
    - Recorded
      - How/where they are stored?
      - Who would have access at a later date?
      - Policy for access.
      - Use for fraud/abuse investigations/reports.
      - Tapes or records must be made available for SRS review upon request.

- Residents other than the intended targets must give consent.

- Persons/guardians must be given the “choice” of in-person care or electronic monitoring.

•