



**PSA**

Original Contract Number: **163CMA-MMX-02/12DSS2101DJ**  
 Amendment Number: \_\_\_\_\_  
 Maximum Contract Value: **\$14,273,800.00**  
 Contractor Contact Person: **Judith Stein**  
 DSS Contact - Contract: **Marcia McDonough** Tel: (860) 424-5214  
 Program Staff: **Eric Lecko** Tel: (860) 424-5977

**STATE OF CONNECTICUT  
 PERSONAL SERVICE AGREEMENT  
 ("PSA", "Contract" and/or "contract") Revised February 2010**

The State of Connecticut DEPARTMENT OF SOCIAL SERVICES  
 Street: 25 SIGOURNEY STREET  
 City: HARTFORD State: CT Zip: 06106  
 Tel#: (800) 842-1508 ("Agency" and/or "Department"), hereby enters into a Contract with:

Contractor's Name: CENTER FOR MEDICARE ADVOCACY, INC.  
 Street: P.O. BOX 350  
 City: WILLIMANTIC State: CT Zip: 06226  
 Tel#: (860) 456-7790 FEIN/SS#: 061172509

("Contractor"), for the provision of services outlined in Part I and for the compliance with Part II. The Agency and the Contractor shall collectively be referred to as "Parties". The Contractor shall comply with the terms and conditions set forth in this Contract as follows:

<b>Contract Term</b>	This Contract is in effect from <b>10/01/12</b> through <b>06/30/17</b> .
<b>Statutory Authority</b>	The Agency is authorized to enter into this Contract pursuant to § 4-8, 4-98 as applicable, and 17b-3 of the Connecticut General Statutes ("C.G.S.").
<b>Set-Aside Status</b>	Contractor <input type="checkbox"/> IS or <input checked="" type="checkbox"/> IS NOT a set aside Contractor pursuant to C.G.S. § 4a-60g.
<b>Effective Date</b>	This Contract shall become effective only as of the date of signature by the Agency's authorized official(s) and, where applicable, the date of approval by the Office of the Attorney General ("OAG"). Upon such execution, this Contract shall be deemed effective for the entire term specified above.
<b>Contract Amendment</b>	This Contract may be amended only by means of a written instrument signed by the Agency, the Contractor, and, if required, the OAG.

All notices, demands, requests, consents, approvals or other communications required or permitted to be given or which are given with respect to this Contract (collectively called "Notices") shall be deemed to have been effected at such time as the Notice is hand-delivered; placed in the U.S. mail, first class and postage prepaid, return receipt requested; or placed with a recognized, overnight express delivery service that provides for a return receipt. Said notices shall become effective on the date of receipt as specified above or the date specified in the notice, whichever comes later. All such Notices shall be in writing and shall be addressed as follows:

If to the Agency:	STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES 25 SIGOURNEY STREET HARTFORD, CT 06106  Attention: Marcia McDonough	If to the Contractor:	Center for Medicare Advocacy, Inc. P.O. Box 350 Willimantic, CT 06226  Attention: Judith Stein
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A party may modify the addressee or address for Notices by providing 10 days' prior written Notice to the other party. No formal amendment is required.

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## **PART I. DEFINITIONS, SCOPE OF SERVICES, CONTRACT PERFORMANCE, BUDGET, REPORTS, AND PROGRAM- AND AGENCY-SPECIFIC SECTIONS**

The Contractor shall provide the following specific services for the Departments' Medicare Maximization Program (MMX) and shall comply with the terms and conditions set forth in this Contract as required by the Agency, including but not limited to the requirements and measurements for scope of services, Contract performance, quality assurance, reports, terms of payment and budget.

### **A. DEFINITIONS**

#### **Beneficiary**

A beneficiary is an individual enrolled in Medicare who may be eligible to receive Medicare benefits for health care, services and supplies.

#### **Centers for Medicare & Medicaid Services (CMS)**

The Centers for Medicare & Medicaid Services is an agency within the US Department of Health & Human Services responsible for administration of several key federal health care programs including the Medicare federal health insurance program for seniors and disabled individuals, Medicaid- the federal needs based medical assistance program, the Children's Health Insurance Program (CHIP), the Health Insurance Portability and Accountability Act (HIPAA) and the Clinical Laboratory Improvement Amendments (CLIA).

#### **Chronic Disease Hospital**

A chronic disease hospital is a long term care hospital having facilities, medical staff and all necessary personnel for the diagnosis, care and treatment of a wide range of chronic diseases [Public Health Code Section 19-13-D1 (b) (2)]. A chronic disease is a disease which has one of the following characteristics: is permanent, leaves residual disability, is caused by non-reversible pathological alteration, requires special training of the resident for rehabilitation, or is expected to require a long period of supervision, observation, or care.

#### **Client Case**

A Client Case is either a Medicare appeal brought by the Contractor on behalf of a specific Dual Eligible Client for specific services during a specific period of time and delivered by a specific provider, or a Dual Eligible Client whose health care services are being contemporaneously reviewed to determine if Medicare or Medicaid should pay for the cost of care. Contractor reimbursement is based upon performing work on a client case basis.

#### **Commissioner**

Commissioner refers to the Connecticut Department of Social Services Commissioner or designee

#### **Connecticut Medical Assistance Program**

Connecticut Medical Assistance Program is the program administered by the State of Connecticut Department of Social Services, which provides for the reimbursement of medical goods and services to persons entitled to Title XIX or State Medical benefits.

#### **Contemporaneous Review**

Contemporaneous Review refers to a client case in which a medical review of a dual eligible client's right to Medicare coverage is performed at the time the services are provided, to determine if the services should be billed to the Medicare or Medicaid Program.

#### **Contractor**

The Contractor refers to the Center for Medicare Advocacy, Inc.

#### **Demand Bill**

A Demand Bill is a Medicare claim submitted by a provider to the Medicare Administrative Contractor at the request of the beneficiary, the beneficiary's representative, or the Commissioner as subrogee of a dually eligible beneficiary that requests a medical review be made to determine whether Medicare coverage is available for

particular services. A Demand Bill requires that the provider code the bill with a particular code (known as Condition Code 20).

### **Department**

Department refers to the Connecticut Department of Social Services

### **Dual Eligible Client**

A dual eligible client is an individual who is eligible for both Medicare and Medicaid.

### **High Quality Case Selection Process**

A selection process for all services mentioned in this contract that results in the identification of client cases that are the most likely to receive Medicare coverage upon appeal while limiting the administrative work required of the Connecticut Department of Social Services and its provider community.

### **Home Health Care**

Home Health Care is medically necessary home health services provided by a licensed home health agency on a part time or intermittent basis in the recipient's home. These services enable the recipient to remain in their own home or to provide a less costly alternative to institutional care. The Department pays for home health services only when the services are provided in the recipient's home and when the recipient's physician orders such services as part of a written plan of care that the physician reviews every sixty days.

### **Home Health Advance Beneficiary Notice (HHABN)**

The Home Health Advance Beneficiary Notice is a notice designed to protect the beneficiary and the home health agency. It informs the beneficiary that the provider does not expect Medicare to cover the services at issue and allows the beneficiary to make an informed decision about whether to continue such services. An HHABN must be given to a Medicare beneficiary in cases where care is physician-ordered and Medicare denial is expected for one of the following statutory bases: services are not medically necessary and reasonable (under §1862(a) (1) of the Act); services are to provide custodial care (under §1862(a) (9) of the Act).

### **Hospital-Issued Notices of Noncoverage (HINN)**

A Hospital-Issued Notice of NonCoverage is a written notice issued to beneficiaries by a hospital prior to admission, at admission, or at any point during an inpatient stay if the hospital determines that the care the beneficiary is receiving, or is about to receive, is not expected to be covered by Medicare.

### **HP Enterprises (HP)**

HP Enterprises or Hewlett-Packard Enterprise Services is the Fiscal Agent under contract with the State of Connecticut Department of Social Services to support the operation of the Medical Assistance Program. HP's responsibilities include: processing claims, financial refunds and recoupments; issuing payments and remittance advices; performing provider enrollment and re-enrollment; offers a provider call center dedicated to assisting providers with billing questions; providing a dedicated provider relations team to perform provider training and respond to complex program issues; providing a client assistance call center; and providing pharmacy prior authorization service. HP maintains a provider Web portal which allows for real-time claim submission and adjudication, online provider enrollment/re-enrollment, inquiries regarding prior authorization submission and inquiry, claims submission and status, client eligibility verification, and other self-service features aimed at increasing access to and improving the efficiency of participating in the Connecticut Medical Assistance Program. In addition, HP provides an Automated Eligibility Verification System which provides the most current client eligibility information, Prior Authorization information and a Fax on Demand feature.

### **Implement**

Specific to the Medicare Maximization Scope of Work, implement means the Contractor's processes to perform work are in place and operational.

**Intermediate Care Facilities for the Mentally Retarded (ICF/MR)**

Intermediate Care Facilities for the Mentally Retarded is a residential facility for the mentally retarded licensed pursuant to section 17a-227 of the Connecticut General Statutes and certified and enrolled to participate in Medicaid as an intermediate care facility for the mentally retarded pursuant to 42 CFR 442.101.

**Long Term Care Facility**

A long term care facility is a medical institution which provides, at a minimum, skilled nursing services or nursing supervision and assistance with personal care on a daily basis. Long term care facilities include:

- Nursing Facilities
- Chronic Disease Hospitals (Inpatient)
- Intermediate Care Facilities for the Mentally Retarded (ICF/MR)

**Medicaid**

A state medical assistance program created under Title XIX of the Social Security Act.

**Medicare**

A federal health insurance program created under Title XVIII of the Social Security Act.

**Medicare Benefit Period/Spell of Illness**

Spell of Illness is the term used for the Medicare benefit period. Such benefit period begins when a Medicare beneficiary is admitted to a hospital or skilled nursing facility (SNF) and ends when the beneficiary is either no longer a hospital or skilled nursing facility inpatient or is no longer receiving skilled care, as defined by Medicare, for 60 consecutive days. A beneficiary is entitled to up to ninety (90) days of Medicare coverage for inpatient hospital care in a benefit period, and an additional sixty (60) "lifetime reserve days" of coverage for inpatient hospital services. A beneficiary is entitled to up to one hundred (100) days of Medicare coverage for inpatient skilled nursing facility care in a benefit period.

**Medicare Coinsurance Days**

A Medicare beneficiary's obligation to pay for a portion of Medicare-covered skilled nursing facility or inpatient hospital cost of care. Under the Medicare Part A SNF benefit, Medicare pays in full for the first twenty (20) days of SNF care in the benefit period, and the beneficiary is responsible to pay a specific coinsurance amount for each of the remaining 21 to 100 days in the spell of illness. Under the Medicare Part A hospital benefit, Medicare pays in full for the first sixty (60) days of hospital care in the benefit period, and the beneficiary is responsible to pay specific coinsurance amounts for each of the remaining 61 to 90 days in the spell of illness, and, if available and used for each of the remaining 91 to 150 lifetime reserve days. SNF and Hospital Medicare Coinsurance costs are Medicaid covered services under the Connecticut Medical Assistance Program.

**Net Cost Benefit Ratio**

A calculation used to measure Medicare Maximization Program performance based upon actual and estimated Medicaid Savings.

**Nursing Facility**

A nursing facility is an institution as defined in the Social Security Act, Sections 1919 (a), as amended from time to time. In Connecticut, it means a chronic and convalescent nursing home (CCNH) or rest home with nursing supervision (RHNS) as defined in the Public Health Code Sec. 19-13-D1 (b).

**Patient Liability/Applied Income**

Patient liability or applied income are the terms used to describe the financial amount a Medicaid client is obligated to pay toward the cost of his or her long term facility care, starting with the month in which the 30th day of consecutive institutionalized care occurs. Consecutive institutionalized care includes a stay in a long term care facility and/or chronic disease hospital. An individual's patient liability amount is calculated using his or her applicable income from which is subtracted the appropriate post-eligibility deductions. A Department of Social Services Regional Office eligibility worker determines the patient liability amount according to the Department's Uniform Policy Manual, section 5045.20

**Retrospective Review**

Retrospective Review refers to a client case in which a review of a dual eligible client's right to Medicare coverage is performed after health care services have been provided and paid for by Medicaid, to determine whether the services should be billed to Medicare.

**Skilled Nursing Facility Advance Beneficiary Notice (SNFABN)**

The Skilled Nursing Facility Advance Beneficiary Notice is a notice designed to protect the beneficiary and the skilled nursing facility. It informs the beneficiary that the provider does not believe that Medicare coverage will be available and allows the beneficiary to make an informed decision about whether to continue care.

**Third Party Liability**

Third Party Liability refers to any individual, entity or program that may be liable to pay all or part of the expenditures for medical assistance furnished under the Connecticut Medical Assistance Program.

**Timely Filing**

Timely filing pertains to the time limit a health care provider has to submit a Medicare claim or other necessary documentation for a determination to be made regarding Medicare coverage.

- B. CONTRACT TERM** - This contract shall be in effect from 10/01/12 through 06/30/17 with the possibility of two one-year extensions. Any contract extension will be negotiated by the Contractor and the Department within ninety (90) days of contract termination date.
- C. SCOPE OF WORK - CONTRACTOR, DEPARTMENT, CONTRACTOR AND DEPARTMENT RESPONSIBILITIES**

To complete the Scope of Work tasks specific to the three project modules, the tasks are listed as Contractor responsibilities, Department responsibilities, and Contractor and Department responsibilities.

**1. Skilled Nursing Facility Project Module**

A fundamental goal of this Skilled Nursing Facility (SNF) Medicare Maximization initiative is to: 1) increase the number of Medicare SNF covered days in MMX grants of coverage, 2) decrease the amount of SNF provider financial liability in the MMX, and 3) reduce the time required for a SNF to perform Medicare coordination of benefits and receive timely Medicaid payment.

**a. Contractor Responsibilities**

- 1) The Contractor shall implement a SNF MMX Model within one hundred-twenty (120) days of contract execution.
- 2) The Contractor shall create files for each client case for which an appeal is commenced and shall send a letter to the SNF requesting that medical records be sent after the eligible portion of the 100 day benefit period has been billed to Medicare.
- 3) The Contractor shall utilize the SNF Medicare Remittance Advice, Advance Beneficiary Notice (SNFABN), or other applicable documents to begin the Medicare Administrative Appeals process in all cases where the data reveals that the reason given for the denial of Medicare coverage was that the dual eligible client did not require medically reasonable and necessary daily skilled care and in all cases where the dual eligible client had the requisite three day hospital stay, even if not deemed an inpatient at the hospital.
- 4) The Contractor shall appeal individual cases to federal court on behalf of the Commissioner, as deemed appropriate by the Contractor's legal team, and as approved by the Department. The Contractor will also pursue systemic change, as related to the contract, to address Medicare issues of concern to Connecticut's dually eligible population. As requested, and also, as related to the contract, the Contractor will provide DSS with legal analysis and recommendations.
- 5) The Contractor shall file a request for a Medicare initial determination, redetermination and/or reconsideration, as appropriate, with the Medicare Administrative Contractor or Medicare Advantage Plan once it has received a Medicare denial in the form of an initial determination/remittance advice.
- 6) The Contractor shall adapt its Medicare appeals processes for clients having either traditional Medicare benefits or who have opted to receive his/her Medicare through a Medicare Advantage Plan.
- 7) The Contractor shall review the Medicare initial determination, redetermination and/or reconsideration for each SNF client case and shall determine if the case should be appealed to the subsequent levels of appeal in the Medicare Administrative Appeals Process: Reconsideration, Administrative Law Judge, and Medicare Appeals Council.
- 8) The Contractor shall perform Medicare appeals for up to a total of 3700 SNF client cases, in the aggregate, for MMX work performed in the SNF and CDH project modules.

**b. Department Responsibilities**

- 1) If the Department is successful in changing its pay start procedures, the Department shall require SNFs to provide the Department with copies of Skilled Nursing Facility Advance Beneficiary Notices (SNFABNs) and W-9 forms and shall provide the Contractor with a copy of a client's Form W-9/Medicare Clearance Form and the SNFABN.
- 2) If the Department is successful in changing its pay start procedures, the Department shall require SNFs, after a client's 100 day Medicare benefit period has ended, to submit a Demand Bill to Medicare within the Medicare claim submission timely filing guidelines, for the balance of the 100 days available to the client.
- 3) If the Department is successful in changing its pay start procedures, the Department shall advise SNFs, after a client's 100 day Medicare benefit period has ended, to submit a covered claim, on a case-by-case basis, to Medicare within the Medicare claim submission timely filing guidelines, for the balance of the 100 days available to the client.
- 4) The Department shall require SNFs, who have submitted a Demand Bill or covered claim to Medicare for the balance of the 100 days available in a client's Medicare benefit period, to forward the resulting Medicare Initial Determination/Remittance Advice Denial to the Department or Contractor, as deemed appropriate by the Department and the Contractor.
- 5) The Department shall require SNFs to forward client medical records requested by the Contractor, to the Contractor.
- 6) The Department shall provide the Contractor online access to the Department of Social Services' Eligibility Management System (EMS) for the purpose of either identifying SNF client Medicare eligibility, SNF Medicaid pay start dates, and/or other information necessary for the Contractor to pursue SNF Medicare coverage.
- 7) The Department shall provide Medicaid-paid claims information that could identify the number of SNF Medicare days utilized in a client's Medicare benefit period.
- 8) The Department shall attempt to modify its current Coordination of Benefits Agreement (COBA) with the Centers for Medicare & Medicaid Services (CMS) in order for the Contractor to receive necessary Medicare claims information to support its SNF Medicare Maximization work.
- 9) The Department shall attempt to change its SNF Medicaid pay start procedures to accept a SNFABN to initiate payment under Medicaid.
- 10) The Department shall hold SNFs financially liable for the cost of Medicaid services at issue if: 1) the SNF fails to comply with MMX requirements that results in the inability for a Medicare coverage decision to be made for Medicaid paid services at issue, or 2) a Medicare decision holds the SNF financially liable for the Medicaid paid services at issue, or 3) the Medicare decision determines that the SNF failed to issue a SNFABN, or issued a defective SNFABN to the client.
- 11) The Department shall attempt to obtain Medicare claims information from its Medicare Coordination of Benefits Contractor for the MMX Contractor to use in performing SNF module project work.
- 13) The Department shall seek approval from the Commissioner, who shall respond to the Contractor within fourteen (14) days of the Contractor's request, if the Contractor determines that an appeal to federal court is appropriate.



- 14) The Department shall respond within 30 days to Contractor inquiries regarding the SNF module.

**c. Contractor and Department Responsibilities**

- 1) The Contractor and the Department will work together and mutually agree upon the mechanics regarding the time frames for SNFs to submit bills to Medicare and verification that SNF's have billed Medicare.
- 2) The Contractor and Department shall meet with the SNF community to explain the new provider requirements associated with this scope of work.
- 3) The Contractor and Department shall develop rules and procedures to track that providers have billed Medicare after the 100 day benefit period has expired; or if the Department determines it is not feasible for providers to maximize the 100 day benefit period, rules and procedures shall be developed to track another agreed upon provider-Medicare billing time period.
- 4) The Contractor and Department shall implement rules and procedures to ensure that the SNF's are billing Medicare on a timely basis as required.
- 5) The Contractor and Department shall determine the conditions in which SNF's will be held financially liable if:
  - a) The SNF fails to comply with MMX requirements that results in the inability for a Medicare coverage decision to be made for Medicaid paid services at issue;
  - b) A Medicare decision holds the SNF financially liable for the Medicaid paid services at issue; or
  - c) During the Medicare review process it is determined that the SNF failed to issue a SNFABN, or issued a defective SNFABN to the client.

**2. Chronic Disease Hospital Module**

**a. Contractor Responsibilities**

- 1) The Contractor shall implement the Chronic Disease Hospital (CDH) Medicare appeals processes within one hundred-twenty (120) days of contract execution.
- 2) The Contractor shall identify and select CDH client-cases on a monthly basis for the Medicare appeals process by analyzing Department Medicaid-paid claims data or in other ways agreed upon by the Contractor and the Department.
- 3) The Contractor shall perform Medicare appeals for up to a total of 3700 CDH client cases, in the aggregate, for MMX work performed in the SNF and CDH project modules.
- 4) The Contractor shall target a minimum of five (5) new CDH cases per month, or approximately sixty (60) CDH cases annually for the Medicare appeals process.
- 5) The Contractor shall adapt its Medicare appeals processes for clients having either traditional Medicare benefits or who have opted to receive their Medicare through a Medicare Advantage plan.
- 6) The Contractor shall create files for each client case for which an appeal is commenced and shall send a letter to the CDH requesting that medical records be sent after the eligible portion of the 150 day benefit period has been billed to Medicare.
- 7) The Contractor shall file a request for a Medicare initial determination, redetermination and/or reconsideration, as appropriate, with the Medicare Administrative Contractor or Medicare Advantage

plan once it has received a Hospital Issued Notice of No Coverage and the Form W-9/Medicare Clearance Form or a Medicare denial in the form of the initial determination/remittance advice.

- 8) The Contractor shall review the Medicare initial determination, redetermination and/or reconsideration, as appropriate, for each CDH client case and shall determine if the case should be appealed to the subsequent levels of appeal in the Medicare Administrative Appeals Process: Redetermination, Reconsideration, Administrative Law Judge, and Medicare Appeals Council.

**b. Department Responsibilities**

- 1) The Department shall require CDHs to submit a Demand Bill or take other necessary action to initiate a Medicare determination and appeal for dates of service up to one hundred and fifty (150) days.
- 2) The Department shall attempt to modify its current Coordination of Benefits Agreement (COBA) with the CMS in order for the Contractor to receive necessary Medicare claims information to support its Medicare Maximization CDH work.
- 3) The Department shall attempt to change its CDH Medicaid pay start procedures to accept a Hospital Issued Notice of Noncoverage to initiate payment under Medicaid.
- 4) If the Department is successful in changing its CDH Medicaid pay start procedures, the Department shall require the CDH to provide the Department with a copy of the Hospital Issued Notice of NonCoverage and the Form W-9/Medicare Clearance Form.
- 5) The Department shall require CDHs to forward Medicare's Initial Determination/Remittance Advice Denial to the Department and/or the Contractor as deemed appropriate by the Department and the Contractor.
- 6) The Department shall require CDHs to forward client medical records requested by the contractor, to the contractor.
- 7) The Department shall hold CDHs financially liable for the cost of Medicaid services at issue if: 1) the CDH fails to comply with MMX requirements that results in the inability for a Medicare coverage decision to be made for Medicaid paid services at issue, 2) a Medicare decision holds the CDH financially liable for the Medicaid paid services at issue, or 3) the Medicare decision determines that the CDH failed to issue a Hospital-Issued Notices of Noncoverage (HINN), or issued a defective HINNs to the client.
- 8) The Department shall provide the Contractor online access to the Department of Social Services EMS for the purpose of either identifying CDH client Medicare eligibility, CDH Medicaid pay start dates and/or other information necessary for the Contractor to pursue hospital Medicare coverage.
- 9) The Department shall seek approval from the Commissioner, who shall respond to the Contractor within fourteen (14) days of the Contractor's request, if the Contractor determines that an appeal to federal court is appropriate.
- 10) The Department shall respond within thirty (30) days to Contractor inquiries regarding the CDH module.

**c. Contractor and Department Responsibilities**

- 1) The Contractor and Department shall meet with the Department's Convalescent Unit and with CDH personnel to understand and address the limited number of CDH cases, and explain the new provider requirements associated with this scope of work.

- 2) The Contractor and Department shall develop rules and procedures to track that providers have billed Medicare for the requisite benefit period.

### 3. Home Health Care Module

A fundamental goal of Home Health Medicare Maximization is to select client cases that have the greatest chance of obtaining Medicare coverage through the Contemporaneous and Retrospective Review models. This goal includes not only selecting the best client cases for Medicare review, but to also insure that the appropriate ratio of cases, as directed by the Department, are selected for contemporaneous and retrospective review in each project year.

#### 3.1 Contemporaneous Review of Home Health Cases

##### a. Contractor Responsibilities

- 1) The Contractor shall implement a Home Health Contemporaneous Review MMX Model within one hundred-twenty (120) days of contract execution.
- 2) The Contractor shall perform per project year, a contemporaneous, real-time review of a specific number of home health client cases to be determined by the Department, not to exceed 750 cases annually.
- 3) The Contractor with the agreement of the Department shall perform up to two hundred (200) contemporaneous, real-time home health client cases in the first year of the contract.
- 4) The Contractor shall perform a contemporaneous, real-time review of home health client cases to maximize a dual eligible client's Medicare Home Health benefit for the following Home Health services defined as Medicare covered services at 42 USC §1395x(m) when provided to individuals who are confined to home (as required by 42 USC §1395f(a)(8)) and who need skilled care, as defined by 42 USC §1395f(a)(2)(C).
  - a) Skilled nursing services;
  - b) Home health aide services;
  - c) Physical therapy services;
  - d) Speech-language pathology services;
  - e) Occupational therapy services; and
  - f) Durable medical equipment and medical supplies.
- 5) The Contractor shall review home health client cases and determine the appropriate payment source, Medicare or Medicaid from:
  - a) Clients in which the Connecticut Home Care Program for Elders (CHCPE) access agency has newly referred to a home health agency;
  - b) Clients that the CHCPE access agency has previously referred to the home health agency in which the access agency believes the (client) services are Medicare coverable, but the home health agency disagrees;
  - c) Clients in which the home health agency has been contemporaneously billing to Medicare, but the home health agency now intends to reduce or terminate the services billed to Medicare and bill those services to Medicaid.
- 6) The Contractor shall review the minimum client information specified in Chart 1 and determine whether the client services should properly be billed to Medicare or Medicaid. The Contractor shall

make this determination in writing to either the access agency or the home health agency within two (2) business days of receipt of the requested client information.

- 7) The Contractor shall review home health client cases and determine the appropriate payment source, Medicare or Medicaid, for dual eligible clients enrolled in the traditional Medicare Program or a Medicare Advantage Plan.
- 8) The Contractor shall review client case information received from home health agencies for cases in which the Contractor previously approved Medicaid billing, that have had a subsequent significant change in medical condition which resulted in a change of physician orders, or an emergency room visit, or admission to a hospital or SNF, and, if warranted following that review, the Contractor shall send a written request to the provider to submit a Medicare Demand Bill or take other appropriate action necessary to determine Medicare coverage.

#### b. Department Responsibilities

- 1) The Department shall require CHCPE access agencies to provide the Contractor with the minimum client information specified in Chart 1 for those clients in which the access agency has newly referred to a home health agency.
- 2) The Department shall require home health agencies to provide the Contractor with the minimum client information specified in Chart 1 for those cases in which the home health agency has been contemporaneously billing Medicare, but now intends to reduce or terminate the services and bill those services to Medicaid.
- 3) The Department shall require home health agencies to provide the Contractor with the minimum client information specified in Chart 1 in those cases where the client has a significant change in medical condition which results in a change of physician orders, an emergency room visit, and/or an admission to a hospital or SNF.

**Chart 1**

Minimum client information to be provided to the Medicare Maximization Contractor by either CHCPE Access Agencies or Home health Agencies necessary for the Contractor to Perform a Contemporaneous Review of Home Health Cases

- The Plan of Care and Addendum (CMS Forms 485 and 486)
- The OASIS form
- Referral Form from the CHCPE access agency to the home health agency
- The W-10 Interagency Referral Form
- Other documentation necessary to make a determination regarding the likelihood of Medicare coverage

- 4) The Department shall approve and monitor the total number of cases selected in the Contemporaneous and Retrospective Review models on a project year-to-year basis to determine the appropriate ratio of cases, as directed by the Department that should be selected and appealed annually.
- 5) The Department shall review the feasibility of implementing a new Medicaid billing code for home health agencies to use indicating that prior review by the Contractor has occurred and Medicaid billing is approved.
- 6) The Department shall require home health agencies for its client cases in which the Contractor has approved Medicaid billing, to report to the Contractor whenever the client has a subsequent significant change in medical condition which results in a change of physician orders, or an

emergency room visit, or admission to a hospital of SNF or other event which indicates that Medicare coverage may now be available

- 7) The Department shall hold home health agencies financially liable for the cost of Medicaid services at issue if: 1) the home health agency fails to comply with MMX requirements that results in the inability for a Medicare coverage decision to be made for Medicaid paid services at issue, or 2) a Medicare decision holds the home health agency financially liable for the Medicaid paid services at issue, or 3) the Medicare decision determines that the home health agency failed to issue HHABN, or issued a defective HHABN to the client.
- 8) The Department shall seek approval from the Commissioner, who shall respond to the Contractor within fourteen (14) days of the Contractor's request, if the Contractor determines that an appeal to federal court is appropriate.
- 9) The Department shall respond within thirty (30) days to Contractor inquiries regarding the Home Health Contemporaneous Review MMX Model.

#### c. Contractor and Department Responsibilities

- 1) The Contractor and Department shall meet with the CHCPE and home health agency community to explain requirements associated with this scope of work.
- 2) The Contractor and the Department shall develop a Medicaid cost savings model to capture real and anticipated Medicaid savings resulting from the Contractor's determination and advisement to the access agency and/ or home health agency that clients' services should be billed to Medicare. The cost savings model shall include, but may not be limited to, the service periods and home health modalities.
- 3) The Contractor and the Department shall review the results of the first project years' of up to two hundred (200) contemporaneous, real-time home health client cases to determine how many cases the contractor will perform contemporaneous review in subsequent project years.

### 3.2 Retrospective Review of Home Health Cases

#### a. Contractor Responsibilities

- 1) The Contractor shall implement a Retrospective Review Home Health MMX Model within one hundred-twenty (120) days of contract execution.
- 2) The Contractor shall perform a retrospective review of home health client cases to maximize a dual eligible client's Medicare Home Health benefit for the following Home Health services defined as Medicare covered services at 42 USC §1395x(m) when provided to individuals who are confined to home (as required by 42 USC §1395f(a)(8)) and who need skilled care, as defined by 42 USC §1395f(a)(2)(C).
  - a) Skilled nursing services;
  - b) Home health aide services;
  - c) Physical therapy services;
  - d) Speech-language pathology services;
  - e) Occupational therapy services; and
  - f) Durable medical equipment and medical supplies.
- 3) The Contractor shall perform a retrospective review of Medicaid paid home health services provided to dual eligible clients for service period each year, the period to be determined by the Department and Contractor. Year 1 will be a six month service period.

- 4) The Contractor shall perform in years two (2) through five (5) of the contract, a retrospective review of Medicaid paid home health services provided to dual eligible clients for a period of time to be determined by the Department and the Contractor.
- 5) The Contractor shall perform a retrospective review of Medicaid paid home health services for a specific number of home health client cases annually to be mutually agreed upon by the Department and Contractor.
- 6) The Contractor shall perform a retrospective and contemporaneous home health services review for approximately 3000 client cases, in the aggregate, annually.
- 7) The Contractor shall utilize a High Quality Case Selection Process in selecting home health client cases for retrospective review that results in the greatest likelihood of obtaining Medicare coverage and limiting the administrative work required of the Connecticut Department of Social Services and its provider community.
- 8) The Contractor shall develop and implement a Medicare-homebound screening process to provide home health agencies an opportunity to have a client case removed from its annual case selection because the provider believes the client was not homebound under Medicare coverage criteria and the Contractor agrees with this assessment.
- 9) The Contractor shall not be required to replace a client case that had been removed from an annual case selection as a result of the Medicare-homebound screening process.
- 10) The Contractor shall file a request for a Medicare redetermination with the Medicare Administrative Contractor or Medicare Advantage Plan once it has received a Medicare denial in the form of the initial determination/remittance advice
- 11) The Contractor shall review the redetermination decisions for each home health client case and shall determine whether the case should be appealed to the subsequent levels of appeal in the Medicare Administrative appeals Process: Reconsideration, Administrative Law Judge, and Medicare Appeals Council.

**b. Department Responsibilities**

- 1) The Department shall provide the Contractor with Medicaid home health claims necessary for the Contractor to perform a retrospective review of home health services.
- 2) The Department shall approve the case selection made by the Center in the retrospective review portion of the Home Health MMX.
- 3) The Department shall require home health providers to submit Demand Bills timely for Medicaid home health services selected for either contemporaneous or retrospective review in order that a Medicare coverage decision may be made.
- 4) The Department has the ability to increase or decrease the number of home health contemporaneous and retrospective review client cases annually after consultation with the Contractor.
- 5) The Department shall hold home health agencies financially liable for the cost of Medicaid services at issue if: 1) the home health agency fails to comply with MMX requirements that results in the inability for a Medicare coverage decision to be made for Medicaid paid services at issue, or 2) a Medicare decision holds the home health agency financially liable for the Medicaid paid services at

issue, or 3) the Medicare decision determines that the home health agency failed to issue HHABN, or issued a defective HHABN to the client.

- 6) The Department shall seek approval from the Commissioner, who shall respond to the Contractor within fourteen (14) days of the Contractor's request, if the Contractor determines that an appeal to federal court is appropriate.
- 7) The Department shall respond within thirty (30) days to Contractor inquiries regarding the a Retrospective Review Home Health MMX Model

#### **4. Reporting**

##### **a. Contractor Responsibilities**

- 1) The Contractor shall report, as requested by the Department, Medicaid claims information for client cases selected for Medicare Appeal including but not limited to: client, claim, provider, and/or other data that identifies Medicaid services subject to Medicare Appeal.
- 2) The Contractor shall provide the Department and/or its business agents on a monthly or more frequent basis, as required by the Department, all information necessary to recover Medicaid payments due under the MMX from Medicaid providers, including, but not limited to: SNFs; CDHs; Home Health Agencies; Physical Therapy, Occupational Therapy, and/or Speech-Language Pathology providers; Pharmacies; Access Agencies; Durable Medical Equipment and Goods providers; Medical and Surgical Supply and Orthotic and Prosthetic Devices providers.
- 3) The Contractor shall report to the Department and/or its business agents, as needed, all necessary information including but not limited to: Medicare and/or Medicaid claims, Medicare remittance advice/explanation of benefits, or other coordination of benefits information required for a provider to receive Medicaid reimbursement as a result of a change in a Medicare Part A SNF, CDH, or home health care coverage decision, which either reverses or reduces Medicare coverage, or does not hold the provider liable for the cost or care, or otherwise makes the Connecticut Medicaid Program at risk for the cost of care.
- 4) The Contractor shall report in a frequency to be mutually agreed upon by the Contractor and the Department information that identifies client Medicare appeals that are closed: the legal, clinical, or other reason(s) an appeal was closed and not further pursued, and the Medicaid dollars at issue.

#### **5. Medicaid Provider Changes in Operation**

##### **a. Contractor Responsibilities**

- 1) The Contractor, as directed by the Department, shall coordinate with appropriate Department business units and/or the State of Connecticut Office of the Attorney General in performing Medicare Maximization for dual eligible clients residing in skilled nursing facilities, chronic disease hospitals, or who are receiving home health services where the applicable provider is in bankruptcy, reorganization, dissolution, receivership, change in ownership or other change in business condition that could affect its participation in the MMX.

#### **6. Training, Education, and Customer Service**

##### **a. Contractor Responsibilities**

- 1) The Contractor shall develop and maintain respectful working relationships with the Department, Medicaid providers, CMS, regional and national bodies, CMS contractors, Connecticut dual eligible clients and other entities that may be affected by the MMX.

- 2) The Contractor shall provide up to three (3) training seminars per year for CDH, SNF, CHCPE Access Agency, and home health agency providers regarding the MMX, coordination of Medicare and Medicaid, Medicare coverage and appeals, and Medicare Advance Beneficiary Notice and notice of non-coverage requirements for the respective provider care setting. The training seminar format and content will be mutually agreed upon by the Contractor and the Department. Training Seminars will be performed at a mutually agreed upon site.
- 3) The Contractor, at the Department's request, shall provide background information to assist the Department in providing its own training regarding Medicare coverage.
- 4) The Contractor shall develop and maintain a Frequently Asked Questions (FAQ) section on its website for the respective Medicaid providers affected by the MMX. The FAQ website will allow the Medicaid provider to obtain answers to questions often raised about the MMX, Medicare coverage, payment, claim submissions and appeals.
- 5) The Contractor shall maintain a toll-free line dedicated to MMX Medicaid providers.

#### **7. Traditional Medicare and Medicare Advantage Plan Medicare Maximization**

The Contractor shall perform Medicare Maximization work for the SNF, CDH and Home Health care scope of work for dual eligible clients who have either Traditional Medicare or Medicare Advantage Plan - Medicare eligibility.

#### **D. OTHER CONTRACTOR RESPONSIBILITIES**

1. The Contractor shall work with the designated lead staff from the Department of Social Services Division of Fraud and Recoveries - Third Party Liability Unit to maximize legally appropriate Medicare coverage for dually eligible clients receiving home health, skilled nursing facility and chronic disease hospital services. The Medicare advocacy and Medicaid recovery efforts expected through this contract shall require ongoing collaboration and discussion between the Department and the Contractor with the mutual understanding that the specific process mechanisms employed by the Department and the Contractor may change throughout the term of the contract that may require related changes to implementation of the contract modules.
2. The Contractor shall be cognizant of changes or interpretations of federal or state that may affect dual eligible clients receiving all Medicare coverage to which they are entitled.
3. The Contractor shall leverage and implement automation and technology, wherever possible, to insure that MMX operations between the Department, the provider community, the Medicare System, and other stakeholders are performed most efficiently.
4. The Contractor shall work with the Department in addressing Root Cause Corrective Action business practices, system deficiencies, or other problems inherent to the Department's previous Medicare Maximization work.

#### **E. CONTRACTOR REIMBURSEMENT, COST SAVINGS AND PAYMENT**

##### **1. Reimbursement**

###### **a. SNF and CDH Modules**

- 1) The Contractor shall be reimbursed an all-inclusive rate for each SNF and CDH client-case in which the Contractor has requested a redetermination or reconsideration or has received a SNF Advanced Beneficiary Notice or Hospital Issued Notice of NonCoverage and W-9 from the Department for which it will request to the SNF or CDH to submit a Demand Bill to Medicare.



- 2) The SNF and CDH all-inclusive rate shall be payment for all Medicare Maximization work performed at all levels of the Medicare Administrative Appeals Process.
  - 3) The increase will be effective with the date of the contract (the date when both the Commissioner and the Contractor's Executive Director have signed).
- b. Home Health Care Module - Contemporaneous Review**
- 1) The Contractor shall be reimbursed an all-inclusive rate for each reviewed Home Health client-case.
  - 2) The increase will be effective with the date of the contract (the date when both the Commissioner and the Contractor's Executive Director have signed)
- c. Home Health Care Module - Retrospective Review**
- 1) The Contractor shall be reimbursed an all-inclusive rate for each selected Home Health client-case.
- d. Training**
- 1) The Contractor will provide up to 3 trainings per year, at the discretion of the state, reimbursed at \$18,000 per training.
- 2. Cost Savings**
- a. The Contractor shall be expected to achieve a minimum net cost-benefit ratio savings of at least two Medicaid dollars saved to every contract dollar spent that is a 2 to 1 cost-benefit ratio. Medicaid dollars saved used to calculate cost savings shall include:
    - 1) Medicaid paid services that obtain Medicare coverage; both direct Medicaid paid services subject to the Medicare appeal process and ancillary Medicaid paid services covered under the Medicare benefit.
    - 2) Estimated Medicaid paid services saved in contemporaneous review processes;
    - 3) Medicaid paid services selected for Medicare review in which the provider did not comply with MMX regardless if the services are recovered from the provider or not.
    - 4) MMX requirements resulting in the inability for the Medicaid services at issue to receive a Medicare coverage determination; or
    - 5) Medicaid paid services in which a Medicare coverage determination deems the provider financially liable under Medicare rules, for the Medicaid cost care at issue.
  - b. Actual Medicaid savings based upon Medicaid paid services that obtain Medicare coverage, or Medicaid services in which the provider is financially liable for the cost of care shall be determined by the recoveries made by Department's Medicaid Fiscal Agent HP Enterprises.
  - c. Actual Medicaid savings resulting from Medicaid paid services that obtain Medicare coverage shall be adjusted for any Department required Medicare coinsurance/deductible obligations and Federal Financial Participation (FFP) reimbursement made back to CMS.
  - d. The net cost-benefit ratio shall be applicable to, and calculated in the aggregate, for, all of the three MMX appeal modules.
- 3. Contractor Payments**
- a. Except as otherwise provided herein, for the performance of the services and tasks described herein, based upon review and approval by the Department, and currently assuming 3000 home health and 3700

SNF/CDH client cases per year, and a maximum of 3 trainings per year, the Contractor shall receive a maximum dollar amount not to exceed \$14,273,800.00. Refer to page 20, Budget Page, of this contract. This maximum dollar amount applies only to the contract term and not to any possible extensions.

- b. The Contractor shall be paid a variable per client-case rate for each of the five (5) home health module project years. The Contractor shall be reimbursed annually for the number of retrospective and contemporaneous home health module project client cases it selects in a project year, which are approved by the Department. The Contractor shall receive its annual reimbursement when, for the retrospective cases, it has requested the relevant home health agencies, to submit a Demand Bill(s) to Medicare.
- c. The Contractor may be paid in the same state fiscal budget year for more than one (1) home health module project year.
- d. The Contractor shall credit and refund payment back to the Department the difference between the number of contemporaneous home health client cases initially targeted in a project year for Medicare review, and the actual number of contemporaneous home health client cases in which the Contractor reviewed the minimum client information specified in Chart 1 of this contract, and made a determination in writing to either the access agency or the home health agency that the client services at issue should be billed to either the Medicare or Medicaid Program.
- e. The Contractor shall credit and refund home health module project payment back to the Department from reimbursement to be received in a subsequent project year.
- f. The Contractor shall be paid a variable per client-case rate for each of the five (5) Skilled Nursing Facility and CDH Project years.
- g. The Contractor, under the Medicare appeal procedures utilized in its previous scope of work, shall be reimbursed for each SNF client-case in which the Contractor has received an initial determination or remittance advice from the Department for which the Contractor will request a redetermination or reconsideration with the Medicare Administrative Contractor or Medicare Advantage plan.
- h. The Contractor, with the implementation of the new SNF Project Module, shall be paid for each client-case in which the Contractor has received an Advance Beneficiary Notice from the Department for which the Contractor will request the SNF submit a Demand Bill to Medicare.
- i. The Contractor shall be reimbursed once it has received a Medicare denial in the form of a Hospital Issued Notice of Non-Coverage (HINN), an initial determination, or a remittance advice from the Department, for which the contractor will request a demand bill with the provider, or request a redetermination or reconsideration determination with the Medicare Administrative Contractor or Medicare Advantage plan.
- j. The Contractor shall credit and refund payment back to the Department Skilled Nursing Facility or Chronic Disease Hospital Project Module reimbursement as a result of payment made to the Contractor for estimated work to be performed versus actual work performed, or as a result of payment made due to Contractor clerical errors, omissions, or otherwise incorrect billing that resulted in Contractor overpayment.
- k. All payments to the Contractor will be contingent upon the Department's receipt and approval of an itemized invoice with a detailed description of the work completed. The Contractor shall provide an accurately completed State of Connecticut Department of Social Services Request for Payment - Form W-1270 along with specific deliverable information demonstrating contractor work performed for each MMX Project module. Deliverable information may include, but not be limited to: a Contractor letter certifying work performed, a list identifying client cases, Medicaid services and service periods, and affected providers for which Medicare coverage is being sought.

- I. Payments to the Contractor will be made within thirty (30) days of receipt and approval of an accurately completed Form W-1270 along with specific deliverable information of the work completed.
  
- F. **LIAISON:** Both parties agree to have specifically named liaisons at all times. These representatives of the parties will be the first contacts regarding any questions and problems that arise during implementation and operation of this contract.
  
- G. **NOTICES:** In addition to the persons listed on page 1 of this contract, notices shall be addressed as follows:

**In case of notice(s) to the Department regarding the Scope of Services and Fiscal matters:**

Craig Zimmerman  
Department of Social Services  
25 Sigourney Street  
Hartford, CT 06106  
[craig.zimmerman@ct.gov](mailto:craig.zimmerman@ct.gov)  
(860) 424-5617

Eric Lecko  
Department of Social Services  
25 Sigourney Street  
Hartford, CT 06106  
[eric.lecko@ct.gov](mailto:eric.lecko@ct.gov)  
(860) 424-5977

**BUDGET PAGE**

Contract Year	Home Health Care Module Fee Per Case	Home Health Care Module Total Cases	Home Health Care Module Total Costs	SNF and CDH Module Fee Per Case	SNF and CDH Module Total Cases	SNF and CDH Module Total Costs	MMX Trainings Per Year	MMX Cost Per Training	MMX Total Training Costs	Total Contract Costs
10/01/12 - 06/30/13	\$486	3000	\$1,458,000	\$326	3700	\$1,206,200	3	\$18,000	\$54,000	\$2,718,200
07/01/13 - 06/30/14	\$498	3000	\$1,494,000	\$334	3700	\$1,235,800	3	\$18,000	\$54,000	\$2,783,800
07/01/14 - 06/30/15	\$511	3000	\$1,533,000	\$343	3700	\$1,269,100	3	\$18,000	\$54,000	\$2,856,100
07/01/15 - 06/30/16	\$523	3000	\$1,569,000	\$351	3700	\$1,298,700	3	\$18,000	\$54,000	\$2,921,700
07/01/16 - 06/30/17	\$536	3000	\$1,608,000	\$360	3700	\$1,332,000	3	\$18,000	\$54,000	\$2,994,000
<b>Grand Total</b>		<u>15000</u>	<u>\$7,662,000</u>		<u>18500</u>	<u>\$6,341,800</u>	<u>15</u>		<u>\$270,000</u>	<u>\$14,273,800</u>

## PART II. TERMS AND CONDITIONS

The Contractor shall comply with the following terms and conditions.

A. **Definitions.** Unless otherwise indicated, the following terms shall have the following corresponding definitions:

1. **"Bid"** shall mean a bid submitted in response to a solicitation.
2. **"Breach"** shall mean a party's failure to perform some contracted-for or agreed-upon act, or his failure to comply with a duty imposed by law which is owed to another or to society.
3. **"Cancellation"** shall mean an end to the Contract affected pursuant to a right which the Contract creates due to a Breach.
4. **"Claims"** shall mean all actions, suits, claims, demands, investigations and proceedings of any kind, open, pending or threatened, whether mature, unmatured, contingent, known or unknown, at law or in equity, in any forum.
5. **"Confidential Information"** shall mean any name, number or other information that may be used, alone or in conjunction with any other information, to identify a specific individual including, but not limited to, such individual's name, date of birth, mother's maiden name, motor vehicle operator's license number, Social Security number, employee identification number, employer or taxpayer identification number, alien registration number, government passport number, health insurance identification number, demand deposit account number, savings account number, credit card number, debit card number or unique biometric data such as fingerprint, voice print, retina or iris image, or other unique physical representation. Without limiting the foregoing, Confidential Information shall also include any information that the Department classifies as "confidential" or "restricted." Confidential Information shall not include information that may be lawfully obtained from publicly available sources or from federal, state, or local government records which are lawfully made available to the general public.
6. **"Confidential Information Breach"** shall mean, generally, an instance where an unauthorized person or entity accesses Confidential Information in any manner, including but not limited to the following occurrences: (1) any Confidential Information that is not encrypted or protected is misplaced, lost, stolen or in any way compromised; (2) one or more third parties have had access to or taken control or possession of any Confidential Information that is not encrypted or protected without prior written authorization from the State; (3) the unauthorized acquisition of encrypted or protected Confidential Information together with the confidential process or key that is capable of compromising the integrity of the Confidential Information; or (4) if there is a substantial risk of identity theft or fraud to the client, the Contractor, the Department or State.
7. **"Contract"** shall mean this agreement, as of its effective date, between the Contractor and the State for Services.
8. **"Contractor Parties"** shall mean a Contractor's members, directors, officers, shareholders, partners, managers, principal officers, representatives, agents, servants, consultants, employees or any one of them or any other person or entity with whom the Contractor is in privity of oral or written contract (e.g. subcontractor) and the Contractor intends for such other person or entity to perform under the Contract in any capacity. For the purpose of this Contract, vendors of support services, not otherwise known as human service providers or educators, shall not be considered subcontractors, e.g. lawn care, unless such activity is considered part of a training, vocational or educational program.
9. **"Data"** shall mean all results, technical information and materials developed and/or obtained in the performance of the Services hereunder, including but not limited to all reports, survey and evaluation tools,

surveys and evaluations, plans, charts, recordings (video and/or sound), pictures, curricula, electronically prepared presentations, public awareness or prevention campaign materials, drawings, analyses, graphic representations, computer programs and printouts, notes and memoranda, and documents, whether finished or unfinished, which result from or are prepared in connection with the Services performed hereunder.

10. **“Day”** shall mean all calendar days, other than Saturdays, Sundays and days designated as national or State of Connecticut holidays upon which banks in Connecticut are closed.
11. **“Expiration”** shall mean an end to the Contract due to the completion in full of the mutual performances of the parties or due to the Contract’s term being completed.
12. **“Force Majeure”** shall mean events that materially affect the Services or the time schedule within which to perform and are outside the control of the party asserting that such an event has occurred, including, but not limited to, labor troubles unrelated to the Contractor, failure of or inadequate permanent power, unavoidable casualties, fire not caused by the Contractor, extraordinary weather conditions, disasters, riots, /acts of God, insurrection or war.
13. **“Records”** shall mean all working papers and such other information and materials as may have been accumulated and/or produced by the Contractor in performing the Contract, including but not limited to, documents, data, plans, books, computations, drawings, specifications, notes, reports, records, estimates, summaries and correspondence, kept or stored in any form.
14. **“Services”** shall mean the performance of Services as stated in Part I of this Contract.
15. **“State”** shall mean the State of Connecticut, including any agency, office, department, board, council, commission, institution or other executive branch agency of State Government.
16. **“Termination”** shall mean an end to the Contract affected pursuant to a right which the Contract creates, other than for a Breach.

#### B. Contractor Obligations.

1. **Credits and Rights in Data.** Unless expressly waived in writing by the Agency, all Records and publications intended for public distribution directly resulting from the performances of this Contract shall include a statement acknowledging the financial support of the State and the Agency and, where applicable, the federal government. All such publications shall be released in conformance with applicable federal and state law and all regulations regarding confidentiality. Any liability arising from such a release by the Contractor shall be the sole responsibility of the Contractor and the Contractor shall indemnify and hold harmless the Agency, unless the Agency or its agents co-authored said publication and said release is done with the prior written approval of the Agency Head. All publications directly resulting from this contract shall contain the following statement: “This publication does not express the views of the [insert Agency name] or the State of Connecticut. The views and opinions expressed are those of the authors.” Neither the Contractor nor any of its agents shall copyright Data and information obtained under this Contract, unless expressly previously authorized in writing by the Agency. The Agency shall have the right to publish, duplicate, use and disclose all such Data in any manner, and may authorize others to do so. The Agency may copyright any Data without prior Notice to the Contractor. The Contractor does not assume any responsibility for the use, publication or disclosure solely by the Agency of such Data.
2. **Federal Funds.**
  - (a) The Contractor shall comply with requirements relating to the receipt or use of federal funds. The Agency shall specify all such requirements in Part I of this Contract.

- (b) The Contractor acknowledges that the Agency has established a policy, as mandated by section 6032 of the Deficit Reduction Act (DRA) of 2005, P.L. 109-171, that provides detailed information about the Federal False Claims Act, 31 U.S.C. §§ 3729-3733, and other laws supporting the detection and prevention of fraud and abuse.
- i. Contractor acknowledges that it has received a copy of said policy and shall comply with its terms, as amended, and with all applicable state and federal laws, regulations and rules. Contractor shall provide said policy to subcontractors and shall require compliance with the terms of the policy. Failure to abide by the terms of the policy, as determined by the Agency, shall constitute a Breach of this Contract and may result in cancellation or termination of this Contract.
  - ii. This section applies if, under this Contract, the Contractor or Contractor Parties furnishes, or otherwise authorizes the furnishing of health care items or services, performs billing or coding functions, or is involved in monitoring of health care provided by the Agency.
- (c) Contractor represents that it is not excluded, debarred, suspended or otherwise ineligible to participate in federal health care programs.
- (d) Contractor shall not, for purposes of performing the Contract with the Agency, knowingly employ or contract with, with or without compensation: (A) any individual or entity listed by a federal agency as excluded, debarred, suspended or otherwise ineligible to participate in federal health care programs; or (B) any person or entity who is excluded from contracting with the State of Connecticut or the federal government (as reflected in the General Services Administration List of Parties Excluded from Federal Procurement and Non-Procurement Programs, Department of Health and Human Services, Office of Inspector General (HHS/OIG) Excluded Parties list and the Office of Foreign Assets Control (OFAC) list of Specially Designated Nationals and Blocked Persons List). Contractor shall immediately notify the Agency should it become subject to an investigation or inquiry involving items or services reimbursable under a federal health care program or be listed as ineligible for participation in or to perform Services in connection with such program. The Agency may cancel or terminate this Contract immediately if at any point the Contractor, subcontractor or any of their employees are sanctioned, suspended, excluded from or otherwise become ineligible to participate in federal health care programs.

### 3. Annual Financial Audit; Audit and Inspection of Plants and Places of Business; and Records.

- a. **Financial Audit Requirements.** For purposes of this paragraph, the word "contractor" shall be deemed to mean "nonstate entity," as that term is defined in Section 4-230 of the Connecticut General Statutes. The Contractor shall provide for an annual financial audit acceptable to the Department for any expenditure of state-awarded funds made by the Contractor. Such audit shall include management letters and audit recommendations. The State Auditors of Public Accounts shall have access to all records and accounts for the fiscal year(s) in which the award was made. The Contractor will comply with federal and state single audit standards as applicable.
- b. **Audits and Inspections.**
  - i. The State and its agents, including, but not limited to, the Connecticut Auditors of Public Accounts, Attorney General and State's Attorney and their respective agents, may, at reasonable hours, inspect and examine all of the parts of the Contractor's and Contractor Parties' plants and places of business which, in any way, are related to, or involved in, the performance of this Contract.
  - ii. All audits and inspections described in sections b through h of this section shall be at the State's expense.

- iii. The Contractor shall cooperate fully with the State and its agents in connection with an audit or inspection. Following any audit or inspection, the State may conduct and the Contractor shall cooperate with an exit conference.
  - iv. The State shall make all requests for any audit or inspection in writing and shall provide the Contractor with at least twenty-four (24) hours' notice prior to the requested audit and inspection date. If the State suspects fraud or other abuse, or in the event of an emergency, the State is not obligated to provide any prior notice
  - v. The Contractor shall incorporate this entire Section verbatim into any contract or other agreement that it enters into with any Contractor Party.
- c. **Records.**
- i. The Contractor shall maintain, and shall require each of the Contractor Parties to maintain, accurate and complete Records. The Contractor shall make all of its and the Contractor Parties' Records available at all reasonable hours for audit and inspection by the State and its agents.
  - ii. The Contractor shall keep and preserve or cause to be kept and preserved all of its and Contractor Parties' Records until three (3) years after the latter of (i) final payment under this Agreement, or (ii) the expiration or earlier termination of this Agreement, as the same may be modified for any reason. The State may request an audit or inspection at any time during this period. If any Claim or audit is started before the expiration of this period, the Contractor shall retain or cause to be retained all Records until all Claims or audit findings have been resolved.
4. **Reports.** The Contractor shall provide the Agency with such statistical, financial and programmatic information necessary to monitor and evaluate compliance with the Contract. All requests for such information shall comply with all applicable state and federal confidentiality laws. The Contractor shall provide the Agency with such reports as the Agency requests and as are required by this Contract.
5. **Delinquent Reports.** The Contractor shall submit required reports by the designated due dates as identified in this Contract. After notice to the Contractor and an opportunity for a meeting with an Agency representative, the Agency reserves the right to withhold payments for services performed under this Contract if the Agency has not received acceptable progress reports, expenditure reports, refunds, and/or audits as required by this Contract or previous contracts for similar or equivalent services the Contractor has entered into with the Agency. This section shall survive any Termination of the Contract or the Expiration of its term.
6. **Related Party Transactions.** The Contractor shall report all related party transactions, as defined in this section, to the Agency on an annual basis in the appropriate fiscal report as specified in Part I of this Contract. "Related party" means a person or organization related through marriage, ability to control, ownership, family or business association. Past exercise of influence or control need not be shown, only the potential or ability to directly or indirectly exercise influence or control. "Related party transactions" between a Contractor or Contractor Party and a related party include, but are not limited to:
- a. Real estate sales or leases;
  - b. leases for equipment, vehicles or household furnishings;
  - c. Mortgages, loans and working capital loans; and
  - d. Contracts for management, consultant and professional services as well as for materials, supplies and other services purchased by the Contractor or Contractor Party.
7. **Suspension or Debarment.** In addition to the representations and requirements set forth in Section D.4:



- a. The Contractor certifies for itself and Contractor Parties involved in the administration of federal or state funds that they:
    - i. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any governmental agency (federal, state or local);
    - ii. within a three year period preceding the effective date of this Contract, have not been convicted or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public (federal, state or local) transaction or contract under a public transaction; for violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property;
    - iii. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the above offenses; and
    - iv. Have not within a three year period preceding the effective date of this Contract had one or more public transactions terminated for cause or fault.
  - b. Any change in the above status shall be immediately reported to the Agency.
8. **Subcontracts.** Each Contractor Party's identity, services to be rendered and costs shall be detailed in Part I of this Contract. Absent compliance with this requirement, no Contractor Party may be used or expense paid under this Contract unless expressly otherwise provided in Part I of this Contract. No Contractor Party shall acquire any direct right of payment from the Agency by virtue of this section or any other section of this Contract. The use of Contractor Parties shall not relieve the Contractor of any responsibility or liability under this Contract. The Contractor shall make available copies of all subcontracts to the Agency upon request.
9. **Independent Capacity of Contractor.** The Contractor and Contractor Parties shall act in an independent capacity and not as officers or employees of the state of Connecticut or of the Agency.
10. **Sovereign Immunity.** The parties acknowledge and agree that nothing in the Solicitation or the Contract shall be construed as a modification, compromise or waiver by the State of any rights or defenses of any immunities provided by Federal law or the laws of the State of Connecticut to the State or any of its officers and employees, which they may have had, now have or will have with respect to all matters arising out of the Contract. To the extent that this section conflicts with any other section, this section shall govern.
11. **Indemnification; Insurance.**
- a. The Contractor shall indemnify, defend and hold harmless the State and its officers, representatives, agents, servants, employees, successors and assigns from and against any and all (1) Claims arising, directly or indirectly, in connection with the Contract, including the acts of commission or omission (collectively, the "Acts") of the Contractor or Contractor Parties; and (2) liabilities, damages, losses, costs and expenses, including but not limited to, attorneys' and other professionals' fees, arising, directly or indirectly, in connection with Claims, Acts or the Contract. The Contractor shall use counsel reasonably acceptable to the State in carrying out its obligations under this section. The Contractor's obligations under this section to indemnify, defend and hold harmless against Claims includes Claims concerning confidentiality of any part of or all of the Contractor's bid, proposal or any Records, any intellectual property rights, other proprietary rights of any person or entity, copyrighted or uncopyrighted compositions, secret processes, patented or unpatented inventions, articles or appliances furnished or used in the Performance.

- b. The Contractor shall not be responsible for indemnifying or holding the State harmless from any liability arising due to the negligence of the State or any third party acting under the direct control or supervision of the State.
- c. The Contractor shall reimburse the State for any and all damages to the real or personal property of the State caused by the Acts of the Contractor or any Contractor Parties. The State shall give the Contractor reasonable notice of any such Claims.
- d. The Contractor's duties under this section shall remain fully in effect and binding in accordance with the terms and conditions of the Contract, without being lessened or compromised in any way, even where the Contractor is alleged or is found to have merely contributed in part to the Acts giving rise to the Claims and/or where the State is alleged or is found to have contributed to the Acts giving rise to the Claims.
- e. **Insurance.** The Contractor shall carry and maintain at all times during the term of the Contract, and during the time that any provisions survive the term of the Contract, sufficient general liability insurance to satisfy its obligations under this Contract. The Contractor shall name the State as an additional insured on the policy and shall provide a copy of the policy to the Agency prior to the effective date of the Contract. The Contractor shall not begin Performance until the delivery of the policy to the Agency. The Agency shall be entitled to recover under the insurance policy even if a body of competent jurisdiction determines that the Agency or the State is contributory negligent.
- f. This section shall survive the Termination of the Contract and shall not be limited by reason of any insurance coverage.

## 12. Choice of Law/Choice of Forum, Settlement of Disputes, Claims Against the State.

- a. The Contract shall be deemed to have been made in the City of Hartford, State of Connecticut. Both Parties agree that it is fair and reasonable for the validity and construction of the Contract to be, and it shall be, governed by the laws and court decisions of the State of Connecticut, without giving effect to its principles of conflicts of laws. To the extent that any immunities provided by federal law or the laws of the State of Connecticut do not bar an action against the State, and to the extent that these courts are courts of competent jurisdiction, for the purpose of venue, the complaint shall be made returnable to the Judicial District of Hartford only or shall be brought in the United States District Court for the District of Connecticut only, and shall not be transferred to any other court, provided, however, that nothing here constitutes a waiver or compromise of the sovereign immunity of the State of Connecticut. The Contractor waives any objection which it may now have or will have to the laying of venue of any Claims in any forum and further irrevocably submits to such jurisdiction in any suit, action or proceeding.
- b. Any dispute concerning the interpretation or application of this Contract shall be decided by the Agency Head or his/her designee whose decision shall be final, subject to any rights the Contractor may have pursuant to state law. In appealing a dispute to the Agency Head pursuant to this section, the Contractor shall be afforded an opportunity to be heard and to offer evidence in support of its appeal. Pending final resolution of a dispute, the Contractor and the Agency shall proceed diligently with the performance of the Contract.
- c. The Contractor agrees that the sole and exclusive means for the presentation of any claim against the State arising from this Contract shall be in accordance with Title 4, Chapter 53 of the Connecticut General Statutes (Claims Against the State) and the Contractor further agrees not to initiate legal proceedings, except as authorized by that Chapter, in any state or federal court in addition to or in lieu of said Chapter 53 proceedings.

## 13. Litigation.

- a. The Contractor shall require that all Contractor Parties, as appropriate, disclose to the Contractor, to the best of their knowledge, any Claims involving the Contractor Parties that might reasonably be expected to materially adversely affect their businesses, operations, assets, properties, financial stability, business prospects or ability to perform fully under the Contract, no later than ten (10) days after becoming aware or after they should have become aware of any such Claims. Disclosure shall be in writing.
  - b. The Contractor shall provide written Notice to the Agency of any final decision by any tribunal or state or federal agency or court which is adverse to the Contractor or which results in a settlement, compromise or claim or agreement of any kind for any action or proceeding brought against the Contractor or its employee or agent under the Americans with Disabilities Act of 1990 as revised or amended from time to time, Executive Orders Nos. 3 & 17 of Governor Thomas J. Meskill and any other requirements of federal or state law concerning equal employment opportunities or nondiscriminatory practices.
- 14. Compliance with Law and Policy, Facility Standards and Licensing.** Contractor shall comply with all:
- a. pertinent local, state and federal laws and regulations as well as Agency policies and procedures applicable to contractor's programs as specified in this Contract. The Agency shall notify the Contractor of any applicable new or revised laws, regulations, policies or procedures which the Agency has responsibility to promulgate or enforce; and
  - b. applicable local, state and federal licensing, zoning, building, health, fire and safety regulations or ordinances, as well as standards and criteria of pertinent state and federal authorities. Unless otherwise provided by law, the Contractor is not relieved of compliance while formally contesting the authority to require such standards, regulations, statutes, ordinance or criteria.
- 15. Representations and Warranties.** Contractor shall:
- a. perform fully under the Contract;
  - b. pay for and/or secure all permits, licenses and fees and give all required or appropriate notices with respect to the provision of Services as described in Part I of this Contract; and
  - c. adhere to all contractual sections ensuring the confidentiality of all Records that the Contractor has access to and are exempt from disclosure under the State's Freedom of Information Act or other applicable law.
- 16. Protection of Confidential Information**
- a. Contractor and Contractor Parties, at their own expense, have a duty to and shall protect from a Confidential Information Breach any and all Confidential Information which they come to possess or control, wherever and however stored or maintained, in a commercially reasonable manner in accordance with current industry standards.
  - b. Each Contractor or Contractor Party shall develop, implement and maintain a comprehensive data - security program for the protection of Confidential Information. The safeguards contained in such program shall be consistent with and comply with the safeguards for protection of Confidential Information, and information of a similar character, as set forth in all applicable federal and state law and written policy of the Department or State concerning the confidentiality of Confidential Information. Such data-security program shall include, but not be limited to, the following:

- i. A security policy for employees related to the storage, access and transportation of data containing Confidential Information;
  - ii. Reasonable restrictions on access to records containing Confidential Information, including access to any locked storage where such records are kept;
  - iii. A process for reviewing policies and security measures at least annually;
  - iv. Creating secure access controls to Confidential Information, including but not limited to passwords; and
  - v. Encrypting of Confidential Information that is stored on laptops, portable devices or being transmitted electronically.
- c. The Contractor and Contractor Parties shall notify the Department and the Connecticut Office of the Attorney General as soon as practical, but no later than twenty-four (24) hours, after they become aware of or suspect that any Confidential Information which Contractor or Contractor Parties have come to possess or control has been subject to a Confidential Information Breach. If a Confidential Information Breach has occurred, the Contractor shall, within three (3) business days after the notification, present a credit monitoring and protection plan to the Commissioner of Administrative Services, the Department and the Connecticut Office of the Attorney General, for review and approval. Such credit monitoring or protection plan shall be made available by the Contractor at its own cost and expense to all individuals affected by the Confidential Information Breach. Such credit monitoring or protection plan shall include, but is not limited to reimbursement for the cost of placing and lifting one (1) security freeze per credit file pursuant to Connecticut General Statutes § 36a-701a. Such credit monitoring or protection plans shall be approved by the State in accordance with this Section and shall cover a length of time commensurate with the circumstances of the Confidential Information Breach. The Contractors' costs and expenses for the credit monitoring and protection plan shall not be recoverable from the Department, any State of Connecticut entity or any affected individuals.
- d. The Contractor shall incorporate the requirements of this Section in all subcontracts requiring each Contractor Party to safeguard Confidential Information in the same manner as provided for in this Section.
- e. Nothing in this Section shall supersede in any manner Contractor's or Contractor Party's obligations pursuant to HIPAA or the provisions of this Contract concerning the obligations of the Contractor as a Business Associate of the Department.

**C. Changes to the Contract, Termination, Cancellation and Expiration.**

**1. Contract Amendment.**

- (a) No amendment to or modification or other alteration of this Contract shall be valid or binding upon the parties unless made in writing, signed by the parties and, if applicable, approved by the OAG.
- (b) The Agency may amend this Contract to reduce the contracted amount of compensation if:
  - (1) the total amount budgeted by the State for the operation of the Agency or Services provided under the program is reduced or made unavailable in any way; or
  - (2) federal funding reduction results in reallocation of funds within the Agency.
- (c) If the Agency decides to reduce the compensation, the Agency shall send written Notice to the Contractor. Within twenty (20) Days of the Contractor's receipt of the Notice, the Contractor and the Agency shall negotiate the implementation of the reduction of compensation unless the parties mutually agree that such negotiations would be futile. If the parties fail to negotiate an implementation schedule,

then the Agency or the Contractor may terminate the Contract effective no earlier than sixty (60) Days from the date that the terminating party, provides written notification of termination and the date that work under this Contract shall cease.

## 2. Contractor Changes and Assignment.

- (a) The Contractor shall notify the Agency in writing:
- (1) at least ninety (90) days prior to the effective date of any fundamental changes in the Contractor's corporate status, including merger, acquisition, transfer of assets, and any change in fiduciary responsibility;
  - (2) no later than ten (10) days from the effective date of any change in:
    - (A) its certificate of incorporation or other organizational document;
    - (B) more than a controlling interest in the ownership of the Contractor; or
    - (C) the individual(s) in charge of the performance.
- (b) No such change shall relieve the Contractor of any responsibility for the accuracy and completeness of the performance. The Agency, after receiving written Notice from the Contractor of any such change, may require such contracts, releases and other instruments evidencing, to the Agency's satisfaction, that any individuals retiring or otherwise separating from the Contractor have been compensated in full or that allowance has been made for compensation in full, for all work performed under terms of the Contract. The Contractor shall deliver such documents to the Agency in accordance with the terms of the Agency's written request. The Agency may also require, and the Contractor shall deliver, a financial statement showing that solvency of the Contractor is maintained. The death of any Contractor Party, as applicable, shall not release the Contractor from the obligation to perform under the Contract; the surviving Contractor Parties, as appropriate, must continue to perform under the Contract until performance is fully completed.
- (c) **Assignment.** The Contractor shall not assign any of its rights or obligations under the Contract, voluntarily or otherwise, in any manner without the prior written consent of the Agency.
- (1) The Contractor shall comply with requests for documentation deemed to be appropriate by the Agency in considering whether to consent to such assignment.
  - (2) The Agency shall notify the Contractor of its decision no later than forty-five (45) Days from the date the Agency receives all requested documentation.
  - (3) The Agency may void any assignment made without the Agency's consent and deem such assignment to be in violation of this Section and to be in Breach of the Contract. Any cancellation of this Contract by the Agency for a Breach shall be without prejudice to the Agency's or the State's rights or possible claims against the Contractor.

## 3. Breach.

- (a) If either party Breaches this Contract in any respect, the non-breaching party shall provide written notice of the Breach to the breaching party and afford the breaching party an opportunity to cure within ten (10) Days from the date that the breaching party receives the notice. In the case of a Contractor Breach, the Agency may modify the ten (10) day cure period in the notice of Breach. The right to cure period shall be extended if the non-breaching party is satisfied that the breaching party is making a good faith effort to cure, but the nature of the Breach is such that it cannot be cured

within the right to cure period. The Notice may include an effective Contract cancellation date if the Breach is not cured by the stated date and, unless otherwise modified by the non-breaching party in writing prior to the cancellation date, no further action shall be required of any party to effect the cancellation as of the stated date. If the notice does not set forth an effective Contract cancellation date, then the non-breaching party may cancel the Contract by giving the breaching party no less than twenty four (24) hours' prior written Notice after the expiration of the cure period.

- (b) If the Agency believes that the Contractor has not performed according to the Contract, the Agency may,
  - (1) withhold payment in whole or in part pending resolution of the performance issue, provided that the Agency notifies the Contractor in writing prior to the date that the payment would have been due in accordance with the budget;
  - (2) temporarily discontinue all or part of the Services to be provided under the Contract;
  - (3) permanently discontinue part of the Services to be provided under the Contract;
  - (4) assign appropriate State personnel to provide contracted for Services to assure continued performance under the Contract until such time as the contractual Breach has been corrected to the satisfaction of the Agency;
  - (5) require that contract funding be used to enter into a subcontract with a person or persons designated by the Agency in order to bring the program into contractual compliance;
  - (6) take such other actions of any nature whatsoever as may be deemed appropriate for the best interests of the State or the program(s) provided under this Contract or both; or
  - (7) any combination of the above actions.
- (c) The Contractor shall return all unexpended funds to the Agency no later than thirty (30) calendar days after the Contractor receives a demand from the Agency.
- (d) In addition to the rights and remedies granted to the Agency by this Contract, the Agency shall have all other rights and remedies granted to it by law in the event of Breach of or default by the Contractor under the terms of this Contract.
- (e) The action of the Agency shall be considered final. If at any step in this process the Contractor fails to comply with the procedure and, as applicable, the mutually agreed plan of correction, the Agency may proceed with Breach remedies as listed under this section.
- (f) **Non-enforcement Not to Constitute Waiver of Breach.** No waiver of any Breach of the Contract shall be interpreted or deemed to be a waiver of any other or subsequent Breach. All remedies afforded in the Contract shall be taken and construed as cumulative, that is, in addition to every other remedy provided in the Contract or at law or in equity. A party's failure to insist on strict performance of any section of the Contract shall only be deemed to be a waiver of rights and remedies concerning that specific instance of performance and shall not be deemed to be a waiver of any subsequent rights, remedies or Breach.

#### 4. Ending the Contractual Relationship; Termination.

- a. This Contract shall remain in full force and effect for the duration of its entire term or until such time as it is terminated earlier by either party or cancelled.
- b. If this Contract is terminated for any reason, cancelled or it expires in accordance with its term, the Contractor shall do and perform all things which the Agency determines to be necessary or appropriate

to assist in the orderly cessation of Services it performs under this Contract. In order to complete such transfer and wind down the performance, and only to the extent necessary or appropriate, if such activities are expected to take place beyond the stated end of the Contract term then the Contract shall be deemed to have been automatically extended by the mutual consent of the parties prior to its expiration without any affirmative act of either party, including executing an amendment to the Contract to extend the term, but only until the transfer and winding down are complete.

c. **Termination.**

- i. Notwithstanding any provisions in this Contract, the Agency, through a duly authorized employee, may Terminate the Contract whenever the Agency makes a written determination that such Termination is in the best interests of the State. The Agency shall notify the Contractor in writing of Termination pursuant to this section, which notice shall specify the effective date of Termination and the extent to which the Contractor must complete its Performance under the Contract prior to such date.
- ii. The Agency may terminate the Contract at any time without prior notice when the funding for the Contract is no longer available.
- iii. In the best interest of the Contractor, through a duly authorized employee, may terminate the Contract whenever the Contractor makes a written determination that such termination is in the best interests of the Contractor. The Contractor shall notify the Agency in writing of termination pursuant to this section.
- iv. Notwithstanding any provisions in this Contract, the Agency, through a duly authorized employee, may, after making a written determination that the Contractor has breached the Contract, Terminate the Contract in accordance with the provisions in the Breach section of this Contract.
- v. Notwithstanding any provisions in this Contract, the Agency may immediately terminate or cancel this Contract in the event that the Contractor or any subcontractors becomes financially unstable to the point of threatening its ability to conduct the services required under this Contract, ceases to conduct business in the normal course, makes a general assignment for the benefit of creditors, suffers or permits the appointment of a receiver for its business or its assets.
- vi. Such Notice of Termination shall be sent in accordance with the Notice provision contained on page 1 of this Contract. Upon receiving the notice from the Agency, the Contractor shall immediately discontinue all services affected in accordance with the notice, undertake all commercially reasonable efforts to mitigate any losses or damages, and deliver to the Agency all Records. The Records are deemed to be the property of the Agency and the Contractor shall deliver them to the Agency no later than thirty (30) days after the Termination of the Contract or fifteen (15) days after the Contractor receives a written request from the Agency for the Records. The Contractor shall deliver those Records that exist in electronic, magnetic or other intangible form in a non-proprietary format, such as, but not limited to, ASCII or .TXT.
- vii. Upon receipt of a written notice of Termination from the Agency, the Contractor shall cease operations as the Agency directs in the notice, and take all actions that are necessary or appropriate, or that the Agency may reasonably direct, for the protection, and preservation of the Goods and any other property. Except for any work which the Agency directs the Contractor to Perform in the notice prior to the effective date of Termination, and except as otherwise provided in the notice, the Contractor shall terminate or conclude all existing subcontracts and purchase orders and shall not enter into any further subcontracts, purchase orders or commitments.

- viii. The Contractor shall return to the Agency any funds not expended in accordance with the terms and conditions of the Contract and, if the Contractor fails to do so upon demand, the Agency may recoup said funds from any future payments owing under this Contract or any other contract between the State and the Contractor. Allowable costs, as detailed in audit findings, incurred until the date of termination or cancellation for operation or transition of program(s) under this Contract shall not be subject to recoupment.
  - ix. The Agency shall, within forty-five (45) days of the effective date of Termination, reimburse the Contractor for its Performance rendered and accepted by the Agency in accordance with Part I in addition to all actual and reasonable costs incurred after Termination in completing those portions of the Performance which the notice required the Contractor to complete. However, the Contractor is not entitled to receive and the Agency is not obligated to tender to the Contractor any payments for anticipated or lost profits. Upon request by the Agency, the Contractor shall assign to the Agency, or any replacement contractor which the Agency designates, all subcontracts, purchase orders and other commitments, deliver to the Agency all Records and other information pertaining to its Performance, and remove from State premises, whether leased or owned, all of Contractor's property, equipment, waste material and rubbish related to its Performance, all as the Agency may request.
  - x. For breach or violation of any of the provisions in the section concerning Representations and Warranties, the Agency may terminate the Contract in accordance with its terms and revoke any consents to assignments given as if the assignments had never been requested or consented to, without liability to the Contractor or Contractor Parties or any third party.
  - xi. Upon Termination of the Contract, all rights and obligations shall be null and void, so that no party shall have any further rights or obligations to any other party, except with respect to the sections which survive Termination. All representations, warranties, agreements and rights of the parties under the Contract shall survive such Termination to the extent not otherwise limited in the Contract and without each one of them having to be specifically mentioned in the Contract.
  - xii. Termination of the Contract pursuant to this section shall not be deemed to be a breach of contract by the Agency or the Contractor.
- d. **Transition after Termination or Expiration of Contract.**
- i. If this Contract is terminated for any reason or it expires in accordance with its term, the Contractor shall do and perform all things which the Agency determines to be necessary or appropriate to assist in the orderly cessation of Services it performs under this Contract. In order to complete such transfer and wind down the performance, and only to the extent necessary or appropriate, if such activities are expected to take place beyond the stated end of the Contract term then the Contract shall be deemed to have been automatically extended by the mutual consent of the parties prior to its expiration without any affirmative act of either party, including executing an amendment to the Contract to extend the term, but only until the transfer and winding down are complete.
  - ii. If this Contract is terminated, cancelled or not renewed, the Contractor shall return to the Agency any equipment, deposits or down payments made or purchased with start-up funds or other funds specifically designated for such purpose under this Contract in accordance with the written instructions from the Agency in accordance with the Notice provision of this Contract. Written instructions shall include, but not be limited to, a description of the equipment to be returned, where the equipment shall be returned to and who is responsible to pay for the delivery/shipping costs. Unless the Agency specifies a shorter time frame in the letter of instructions, the Contractor shall affect the returns to the Agency no later than sixty (60) days from the date that the Contractor receives Notice.



**D. Statutory and Regulatory Compliance.**

1. **Americans with Disabilities Act.** The Contractor shall be and remain in compliance with the Americans with Disabilities Act of 1990 (<http://www.ada.gov/>) as amended from time to time ("Act") to the extent applicable, during the term of the Contract. The Agency may cancel or terminate this Contract if the Contractor fails to comply with the Act. The Contractor represents that it is familiar with the terms of this Act and that it is in compliance with the law. The Contractor warrants that it shall hold the State harmless from any liability which may be imposed upon the state as a result of any failure of the Contractor to be in compliance with this Act. As applicable, the Contractor shall comply with section 504 of the Federal Rehabilitation Act of 1973, as amended from time to time, 29 U.S.C. § 794 (Supp. 1993), regarding access to programs and facilities by people with disabilities.
2. **Utilization of Minority Business Enterprises.** The Contractor shall perform under this Contract in accordance with 45 C.F.R. Part 74; and, as applicable, C.G.S. §§ 4a-60 to 4a-60a and 4a-60g to carry out this policy in the award of any subcontracts.
3. **Non-discrimination.**
  - a. For purposes of this Section, the following terms are defined as follows:
    - (1) "Commission" means the Commission on Human Rights and Opportunities;
    - (2) "Contract" and "contract" include any extension or modification of the Contract or contract;
    - (3) "Contractor" and "contractor" include any successors or assigns of the Contractor or contractor;
    - (4) "Gender identity or expression" means a person's gender-related identity, appearance or behavior, whether or not that gender-related identity, appearance or behavior is different from that traditionally associated with the person's physiology or assigned sex at birth, which gender-related identity can be shown by providing evidence including, but not limited to, medical history, care or treatment of the gender-related identity, consistent and uniform assertion of the gender-related identity or any other evidence that the gender-related identity is sincerely held, part of a person's core identity or not being asserted for an improper purpose.
    - (5) "good faith" means that degree of diligence which a reasonable person would exercise in the performance of legal duties and obligations;
    - (6) "good faith efforts" shall include, but not be limited to, those reasonable initial efforts necessary to comply with statutory or regulatory requirements and additional or substituted efforts when it is determined that such initial efforts will not be sufficient to comply with such requirements;
    - (7) "marital status" means being single, married as recognized by the State of Connecticut, widowed, separated or divorced;
    - (8) "mental disability" means one or more mental disorders, as defined in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders", or a record of or regarding a person as having one or more such disorders;
    - (9) "minority business enterprise" means any small contractor or supplier of materials fifty-one percent or more of the capital stock, if any, or assets of which is owned by a person or persons: (1) who are active in the daily affairs of the enterprise, (2) who have the power to direct the management and policies of the enterprise, and (3) who are members of a minority, as such term is defined in subsection (a) of Connecticut General Statutes § 32-9n; and
    - (10) "public works contract" means any agreement between any individual, firm or corporation and the State or any political subdivision of the State other than a municipality for construction, rehabilitation, conversion, extension, demolition or repair of a public building, highway or other changes or improvements in real property, or which is financed in whole or in part by the State, including, but not limited to, matching expenditures, grants, loans, insurance or guarantees.

For purposes of this Section, the terms "Contract" and "contract" do not include a contract where each contractor is (1) a political subdivision of the state, including, but not limited to, a municipality, (2) a quasi-public agency, as defined in Conn. Gen. Stat. Section 1-120, (3) any other state, including but not limited to any federally recognized Indian tribal governments, as defined in Conn. Gen. Stat. Section 1-267, (4) the federal government, (5) a foreign government, or (6) an agency of a subdivision, agency, state or government described in the immediately preceding enumerated items (1), (2), (3), (4) or (5).

- b.
- i. The Contractor agrees and warrants that in the performance of the Contract such Contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status, national origin, ancestry, sex, gender identity or expression, mental retardation, mental disability or physical disability, including, but not limited to, blindness, unless it is shown by such Contractor that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or of the State of Connecticut; and the Contractor further agrees to take affirmative action to insure that applicants with job-related qualifications are employed and that employees are treated when employed without regard to their race, color, religious creed, age, marital status, national origin, ancestry, sex, gender identity or expression, mental retardation, mental disability or physical disability, including, but not limited to, blindness, unless it is shown by the Contractor that such disability prevents performance of the work involved;
  - ii. the Contractor agrees, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, to state that it is an "affirmative action-equal opportunity employer" in accordance with regulations adopted by the Commission;
  - iii. the Contractor agrees to provide each labor union or representative of workers with which the Contractor has a collective bargaining Agreement or other contract or understanding and each vendor with which the Contractor has a contract or understanding, a notice to be provided by the Commission, advising the labor union or workers' representative of the Contractor's commitments under this section and to post copies of the notice in conspicuous places available to employees and applicants for employment;
  - iv. the Contractor agrees to comply with each provision of this Section and Connecticut General Statutes §§ 46a-68e and 46a-68f and with each regulation or relevant order issued by said Commission pursuant to Connecticut General Statutes §§ 46a-56, 46a-68e and 46a-68f; and
  - v. the Contractor agrees to provide the Commission on Human Rights and Opportunities with such information requested by the Commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the Contractor as relate to the provisions of this Section and Connecticut General Statutes § 46a-56. If the contract is a public works contract, the Contractor agrees and warrants that he will make good faith efforts to employ minority business enterprises as subcontractors and suppliers of materials on such public works projects.
- (c) Determination of the Contractor's good faith efforts shall include, but shall not be limited to, the following factors: The Contractor's employment and subcontracting policies, patterns and practices; affirmative advertising, recruitment and training; technical assistance activities and such other reasonable activities or efforts as the Commission may prescribe that are designed to ensure the participation of minority business enterprises in public works projects.
- (d) The Contractor shall develop and maintain adequate documentation, in a manner prescribed by the Commission, of its good faith efforts.

- (e) The Contractor shall include the provisions of subsection (b) of this Section in every subcontract or purchase order entered into in order to fulfill any obligation of a contract with the State and such provisions shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the Commission. The Contractor shall take such action with respect to any such subcontract or purchase order as the Commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with Connecticut General Statutes §46a-56; provided if such Contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the Commission, the Contractor may request the State of Connecticut to enter into any such litigation or negotiation prior thereto to protect the interests of the State and the State may so enter.
- (f) The Contractor agrees to comply with the regulations referred to in this Section as they exist on the date of this Contract and as they may be adopted or amended from time to time during the term of this Contract and any amendments thereto.
- (g)
- (1) The Contractor agrees and warrants that in the performance of the Contract such Contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of sexual orientation, in any manner prohibited by the laws of the United States or the State of Connecticut, and that employees are treated when employed without regard to their sexual orientation;
  - (2) the Contractor agrees to provide each labor union or representative of workers with which such Contractor has a collective bargaining Agreement or other contract or understanding and each vendor with which such Contractor has a contract or understanding, a notice to be provided by the Commission on Human Rights and Opportunities advising the labor union or workers' representative of the Contractor's commitments under this section, and to post copies of the notice in conspicuous places available to employees and applicants for employment;
  - (3) the Contractor agrees to comply with each provision of this section and with each regulation or relevant order issued by said Commission pursuant to Connecticut General Statutes § 46a-56; and
  - (4) the Contractor agrees to provide the Commission on Human Rights and Opportunities with such information requested by the Commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the Contractor which relate to the provisions of this Section and Connecticut General Statutes § 46a-56.
- (h) The Contractor shall include the provisions of the foregoing paragraph in every subcontract or purchase order entered into in order to fulfill any obligation of a contract with the State and such provisions shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the Commission. The Contractor shall take such action with respect to any such subcontract or purchase order as the Commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with Connecticut General Statutes § 46a-56; provided, if such Contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the Commission, the Contractor may request the State of Connecticut to enter into any such litigation or negotiation prior thereto to protect the interests of the State and the State may so enter.
4. **Executive Orders.** This Contract is subject to the provisions of Executive Order No. Three of Governor Thomas J. Meskill, promulgated June 16, 1971, concerning labor employment practices, Executive Order No. Seventeen of Governor Thomas J. Meskill, promulgated February 15, 1973, concerning the listing of employment openings and Executive Order No. Sixteen of Governor John G. Rowland promulgated August 4, 1999, concerning violence in the workplace, all of which are incorporated into and are made a part of the Contract as if they had been fully set forth in it. The Contract may also be subject to the applicable parts of Executive Order No. 7C of Governor M. Jodi Rell, promulgated July 13, 2006, concerning contracting reforms and Executive Order No. 14 of

Governor M. Jodi Rell, promulgated April 17, 2006, concerning procurement of cleaning products and services, in accordance with their respective terms and conditions. If Executive Orders 7C and 14 are applicable, they are deemed to be incorporated into and are made a part of the Contract as if they had been fully set forth in it. At the Contractor's request, the Department shall provide a copy of these orders to the Contractor. .

5. **Campaign Contribution Restrictions.** For all State contracts as defined in C.G.S. § 9-612(g) the authorized signatory to this Contract expressly acknowledges receipt of the State Elections Enforcement Commission's ("SEEC") notice advising state contractors of state campaign contribution and solicitation prohibitions, and will inform its principals of the contents of the notice reproduced below:

[http://www.ct.gov/seec/lib/seec/forms/contractor\\_reporting/\\_seec\\_form\\_11\\_notice\\_only.pdf](http://www.ct.gov/seec/lib/seec/forms/contractor_reporting/_seec_form_11_notice_only.pdf)

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
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 Page 1 of 2



**Notice to Executive Branch State Contractors and Prospective State Contractors of Campaign Contribution and Solicitation Limitations**

This notice is provided under the authority of Connecticut General Statutes §9-612(g)(2), as amended by P.A. 10-1, and is for the purpose of informing state contractors and prospective state contractors of the following law (italicized words are defined on the reverse side of this page).

**CAMPAIGN CONTRIBUTION AND SOLICITATION LIMITATIONS**

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

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

On and after January 1, 2011, no state contractor, prospective state contractor, principal of a state contractor or principal of a prospective state contractor, with regard to a state contract or state contract solicitation with or from a state agency in the executive branch or a quasi-public agency or a holder, or principal of a holder of a valid prequalification certificate, shall knowingly solicit contributions from the state contractor's or prospective state contractor's employees or from a subcontractor or principals of the subcontractor on behalf of (i) an exploratory committee or candidate committee established by a candidate for nomination or election to the office of Governor, Lieutenant Governor, Attorney General, State Comptroller, Secretary of the State or State Treasurer, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee.

**DUTY TO INFORM**

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

**PENALTIES FOR VIOLATIONS**

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

**Civil penalties**—Up to \$2,000 or twice the amount of the prohibited contribution, whichever is greater, against a principal or a contractor. Any state contractor or prospective state contractor which fails to make reasonable efforts to comply with the provisions requiring notice to its principals of these prohibitions and the possible consequences of their violations may also be subject to civil penalties of up to \$2,000 or twice the amount of the prohibited contributions made by their principals.

**Criminal penalties**—Any knowing and willful violation of the prohibition is a Class D felony, which may subject the violator to imprisonment of not more than 5 years, or not more than \$5,000 in fines, or both.

**CONTRACT CONSEQUENCES**

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

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

The State shall not award any other state contract to anyone found in violation of the above prohibitions for a period of one year after the election for which such contribution is made or solicited, unless the State Elections Enforcement Commission determines that mitigating circumstances exist concerning such violation.

Additional information may be found on the website of the State Elections Enforcement Commission, [www.ct.gov/seec](http://www.ct.gov/seec). Click on the link to "Lobbyist/Contractor Limitations."



## DEFINITIONS

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

"Prospective state contractor" means a person, business entity or nonprofit organization that (i) submits a response to a state contract solicitation by the state, a state agency or a quasi-public agency, or a proposal in response to a request for proposals by the state, a state agency or a quasi-public agency, until the contract has been entered into, or (ii) holds a valid prequalification certificate issued by the Commissioner of Administrative Services under section 4a-100. "Prospective state contractor" does not include a municipality or any other political subdivision of the state, including any entities or associations duly created by the municipality or political subdivision exclusively amongst themselves to further any purpose authorized by statute or charter, or an employee in the executive or legislative branch of state government or a quasi-public agency, whether in the classified or unclassified service and full or part-time, and only in such person's capacity as a state or quasi-public agency employee.

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

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

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

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

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

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

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

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

**6. Health Insurance Portability and Accountability Act of 1996.**

- (a) If the Contactor is a Business Associate under the requirements of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), the Contractor must comply with all terms and conditions of this Section of the Contract. If the Contractor is not a Business Associate under HIPAA, this Section of the Contract does not apply to the Contractor for this Contract.
- (b) The Contractor is required to safeguard the use, publication and disclosure of information on all applicants for, and all clients who receive, services under the Contract in accordance with all applicable federal and state law regarding confidentiality, which includes but is not limited to HIPAA, more specifically with the Privacy and Security Rules at 45 C.F.R. Part 160 and Part 164, subparts A, C, and E; and
- (c) The State of Connecticut Agency named on page 1 of this Contract (“Agency”) is a “covered entity” as that term is defined in 45 C.F.R. § 160.103; and
- (d) The Contractor, on behalf of the Agency, performs functions that involve the use or disclosure of “individually identifiable health information,” as that term is defined in 45 C.F.R. § 160.103; and
- (e) The Contractor is a “business associate” of the Agency, as that term is defined in 45 C.F.R. § 160.103; and
- (f) The Contractor and the Agency agree to the following in order to secure compliance with the HIPAA, the requirements of Subtitle D of the Health Information Technology for Economic and Clinical Health Act (“HITECH Act”), (Pub. L. 111-5, §§ 13400 to 13423), and more specifically with the Privacy and Security Rules at 45 C.F.R. Part 160 and Part 164, subparts A, C, and E.
- (g) Definitions
  - (1) “Breach” shall have the same meaning as the term is defined in section 13400 of the HITECH Act (42 U.S.C. § 17921(1)).
  - (2) “Business Associate” shall mean the Contractor.
  - (3) “Covered Entity” shall mean the Agency of the State of Connecticut named on page 1 of this Contract.
  - (4) “Designated Record Set” shall have the same meaning as the term “designated record set” in 45 C.F.R. § 164.501.
  - (5) “Electronic Health Record” shall have the same meaning as the term is defined in section 13400 of the HITECH Act (42 U.S.C. § 17921(5)).
  - (6) “Individual” shall have the same meaning as the term “individual” in 45 C.F.R. § 160.103 and shall include a person who qualifies as a personal representative as defined in 45 C.F.R. § 164.502(g).
  - (7) “Privacy Rule” shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. part 160 and part 164, subparts A and F.
  - (8) “Protected Health Information” or “PHI” shall have the same meaning as the term “protected health information” in 45 C.F.R. § 160.103, limited to information created or received by the Business Associate from or on behalf of the Covered Entity.

- (9) "Required by Law" shall have the same meaning as the term "required by law" in 45 C.F.R. § 164.103.
  - (10) "Secretary" shall mean the Secretary of the Department of Health and Human Services or his designee.
  - (11) "More stringent" shall have the same meaning as the term "more stringent" in 45 C.F.R. § 160.202.
  - (12) "This Section of the Contract" refers to the HIPAA Provisions stated herein, in their entirety.
  - (13) "Security Incident" shall have the same meaning as the term "security incident" in 45 C.F.R. § 164.304.
  - (14) "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. part 160 and part 164, subpart A and C.
  - (15) "Unsecured protected health information" shall have the same meaning as the term as defined in section 13402(h)(1)(A) of HITECH. Act. (42 U.S.C. §17932(h)(1)(A)).
- (h) Obligations and Activities of Business Associates.
- (1) Business Associate agrees not to use or disclose PHI other than as permitted or required by this Section of the Contract or as Required by Law.
  - (2) Business Associate agrees to use appropriate safeguards to prevent use or disclosure of PHI other than as provided for in this Section of the Contract.
  - (3) Business Associate agrees to use administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of electronic protected health information that it creates, receives, maintains, or transmits on behalf of the Covered Entity.
  - (4) Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate of a use or disclosure of PHI by Business Associate in violation of this Section of the Contract.
  - (5) Business Associate agrees to report to Covered Entity any use or disclosure of PHI not provided for by this Section of the Contract or any security incident of which it becomes aware.
  - (6) Business Associate agrees to insure that any agent, including a subcontractor, to whom it provides PHI received from, or created or received by Business Associate, on behalf of the Covered Entity, agrees to the same restrictions and conditions that apply through this Section of the Contract to Business Associate with respect to such information.
  - (7) Business Associate agrees to provide access, at the request of the Covered Entity, and in the time and manner agreed to by the parties, to PHI in a Designated Record Set, to Covered Entity or, as directed by Covered Entity, to an Individual in order to meet the requirements under 45 C.F.R. § 164.524.
  - (8) Business Associate agrees to make any amendments to PHI in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 C.F.R. § 164.526 at the request of the Covered Entity, and in the time and manner agreed to by the parties.



- (9) Business Associate agrees to make internal practices, books, and records, including policies and procedures and PII, relating to the use and disclosure of PII received from, or created or received by, Business Associate on behalf of Covered Entity, available to Covered Entity or to the Secretary in a time and manner agreed to by the parties or designated by the Secretary, for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule.
- (10) Business Associate agrees to document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528 and section 13405 of the HITECH Act (42 U.S.C. § 17935) and any regulations promulgated thereunder.
- (11) Business Associate agrees to provide to Covered Entity, in a time and manner agreed to by the parties, information collected in accordance with subsection (h)(10) of this Section of the Contract, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528 and section 13405 of the HITECH Act (42 U.S.C. § 17935) and any regulations promulgated thereunder. Business Associate agrees at the Covered Entity's direction to provide an accounting of disclosures of PHI directly to an individual in accordance with 45 C.F.R. § 164.528 and section 13405 of the HITECH Act (42 U.S.C. § 17935) and any regulations promulgated thereunder.
- (12) Business Associate agrees to comply with any state or federal law that is more stringent than the Privacy Rule.
- (13) Business Associate agrees to comply with the requirements of the HITECH Act relating to privacy and security that are applicable to the Covered Entity and with the requirements of 45 C.F.R. §§ 164.504(e), 164.308, 164.310, 164.312, and 164.316.
- (14) In the event that an individual requests that the Business Associate
  - (A) restrict disclosures of PHI;
  - (B) provide an accounting of disclosures of the individual's PHI; or
  - (C) provide a copy of the individual's PHI in an electronic health record,
  - (D) the Business Associate agrees to notify the covered entity, in writing, within five (5) business days of the request.
- (15) Business Associate agrees that it shall not, directly or indirectly, receive any remuneration in exchange for PHI of an individual without
  - (A) the written approval of the covered entity, unless receipt of remuneration in exchange for PHI is expressly authorized by this Contract and
  - (B) the valid authorization of the individual, except for the purposes provided under section 13405(d)(2) of the HITECH Act, (42 U.S.C. § 17935(d)(2)) and in any accompanying regulations
- (16) Obligations in the Event of a Breach.
  - (A) The Business Associate agrees that, following the discovery of a breach of unsecured protected health information, it shall notify the Covered Entity of such breach in accordance with the requirements of section 13402 of HITECH (42 U.S.C. § 17932(b)) and this Section of the Contract.

- (B) Such notification shall be provided by the Business Associate to the Covered Entity without unreasonable delay, and in no case later than 30 days after the breach is discovered by the Business Associate, except as otherwise instructed in writing by a law enforcement official pursuant to section 13402(g) of HITECII (42 U.S.C. § 17932(g)). A breach is considered discovered as of the first day on which it is, or reasonably should have been, known to the Business Associate. The notification shall include the identification and last known address, phone number and email address of each individual (or the next of kin of the individual if the individual is deceased) whose unsecured protected health information has been, or is reasonably believed by the Business Associate to have been, accessed, acquired, or disclosed during such breach.
- (C) The Business Associate agrees to include in the notification to the Covered Entity at least the following information:
1. A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known.
  2. A description of the types of unsecured protected health information that were involved in the breach (such as full name, Social Security number, date of birth, home address, account number, or disability code).
  3. The steps the Business Associate recommends that individuals take to protect themselves from potential harm resulting from the breach.
  4. A detailed description of what the Business Associate is doing to investigate the breach, to mitigate losses, and to protect against any further breaches.
  5. Whether a law enforcement official has advised either verbally or in writing the Business Associate that he or she has determined that notification or notice to individuals or the posting required under section 13402 of the HITECH Act would impede a criminal investigation or cause damage to national security and; if so, include contact information for said official.
- (D) Business Associate agrees to provide appropriate staffing and have established procedures to ensure that individuals informed by the Covered Entity of a breach by the Business Associate have the opportunity to ask questions and contact the Business Associate for additional information regarding the breach. Such procedures shall include a toll-free telephone number, an e-mail address, a posting on its Web site or a postal address. For breaches involving ten or more individuals whose contact information is insufficient or out of date to allow written notification under 45 C.F.R. § 164.404(d)(1)(i), the Business Associate shall notify the Covered Entity of such persons and maintain a toll-free telephone number for ninety (90) days after said notification is sent to the Covered Entity. Business Associate agrees to include in the notification of a breach by the Business Associate to the Covered Entity, a written description of the procedures that have been established to meet these requirements. Costs of such contact procedures will be borne by the Contractor.
- (E) Business Associate agrees that, in the event of a breach, it has the burden to demonstrate that it has complied with all notifications requirements set forth above, including evidence demonstrating the necessity of a delay in notification to the Covered Entity.
- (i) Permitted Uses and Disclosure by Business Associate.

- (1) General Use and Disclosure Provisions Except as otherwise limited in this Section of the Contract, Business Associate may use or disclose PHI to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in this Contract, provided that such use or disclosure would not violate the Privacy Rule if done by Covered Entity or the minimum necessary policies and procedures of the Covered Entity.
- (2) Specific Use and Disclosure Provisions
  - (A) Except as otherwise limited in this Section of the Contract, Business Associate may use PHI for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate.
  - (B) Except as otherwise limited in this Section of the Contract, Business Associate may disclose PHI for the proper management and administration of Business Associate, provided that disclosures are Required by Law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required by Law or for the purpose 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.
  - (C) Except as otherwise limited in this Section of the Contract, Business Associate may use PHI to provide Data Aggregation services to Covered Entity as permitted by 45 C.F.R. § 164.504(e)(2)(i)(B).
- (j) Obligations of Covered Entity.
  - (1) Covered Entity shall notify Business Associate of any limitations in its notice of privacy practices of Covered Entity, in accordance with 45 C.F.R. § 164.520, or to the extent that such limitation may affect Business Associate's use or disclosure of PHI.
  - (2) Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose PHI, to the extent that such changes may affect Business Associate's use or disclosure of PHI.
  - (3) Covered Entity shall notify Business Associate of any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 C.F.R. § 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.
- (k) Permissible Requests by Covered Entity. Covered Entity shall not request Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by the Covered Entity, except that Business Associate may use and disclose PHI for data aggregation, and management and administrative activities of Business Associate, as permitted under this Section of the Contract.
- (l) Term and Termination.
  - (1) Term. The Term of this Section of the Contract shall be effective as of the date the Contract is effective and shall terminate when the information collected in accordance with provision (h)(10) of this Section of the Contract is provided to the Covered Entity and all of the PHI provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy PHI, protections are extended to such information, in accordance with the termination provisions in this Section.

- (2) Termination for Cause Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall either:
  - (A) Provide an opportunity for Business Associate to cure the breach or end the violation and terminate the Contract if Business Associate does not cure the breach or end the violation within the time specified by the Covered Entity; or
  - (B) Immediately terminate the Contract if Business Associate has breached a material term of this Section of the Contract and cure is not possible; or
  - (C) If neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.
- (3) Effect of Termination.
  - (A) Except as provided in (l)(2) of this Section of the Contract, upon termination of this Contract, for any reason, Business Associate shall return or destroy all PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. Business Associate shall also provide the information collected in accordance with section (h)(10) of this Section of the Contract to the Covered Entity within ten business days of the notice of termination. This section shall apply to PHI that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the PHI.
  - (B) In the event that Business Associate determines that returning or destroying the PHI is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Upon documentation by Business Associate that return or destruction of PHI is infeasible, Business Associate shall extend the protections of this Section of the Contract to such PHI and limit further uses and disclosures of PHI to those purposes that make return or destruction infeasible, for as long as Business Associate maintains such PHI. Infeasibility of the return or destruction of PHI includes, but is not limited to, requirements under state or federal law that the Business Associate maintains or preserves the PHI or copies thereof.
- (m) Miscellaneous Sections.
  - (1) Regulatory References. A reference in this Section of the Contract to a section in the Privacy Rule means the section as in effect or as amended.
  - (2) Amendment. The Parties agree to take such action as is necessary to amend this Section of the Contract from time to time as is necessary for Covered Entity to comply with requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191.
  - (3) Survival. The respective rights and obligations of Business Associate shall survive the termination of this Contract.
  - (4) Effect on Contract. Except as specifically required to implement the purposes of this Section of the Contract, all other terms of the Contract shall remain in force and effect.
  - (5) Construction. This Section of the Contract shall be construed as broadly as necessary to implement and comply with the Privacy Standard. Any ambiguity in this Section of the

Contract shall be resolved in favor of a meaning that complics, and is consistent with, the Privacy Standard.


- (6) **Disclaimer.** Covered Entity makes no warranty or representation that compliance with this Section of the Contract will be adequate or satisfactory for Business Associate's own purposes. Covered Entity shall not be liable to Business Associate for any claim, civil or criminal penalty, loss or damage related to or arising from the unauthorized use or disclosure of PHI by Business Associate or any of its officers, directors, employees, contractors or agents, or any third party to whom Business Associate has disclosed PHI contrary to the sections of this Contract or applicable law. Business Associate is solely responsible for all decisions made, and actions taken, by Business Associate regarding the safeguarding, use and disclosure of PHI within its possession, custody or control.
- (7) **Indemnification.** The Business Associate shall indemnify and hold the Covered Entity harmless from and against any and all claims, liabilities, judgments, fines, assessments, penalties, awards and any statutory damages that may be imposed or assessed pursuant to HIPAA, as amended or the HITECH Act, including, without limitation, attorney's fees, expert witness fees, costs of investigation, litigation or dispute resolution, and costs awarded thereunder, relating to or arising out of any violation by the Business Associate and its agents, including subcontractors, of any obligation of Business Associate and its agents, including subcontractors, under this section of the contract, under HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
7. **Disclosure of Records.** This Contract may be subject to the provisions of section 1-218 of the Connecticut General Statutes. In accordance with this statute, each contract in excess of two million five hundred thousand dollars between a public agency and a person for the performance of a governmental function shall (a) provide that the public agency is entitled to receive a copy of records and files related to the performance of the governmental function, and (b) indicate that such records and files are subject to FOIA and may be disclosed by the public agency pursuant to FOIA. No request to inspect or copy such records or files shall be valid unless the request is made to the public agency in accordance with FOIA. Any complaint by a person who is denied the right to inspect or copy such records or files shall be brought to the Freedom of Information Commission in accordance with the provisions of sections 1-205 and 1-206 of the Connecticut General Statutes.
8. **Whistleblowing.** This Contract is subject to C.G.S. § 4-61dd if the amount of this Contract is a "large state contract" as that term is defined in C.G.S. § 4-61dd(h). In accordance with this statute, if an officer, employee or appointing authority of the Contractor takes or threatens to take any personnel action against any employee of the Contractor in retaliation for such employee's disclosure of information to any employee of the Contracting state or quasi-public agency or the Auditors of Public Accounts or the Attorney General under subsection (a) of such statute, the Contractor shall be liable for a civil penalty of not more than five thousand dollars (\$5,000) for each offense, up to a maximum of twenty per cent (20%) of the value of this Contract. Each violation shall be a separate and distinct offense and in the case of a continuing violation, each calendar day's continuance of the violation shall be deemed to be a separate and distinct offense. The State may request that the Attorney General bring a civil action in the Superior Court for the Judicial District of Hartford to seek imposition and recovery of such civil penalty. In accordance with subsection (f) of such statute, each large state Contractor, as defined in the statute, shall post a notice of the relevant sections of the statute relating to large state Contractors in a conspicuous place which is readily available for viewing by the employees of the Contractor.
9. **Summary of State Ethics Laws.** Pursuant to the requirements of section 1-101qq of the Connecticut General Statutes, the summary of State ethics laws developed by the State Ethics Commission pursuant to section 1-81b of the Connecticut General Statutes is incorporated by reference into and made a part of the Contract as if the summary had been fully set forth in the Contract.

SIGNATURES AND APPROVALS

The Contractor IS a Business Associate under the Health Insurance Portability and Accountability Act of 1996 as amended.

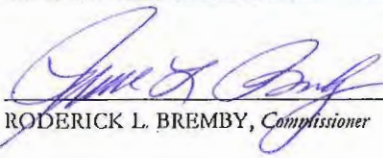
Documentation necessary to demonstrate the authorization to sign must be attached.



  
\_\_\_\_\_  
JUDITH STEIN, *Executive Director*

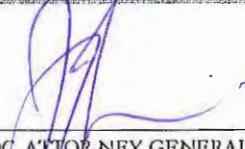
10/16/2012  
Date



  
\_\_\_\_\_  
RODERICK L. BREMBY, *Commissioner*

10/23/2012  
Date



  
\_\_\_\_\_  
ASSOC. ATTORNEY GENERAL. (*Approved as to form & legal sufficiency*)  
ASSOC. ATTY. GENERAL Joseph Rubin

10/26/12  
Date