



201 South Grand Avenue East
Springfield, Illinois 62763-0002

Telephone: (217) 782-1200
TTY: (800) 526-5812

REQUEST FOR APPLICATION (RFA)

Illinois Medicaid Preventive Care and Education Organization (MPCEO)

HFS Tracking Number: 2025-24-001

- RFA Title:** Illinois Medicaid Preventive Care and Education Organization (MPCEO) Request for Application (IL MPCEO RFA).
- Question & Answer Period:** **April 1 - 15, 2024**
Questions must be submitted to Angela Kung (HFS.MPCEO@illinois.gov) via email by 5:00 PM CDT, Monday, April 15, 2024
- Letter of Interest Due:** **5:00 PM CDT, Monday, April 15, 2024**
Interested parties are encouraged to submit a Letter of Interest (LOI) to indicate their plans to respond to this RFA. Submitting a LOI is optional.
- Application Due Date:** **5:00 PM CDT, Friday, May 31, 2024**
Applications received after this date/time will not be considered.
- Deliver Applications via Email to:** HFS.MPCEO@illinois.gov

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SECTION 1 – GENERAL INFORMATION

1.1 Definitions: The RFA includes several terms that are defined in this section:

Customers means individuals (children and adults) enrolled in the Illinois Medicaid program. This term may be used interchangeably with member, patient, beneficiary or enrollee.

HFS refers to the Illinois Department of Healthcare and Family Services. HFS is the State of Illinois agency responsible for providing healthcare coverage for adults and children who qualify for Medicaid, and for providing Child Support Services to help ensure that Illinois children receive financial support from both parents.

Fee-For-Service (FFS) is a system of health insurance payment in which a doctor or other health care provider is paid a fee for each particular service rendered, essentially rewarding medical providers for volume and quantity of services provided, regardless of the outcome.

Managed Care Organization (MCO) is an organization that provides healthcare under a capitated Arrangement. More information about the HFS Managed Care Program is available at <https://hfs.illinois.gov/medicalproviders/cc.html>.

Medical Programs means the various health coverage programs that HFS operates pursuant to the Public Aid Code.

Personal Health Care Consultants are non-clinical personnel, such as Community Health Workers or peer support individuals, that are part of a multi-disciplinary clinical team, who can strategically engage with customers to help significantly improve their health through behavior change, assistance with accessing the health care system, navigating health coverage and other public benefits, and addressing other health related social needs.

Preventive care services include primary and secondary prevention services including but not limited to:

- Childhood immunizations
- Well child visits
- Adult preventive visits
- Flu shots
- COVID boosters
- Mammography
- Cervical Cancer screening
- Prenatal visits
- Depression Screening
- Prostate cancer screening

Preventive Care Gap Closure is when a Medicaid customer with whom the MPCEO has interacted receives one of the above services for which the member was due according to guidelines.

Protected Health Information (PHI) is individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium.

Qualifying Interaction is a documented face-to-face or verbal telephonic exchange with an attributed member during which the member's health and social needs are discussed with steps established to address those needs identified in the preventive health care plan.

Social Determinants of Health (SDOH). SDOH are defined by the Centers for Disease Control and Prevention (CDC) as *the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.*

1.2 RFA Contact

1.2.1 Contact Information: The individual listed below will be the single point of contact for this RFA. Unless otherwise directed, applicants shall communicate only with the RFA Contact.

RFA Contact Information	
RFA Contact: Angela Kung	Phone: 312-965-3309
Agency: Illinois Department of Healthcare and Family Services	Fax: N/A
Street Address: 401 S. Clinton St.	City, State, Zip: Chicago, IL 60607
Email: HFS.MPCEO@illinois.gov	

1.2.2 Unauthorized Information: The State of Illinois Department of Healthcare and Family Services (“HFS” or “the Department”) shall not be held responsible for information provided by or to any person other than the RFA Contact. Such information shall be deemed “unauthorized information.”

1.2.3 Unauthorized Communication: Applicants shall not discuss, directly or indirectly, the RFA or any content within the application with any state officer or employee other than the RFA Contact. Such communication shall be deemed “unauthorized communication”. Evidence of this will be considered grounds for disqualification.

1.3 Communications

All communications with HFS, including questions in relation to this RFA, shall be directed to the RFA Contact identified in Section 1.2.1. An applicant or any of its representatives who communicates with any other employees or Contractors of HFS concerning this RFA after its issuance may be disqualified.

1.4 Applicant Submission of Questions:

There will be one period for questions and answers during the RFA process, from April 1-15, 2024. All questions in relation to this RFA shall be submitted by email to the RFA Contact listed in Section 1.2.1. The RFA section and page number must be noted for each question. Questions must be received by 5:00 PM CT, April 15, 2024. Applicants should begin submitting questions when the window for submission opens on April 1, 2024 in order to allow sufficient time for HFS response and to remain on schedule with all deadlines and activities. HFS will provide responses to the questions via email and post the responses on the HFS website. HFS will only respond to questions submitted through this official process. At its own discretion, HFS may respond to questions submitted after the deadline.

1.5 Responses to Remain Firm

Applicant’s responses shall remain firm for 180 days from submission.

1.6 BEP Goal

The MPCEO contract will include a specific Business Enterprise Program (BEP) utilization goal of 20%, based on the availability of certified vendors to perform the anticipated direct subcontracting opportunities of this contract. Responding entities will complete the State of Illinois [BEP Utilization plan](#) as part of the application process. The BEP Utilization Plan is available online for download at <https://cei.illinois.gov/content/dam/soi/en/web/cei/documents/U-Plan%20V.24.1.pdf>.

Responding entities should include identity of any anticipated subcontractors, including information regarding minority ownership, by completing Attachment 5, to their application.

1.7 Ownership and Minority Participation.

An awardee cannot be a Managed Care Organization contracted with the Department during the term of the contract to be awarded. The Department prefers a Minority-Owned Business or a Minority-Led Non-Profit organization for these awards. Such entities will be awarded an additional 30 preference points for demonstrating minority ownership (business) or leadership (non-profit).

1.7.a "Minority-owned business" means (1) a business which is at least 51% owned by one or more minority persons (or in the case of a corporation, at least 51% of the stock in which is owned by one or more minority persons); and (2) the management and daily business operations of which are controlled by one or more of the minority individuals who own it.

1.7.b "Minority-led non-profit organization" means an organization designated as a not-for-profit by IRS in which (1) a majority of the members of the Board of Directors are minority persons, and (2) greater than 50% of the executives and managers of the organization are minority persons.

All responding entities must provide the following:

1. For businesses:
 - a. List the entity's owners, each owner's shares of ownership, and the racial and/or ethnic identity of each owner.
 - b. Identify the executive officers responsible for the management and daily business operations of the company and their racial and ethnic identity.
 - c. If applicable, provide proof of certification as a minority-owned business in Illinois and/or any other state in which you are certified.
2. For non-profit organizations:
 - a. List the members of the organization's board of directors, and the racial and ethnic identity of each.
 - b. Identify the Executive Director (or comparable position) and management staff who are responsible for the organization's management and daily operations, and their racial and ethnic identities.

SECTION 2 – RFA Process

2.1 Application Content and Requirements

Providers interested in applying to operate as a MPCEO must complete and submit the following:

1. A written proposal that addresses how the responding entity plans to meet the Medicaid MPCEO responsibilities, as detailed in this RFA. Applications shall follow the numbering scheme as outlined in this RFA. **The written proposal itself should not include any reference to the responding entity's price bid.**
2. A Price Bid using the form in Exhibit A (p. 12) submitted in PDF format. The Price Bid must be submitted in a separate email from the proposal to HFS.MPCEO@illinois.gov.
3. The Attachments included in the RFA starting on page 14:
 - a. Attachment 1: Letter of Interest (*optional*)
 - b. Attachment 2: Application and Attestation to the State of Illinois
 - c. Attachment 3: State of Illinois Financial Disclosures and Conflicts of Interest
 - d. Attachment 4: State of Illinois Standard Certifications
 - e. Attachment 5: Subcontractor Disclosures (*optional*)
 - f. Attachment 6: BEP Utilization Plan (available for download at <https://cei.illinois.gov/content/dam/soi/en/web/cei/documents/U-Plan%20V.24.1.pdf>)
4. Required Organizational Documents (listed below; to be developed by the applicant)
 - a. **Document A – Organizational Chart** - *A copy of the applicant's proposed organizational chart, including how MPCEO will fit into the overall organizational structure.*
 - b. **Document B – Proposed Staffing Plan** - *The staffing plan should demonstrate how the applicant proposes to staff for each of the core MPCEO responsibilities, including an outline of the proposed staff qualifications and staff to customer ratios.*
 - c. **Document C – Training Plan** - *Applicants shall supply a detailed training plan, consistent with Section 6 of this RFA, including timelines for completing the training requirements with new staff upon hire and retraining all staff on an annual basis.*

- d. **Document D – Letters of Support** - Applicants must provide two (2) Letters of Support from an individual, group, organization, or entity that is located and operates within the service area(s) the applicant is applying to cover.
- e. **Document E (optional) - Minority ownership information and attestation**

The proposal should be no more than 30 pages in length (not inclusive of any Attachments), double-spaced, with a standard font size (recommended Times New Roman in 12-point font, Calibri in 11-point font, or Arial in 10-point font).

The RFA, required organizational documents and required attachments must be submitted via email to HFS.MPCEO@illinois.gov by 5:00PM CDT on Friday, May 31, 2024.

The Price Bid must be submitted in a separate email from the proposal to HFS.MPCEO@illinois.gov by 5:00PM CDT on Friday, May 31, 2024.

2.2 RFA Evaluation and Selection Process

Submitted applications will be reviewed for completeness based on the requirements of Section 2.1.

- Incomplete applications will not be evaluated as part of the selection process.
- Applications received after 5:00 PM CT on Friday, May 31, 2024, will not be evaluated as part of the selection process.

HFS representatives will evaluate complete applications utilizing a standardized scoring sheet. Following the RFA evaluation process, HFS will notify awardee(s) of their selection. Entities determined to be qualified and selected will be expected to attend a Medicaid MPCEO kick-off meeting with HFS to begin implementation preparation.

2.3 Responsiveness

A responsive application is one that conforms in all material respects to the RFA and includes all required forms/attachments.

2.3.1 HFS will determine whether the application meets the stated requirements. Minor differences or deviations that have negligible impact on the price or suitability of the service to meet the State's needs may be accepted or corrections allowed. If no applicant meets a particular requirement, the Department may waive that requirement.

2.3.2 The Department will determine whether the application complies with the instructions for submitting applications. Except for late submissions, the Department may require that an applicant correct deficiencies as a condition of further evaluation. Per section 2.2, the Department **will** not consider applications submitted after the due date and time.

SECTION 3 – PURPOSE AND BACKGROUND

Purpose

The Illinois Department of Healthcare and Family Services (HFS) is issuing this Request for Applications (RFA) to solicit applications from interested providers to operate a Medicaid Preventive Care and Education Organization (MPCEO). HFS is tasked by state law with the establishment and implementation of a Managed Primary Care Demonstration Project outlined in Section 12-4.56 in Public Act 102-0699. The goal of the project is to increase ownership of Medicaid enrollees in their health and well-being through greater healthcare knowledge; increased access and utilization of preventive care services; and increased engagement with their Primary Care Providers (PCPs), other health care providers, and health plans.

An awardee cannot be a Managed Care Company contracted with the Department during the term of the contract to be awarded. The initial award period will run through June 30, 2026. Additional award years are subject to appropriation.

Background

Preventive care services are an essential part of healthcare infrastructure. Preventive care services can prevent serious diseases through immunization, vaccination (influenza, pertussis, tuberculosis, COVID-19, tetanus, rubella, etc.), and through screenings for chronic illnesses that can facilitate early detection and prompt treatment. In addition to improving overall health outcomes at both the individual and population levels, preventive care services can improve the ability of individuals to engage in meaningful economic and social activities and can lower health care costs.

Despite this, Americans overall use preventive services at approximately half the recommended rates. Further, access and utilization of preventive health care differs across racial and ethnic groups, among adolescents, and for individuals with mental illness or disabilities, among others. The Agency for Health Care Research and Quality (AHRQ) in an August 2018 article, [Achieving Health Equity in Preventive Services: Systematic Evidence Review¹](#), states that socioeconomically disadvantaged populations, underserved rural populations, sexual and gender minority populations, and/or others subject to discrimination have poorer health outcomes attributed to being socially disadvantaged, which results in being underserved in the full spectrum of health care. The existence of health disparities in the United States is a well-known and documented fact.

While preventive care services are covered by Medicaid for all full-benefit customers, (including those enrolled in managed care and fee-for-service models,) the health outcomes of Illinois Medicaid members suggest that many customers are not receiving necessary and highly effective preventive care.

Through health education and outreach that is rooted in health behavior change theory (e.g Health Belief Model, Transtheoretical Model (Stages of Change), etc.) an MPCEO will empower customers to take greater control of their health and avail themselves of Medicaid covered services that are available in their communities. Health education and outreach strategies are instrumental in communicating to and empowering individuals regarding the need and benefits of engagement in their health care, and specifically prioritizing prevention among all of the other factors affecting daily life.

NOTE: the MPCEO will not be responsible for payment for the preventative services themselves; payment for preventive services will remain the responsibility of either the appropriate managed care organization (MCO) or the HFS Fee For Service (FFS) program, not the MPCEO.

SECTION 4 – POPULATIONS TO BE SERVED

The awarded entity or entities must serve customers enrolled in HFS Managed Care and/or Fee-for-Service programs who either have not utilized primary and preventive care services or who may be at higher risk of not accessing preventive care. Entities should describe the priority populations they will serve, especially those who have been historically marginalized, including but not limited to:

- BIPOC Communities (Black, Indigenous and People of Color)
- People who have limited English proficiency, including non-citizen immigrants,
- People with Disabilities
- Members of the LGBTQ+ Community
- People who are experiencing or at risk of homelessness,
- Pregnant people, especially those categorized with a high-risk pregnancy,
- People with behavioral health needs,
- Other special population(s) as identified by the responding entity.

The awarded entity or entities must include in its service population customers who live in the community (non-institutional settings). Responding entities should describe how they will identify and serve customers in community settings, including but not limited to:

- Beneficiaries who have not received recommended preventive services.
- Patients with chronic conditions who have not utilized primary care in the past 12 months.

Responding entities must describe their capacity to serve customers enrolled in HFS programs in a Fee-for- Service and/or Managed Care delivery systems, and how they will coordinate with Managed Care Organizations (MCOs). Responding entities should highlight their ability to deliver culturally competent services to customers.

¹ <https://effectivehealthcare.ahrq.gov/products/health-equity-preventive/protocol>

SECTION 5 – SERVICE AREAS

The Department has identified the following service areas in which it seeks to identify vendors to provide Managed Preventive Care and Education services.

- The Zip Codes in South Cook County listed in Exhibit B and Will County (approximately 400,000 Medical Programs enrollees)
- The following counties in far southern Illinois: Williamson, Union, Johnson, Pope, Hardin, Alexander, Pulaski and Massac (approximately 47,000 Medical Programs enrollees)
- Champaign, Piatt, and Macon County (approximately 100,393 Medical Program enrollees)

Responding entities may apply to provide services in one or more of the regions identified above. The Department will award no more than one contract to one entity in each region. The same responding entity may be awarded a contract to serve multiple regions. HFS reserves the right to *not* award a contract in any one of these regions. The enrollment numbers above are provided to give an idea of the density of the Medicaid population in the areas. HFS reserves the right to determine how many individuals will be enrolled with the awarded entity. Enrollment numbers will be based on capacity and budget considerations.

SECTION 6 – SERVICE REQUIREMENTS

Responding entities must describe their capabilities, experience, and approach to providing the following services:

6.1 Patient Navigators to manage patient care. Navigators are used to ensure customers with an identified health or social need are connected to the right provider to meet that need. This is required to be done in coordination with the person's Primary Care Provider (PCP) and/or health plan. Entity shall describe in detail its capacity, experience and approach to utilizing patient navigators to manage patients' preventive care.

6.2 Data collection/Data use. Responding entities must provide information about strategy and methodology for identifying customers in need of preventive services in conjunction with the Department and/or MCOs using claims data and other sources, such as MCO health risk assessment data, to engage these individuals and work to alter and improve their course of care. Entity shall describe its data collection strategy for identifying and engaging high risk individuals in need of preventive care.

6.3 Person-centric preventive health care plans. Responding entities will describe how they will utilize data sources (including those outlined in 5.2) to develop preventive health care plans with customers. Awarded entity will be required to perform a health behavior risk factor screening/assessment to identify customer needs, with an emphasis on preventive services and health-related social needs (also known as Social Determinants of Health), and to use the results of that screening/assessment to develop preventive health care plans. Collaboration and sharing of the preventive health care plan with MCO Care Coordination teams is required to provide a comprehensive and coordinated approach to achieving the goals identified in the preventive health care plan. In its application, the entity shall describe in detail, its approach to developing person-centric preventive health care plans.

6.4 Personal Health Care Consultants. Personal Health Care Consultants must engage in outreach and relationship-building to promote health maintenance between medical office visits. Responding entities in their proposals should discuss how Personal Health Care Consultants will form relationships with enrollees who need assistance with maintenance of health and compliance with care plans. Personal Health Care Consultants will provide health education, motivational interviewing for health behaviors along with home monitoring, home safety inspections to identify health risks in the home, and other health assessments. Personal health consultants are also responsible for care navigation, and assuring patients who are due for preventive services access them (e.g. mammograms, immunizations, cholesterol screening, etc.). Entity shall describe its experience and capacity to utilize Personal Health Care Consultants to provide MPCE services.

6.5 Cultural competence. MPCEOs shall ensure that services are provided with cultural humility and shall ensure that staff are trained annually in topics that enhance their cultural proficiency. RFA responses should explain how the responding entity intends to train and ensure that this requirement is met. Entity shall provide an overview or sample of existing training and objectives, or a training plan that includes objectives and/or metrics used to ensure success.

6.6 Language access. MPCEOs shall have a mechanism to provide language access services for sign and other languages, including offering oral interpretation and written translation services, to communicate with Limited English Proficient (LEP) customers. Entity shall explain how it intends to meet this requirement.

6.7 Reporting. MPCEOs shall provide a quarterly report on program activities including but not limited to patient demographics, utilization of services. Responding entities shall explain how they will track and report: the number of health behavior risk factor/SDOH screenings completed, number of patient visits with navigators and personal health care consultants (in-person and telephonic), utilization/access of MPCE services, number of unduplicated patients, and the age distribution, gender, race, ethnicity and zip codes served. Responding entities should describe how the entity will track not only referrals provided, but referrals resulting in patient completion of preventive care services. Entities shall provide narrative details along with sample reports, currently in use, for the same or similar services.

SECTION 7 - REQUIRED PLANS

MPCEOs must establish and maintain the following operational plans. Operational plans must be available for review and approval by the Department or its designee upon request. Responding entities should explain the planned approach to meeting the following requirements.

7.1 Disaster Recovery Plan: The Disaster Recovery Plan shall detail the steps the MPCEO will take in the event of an outage or failure of HFS' or MPCEO's data, communications system(s), or technical support system(s), and the steps the MPCEO shall take to notify and continue to serve customers in the event the MPCEO's place of business experiences a significant event (e.g., pandemic, fire, flood, electrical systems, act of God) that forces the MPCEO to relocate on a temporary or permanent basis.

7.2 Program Plan: The Program Plan shall establish and maintain the policies and procedures to be used by staff in the administration of the programs and services required pursuant to this RFA.

7.3 Continuous Quality Improvement (CQI) Plan: The CQI Plan shall demonstrate the ability to internally assess the operation's strengths and weaknesses, and implement required corrections, with the ability to track responsiveness to referrals. The MPCEOs shall establish mechanisms to involve families and customers directly in the CQI process and shall integrate their feedback into the MPCEO's Plan.

7.4 Community Outreach and Engagement Plan: The Community Outreach and Engagement Plan shall detail how the MPCEO will establish and maintain collaborative working relationships with hard-to-reach and disengaged enrollees and their PCPs and health plans. The Community Outreach and Engagement Plan shall also outline the MPCEO's planned efforts to educate stakeholders in the service area about the services and programs offered by the MPCEO.

7.5 Staffing and Training Plan: The Staffing and Training Plan shall outline the MPCEO's plans for recruiting, hiring, and maintaining staff who are reflective and representative of the diversity of the communities served by the MPCEO. The Staffing and Training Plan must describe the qualifications the MPCEO will require for various positions that interact with enrollees or providers. The plan must also include caseload targets for Personal Health Consultants.

SECTION 8 - HEALTH INFORMATION TECHNOLOGY (HIT) REQUIREMENTS.

HFS will instruct MCOs to provide to the MPCEO information on Medicaid members missing preventive services in the regions served by the MPCEO. The MPCEO will be required to enter into a Data Use Agreement to receive this information.

Responding Entities should explain in detail, their experience to do the following in a secure, HIPAA-compliant manner, and in compliance with other State and Federal Privacy and Security requirements.

8.1 Receive from HFS information about customers in the service area, including data elements to the MPCEO identify and help locate the customers as well as their PCPs and health plan.

8.2 Exchange data in both directions with health plans related to the duties described in this solicitation.

8.3 Create reports on services rendered to share with HFS.

8.4 Establish baselines and track improvement along quality metrics related to preventive services and other metrics.

8.5 Create customer profiles that include demographic information, care plans, services provided and other data relevant to the goals of this solicitation.

8.6 Analyze claims data to identify customers at risk of health deterioration due to lack of engagement and preventive care.

SECTION 9 - ENROLLEE RELATIONS

9.1 MPCEOs must establish and maintain an internal grievance process specific to their customers for tracking and resolving customer complaints related to the MPCEO, its staff, or any service providers or supports involved in the customer's preventive care. Responding entities should describe their entity's experience with and approach to meeting this requirement.

9.2 MPCEOs shall establish a Community Stakeholder Council, comprised of customers served and community stakeholders from across the area they serve, whose purpose is to advise and provide feedback to the MPCEO on the implementation of its services. MPCEOs shall provide information on the meeting schedule and location/call-in information to HFS at least 14 business days in advance of the scheduled council meeting. The Community Stakeholder Council shall:

- Be open to participation from all stakeholders.
- Be reflective and representative of the cultural, ethnic, and geographic composition of the area.
- Meet on a standardized meeting schedule that meets no less frequently than once every quarter.
- Maintain meeting agendas and minutes including a list of participants.

SECTION 10 – STAFFING AND TRAINING REQUIREMENTS

Responding entities must affirm that the entity will meet the following requirements.

10.1 MPCEOs shall hire and retain staff that are reflective and representative of the diversity of the communities the MPCEO is responsible for serving.

10.2 Each MPCEO must employ a Chief Medical Officer licensed to practice medicine in Illinois.

10.3 All MPCEO staff must clear a criminal background check before delivering services to any customer.

10.4 All MPCEO staff must be provided with training in the following content areas:

- Mandated reporter responsibilities, including those under the Abused and Neglected Child Reporting Act (325 ILCS 5), the Elder Abuse and Neglect Act (320 ILCS 20), and DHS Rule 50 (59 Ill. Admin. Code 50).
- Confidentiality and privacy laws and rules, including but not limited to: Mental Health and Developmental Disabilities Code (405 ILCS 5), Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110), Health Insurance Portability and Accountability Act (HIPAA), and 89 Ill. Admin Code 431 regarding Confidentiality of Personal Information of Persons Served by the Department of Children and Family Services.
- Trauma-informed practices, including identification of symptoms of trauma and the use of trauma-informed intervention.

SECTION 11 – READINESS TIMELINE

Responding entities should identify the timeline between contract execution and ability to deliver services, including information about hiring/staffing, operations, training protocols and materials. HFS may withdraw an award if the awardee does not meet the readiness timeline or reasonable extensions thereof.

SECTION 12 – REIMBURSEMENT

To fund this MPCEO program, HFS has been appropriated \$60 million, which will be available for the two-year award period (through June 2026). Future funding is subject to appropriation.

Responding Entities shall propose a PMPM (Per Member Per Month) to be paid for each individual enrolled in the MPCEO by the Department. Members enrolled to the MPCEO will be at the discretion of HFS based on identification of customers most in need of preventive services.

HFS reserves the right to negotiate rates with awardees for reasonableness and to address budgetary constraints. Five percent (5%) of the total award amount will be paid at contract execution to cover start-up costs and five percent (5%) of this budget allotment will be reserved to issue as bonus payments. HFS shall establish baseline statistics for select measures pertaining to the preventive services listed in Section 1 of this RFA. To earn a bonus payment, the awarded entity must achieve an improvement of 2% on the select measures, which will be identified in the MPCEO contract language with the awarded entity or entities. Only entities in the regions in which the target improvement is demonstrated will be eligible for participation in the bonus payment.

SECTION 13: REPORTING

As mentioned in Section 5, MPCEOs will be expected to provide quarterly report on patient demographics and utilization. HFS reserves the right to request additional, "ad hoc" reporting as deemed necessary to fulfill federal reporting and audit requirements. This includes but is not limited to:

- Unduplicated patients served,
- SDOH screenings completed,
- Number of patient visits (in-person and telephonic),
- Number of unduplicated patients and the age distribution, gender, race, ethnicity and zip codes served,
- Number of referrals provided and referrals resulting in patient completion.

MPCEOs will be expected to report on subcontracting relationships and organizational leadership as a means of monitoring compliance of the 20% BEP requirement.

EXHIBIT A

Price Bid

Responding entities shall provide any assumptions included in their pricing and provide detailed explanation of their pricing calculations.

As detailed in Section 2.1, this form must be submitted as a separate PDF attachment from the rest of the responding entity's bid, and the written proposal itself should not mention the responding entity's price bid.

The Price Bid must be submitted in a separate email from the proposal to HFS.MPCEO@illinois.gov by 5:00PM CDT on Friday, May 31, 2024.

PMPM	Est # of Enrollees	Monthly Rate PMPM x Est # of Enrollees	Annual Rate Monthly Rate x 12
\$		\$	\$

One Time Project Start Up Cost	\$
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Exhibit B
Eligible Cook County Zip Codes

60629
60632
60633
60638
60652
60406
60409
60419
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60438
60443
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60827



Request for Application: IL Managed Preventive Care and Education Organization (MPCEO)

Letter of Interest (LOI) (optional)

Organization: _____

Primary Contact Information:

Name: _____

Title: _____

Address: _____

Email: _____

Phone: _____

The organization listed above intends to submit an application in response to the RFA described above.

Yes

All LOI responses should be delivered to the application coordinator listed below.

Agency: Healthcare and Family Services	Subject: RFA MPCEO Letter of Interest
Attn: Angela Kung	Due: Monday, April 15, 2024 at 5:00 PM Central
Email: HFS.MPCEO@illinois.gov	Attach letter as .PDF

Application and Attestation to the State of Illinois

The undersigned authorize representative of the identified applicant hereby submits this application to perform in full compliance with the subject request for application. By completing and signing this form, the applicant makes an application to the State of Illinois that the State may accept.

Applicant shall use this form as the final check to ensure that all required documents are completed and included with the application. Applicant shall mark each blank below as appropriate. Applicant acknowledges that failure to meet all requirements is cause for disqualification.

GENERAL REQUIREMENTS

APPLICATION REVIEW: Applicant reviewed the Request for Application, including all referenced documents and instructions, completed all blanks, provided all required information, and demonstrated how it will meet the requirements of the State of Illinois.

Yes

APPENDICES AND ATTACHMENTS: Applicant acknowledges receipt of any and all appendices and attachments to the response and has taken those into account in making this response.

Yes

APPLICANT SUBMISSION: Applicant is electronically submitting application, correctly organized, by the due date and time.

Yes

APPLICATION REQUIREMENTS

Attachment 1:	Letter of Interest (Optional)	<input type="checkbox"/> Yes
Attachment 2:	Application and Attestation to the State of Illinois	<input type="checkbox"/> Yes
Attachment 3:	State of Illinois Financial Disclosures and Conflicts of Interest	<input type="checkbox"/> Yes
Attachment 4:	State of Illinois Standard Certifications	<input type="checkbox"/> Yes
Attachment 5:	Subcontractor Disclosures (Optional)	<input type="checkbox"/> Yes
Attachment 6:	BEP Utilization Plan	<input type="checkbox"/> Yes

Document A:	Organizational Chart	<input type="checkbox"/> Yes
Document B:	Proposed Staffing Plan	<input type="checkbox"/> Yes
Document C:	Training Plan	<input type="checkbox"/> Yes
Document D:	Letters of Support	<input type="checkbox"/> Yes
Document E:	Minority Ownership Information	<input type="checkbox"/> Yes

By completing and signing this Application and Attestation Checklist, the applicant is asserting the application submission is complete and truthful.

Signature of Authorized Representative: _____

Printed Name of Signatory: _____

Applicant Name: _____

Date: _____

Phone: _____

Email: _____

STATE OF ILLINOIS
FINANCIAL DISCLOSURES AND CONFLICTS OF INTEREST

Attachment 3

The Financial Disclosures and Conflicts of Interest form (“form”) must be accurately completed and submitted by the vendor, parent entity(ies), and subcontractors. There are **nine** steps to this form and each must be completed as instructed in the step heading and within the step. A bid or offer that does not include this form shall be considered non-responsive. The Agency/University will consider this form when evaluating the bid or offer or awarding the contract.

The requirement of disclosure of financial interests and conflicts of interest is a continuing obligation. If circumstances change and the disclosure is no longer accurate, then disclosing entities must provide an updated form.

Separate forms are required for the vendor, parent entity(ies), and subcontractors.

This disclosure is submitted for:

- Vendor
- Vendor’s Parent Entity(ies) (100% ownership)
- Subcontractor(s) >\$50,000 (annual value)
- Subcontractor’s Parent Entity(ies) (100% ownership) > \$50,000 (annual value)

Project Name	Click here to enter text.
Illinois Procurement Bulletin Number	Click here to enter text.
Contract Number	Click here to enter text.
Vendor Name	Click here to enter text.
Doing Business As (DBA)	Click here to enter text.
Disclosing Entity	Click here to enter text.
Disclosing Entity’s Parent Entity	Click here to enter text.
Subcontractor	Click here to enter text.
Instrument of Ownership or Beneficial Interest	Choose an item. <input type="checkbox"/> If you selected Other, please describe: Click here to enter text.

FINANCIAL DISCLOSURES AND CONFLICTS OF INTERESTS

STEP 1

SUPPORTING DOCUMENTATION SUBMITTAL

(All vendors complete regardless of annual bid, offer, or contract value)
(Subcontractors with subcontract annual value of more than \$50,000 must complete)

You must select one of the six options below and select the documentation you are submitting. You must provide the documentation that the applicable section requires with this form.

Option 1 – Publicly Traded Entities

- 1.A. Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor.

OR

- 1.B. Attach a copy of the Federal 10-K or provide a web address of an electronic copy of the Federal 10-K, and skip to Step 3.

Option 2 – Privately Held Entities with more than 100 Shareholders

- 2.A. Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor.

OR

- 2.B. Complete Step 2, Option A for each qualifying individual or entity holding any ownership share in excess of 5% and attach the information Federal 10-K reporting companies are required to report under 17 CFR 229.401.

Option 3 – All other Privately Held Entities, not including Sole Proprietorships

- 3.A. Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor.

Option 4 – Foreign Entities

- 4.A. Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor.

OR

- 4.B. Attach a copy of the Securities Exchange Commission Form 20-F or 40-F and skip to Step 3.

Option 5 – Not-for-Profit Entities

- Complete Step 2, Option B.

Option 6 – Sole Proprietorships

- Skip to Step 3.

FINANCIAL DISCLOSURES AND CONFLICTS OF INTERESTS

STEP 2

DISCLOSURE OF FINANCIAL INTEREST OR BOARD OF DIRECTORS

(All vendors, except sole proprietorships, must complete regardless of annual bid, offer, or contract value)
 (Subcontractors with subcontract annual value of more than \$50,000 must complete)

Complete **either** Option A (for all entities other than not-for-profits) or Option B (for not-for-profits). Additional rows may be inserted into the tables or an attachment may be provided if needed.

OPTION A – Ownership Share and Distributive Income

Ownership Share – If you selected Option 1.A., 2.A., 2.B., 3.A., or 4.A. in Step 1, provide the name and address of each individual or entity and their percentage of ownership if said percentage exceeds 5%, or the dollar value of their ownership if said dollar value exceeds \$106,447.20.

Check here if including an attachment with requested information in a format substantially similar to the format below.

TABLE – X			
<i>Name</i>	<i>Address</i>	<i>Percentage of Ownership</i>	<i>\$ Value of Ownership</i>
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Distributive Income – If you selected Option 1.A., 2.A., 3.A., or 4.A. in Step 1, provide the name and address of each individual or entity and their percentage of the disclosing vendor’s total distributive income if said percentage exceeds 5% of the total distributive income of the disclosing entity, or the dollar value of their distributive income if said dollar value exceeds \$106,447.20.

Check here if including an attachment with requested information in a format substantially similar to the format below.

TABLE – Y			
<i>Name</i>	<i>Address</i>	<i>% of Distributive Income</i>	<i>\$ Value of Distributive Income</i>
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

FINANCIAL DISCLOSURES AND CONFLICTS OF INTERESTS

Please certify that the following statements are true.

I have disclosed all individuals or entities that hold an ownership interest of greater than 5% or greater than \$106,447.20.

Yes No

I have disclosed all individuals or entities that were entitled to receive distributive income in an amount greater than \$106,447.20 or greater than 5% of the total distributive income of the disclosing entity.

Yes No

OPTION B – Disclosure of Board of Directors (Not-for-Profits)

If you selected Option 5 in Step 1, list members of your board of directors. Please include an attachment if necessary.

TABLE – Z	
<i>Name</i>	<i>Address</i>
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

STEP 3

DISCLOSURE OF LOBBYIST OR AGENT

(Complete only if bid, offer, or contract has an annual value over \$50,000)
 (Subcontractors with subcontract annual value of more than \$50,000 must complete)

Yes No. Is your company represented by or do you employ a lobbyist required to register under the Lobbyist Registration Act (lobbyist must be registered pursuant to the Act with the Secretary of State) or other agent who is not identified through Step 2, Option A above and who has communicated, is communicating, or may communicate with any State/Public University officer or employee concerning the bid or offer? If yes, please identify each lobbyist and agent, including the name and address below.

If you have a lobbyist that does not meet the criteria, then you do not have to disclose the lobbyist's information.

<i>Name</i>	<i>Address</i>	<i>Relationship to Disclosing Entity</i>
Click here to enter text.	Click here to enter text.	Click here to enter text.

Describe all costs/fees/compensation/reimbursements related to the assistance provided by each representative lobbyist or other agent to obtain this Agency/University contract: [Click here to enter text.](#)

FINANCIAL DISCLOSURES AND CONFLICTS OF INTERESTS

STEP 4

PROHIBITED CONFLICTS OF INTEREST

(All vendors must complete regardless of annual bid, offer, or contract value)
(Subcontractors with subcontract annual value of more than \$50,000 must complete)

Step 4 must be completed for each person disclosed in Step 2, Option A and for sole proprietors identified in Step 1, Option 6 above. Please provide the name of the person for which responses are provided: [Click here to enter text.](#)

1. Do you hold or are you the spouse or minor child who holds an elective office in the State of Illinois or hold a seat in the General Assembly? Yes No
2. Have you, your spouse, or minor child been appointed to or employed in any offices or agencies of State government and receive compensation for such employment in excess of 60% (\$106,447.20) of the salary of the Governor? Yes No
3. Are you or are you the spouse or minor child of an officer or employee of the Capital Development Board or the Illinois Toll Highway Authority? Yes No
4. Have you, your spouse, or an immediate family member who lives in your residence currently or who lived in your residence within the last 12 months been appointed as a member of a board, commission, authority, or task force authorized or created by State law or by executive order of the Governor? Yes No
5. If you answered yes to any question in 1-4 above, please answer the following: Do you, your spouse, or minor child receive from the vendor more than 7.5% of the vendor's total distributable income or an amount of distributable income in excess of the salary of the Governor (\$177,412.00)? Yes No
6. If you answered yes to any question in 1-4 above, please answer the following: Is there a combined interest of self with spouse or minor child more than 15% in the aggregate of the vendor's distributable income or an amount of distributable income in excess of two times the salary of the Governor (\$354,824.00)? Yes No

STEP 5

POTENTIAL CONFLICTS OF INTEREST RELATING TO PERSONAL RELATIONSHIPS

(Complete only if bid, offer, or contract has an annual value over \$50,000)
(Subcontractors with subcontract annual value of more than \$50,000 must complete)

Step 5 must be completed for each person disclosed in Step 2, Option A and for sole proprietors identified in Step 1, Option 6 above.

Please provide the name of the person for which responses are provided: [Click here to enter text.](#)

1. Do you currently have, or in the previous 3 years have you had State employment, including contractual employment of services? Yes No
2. Has your spouse, father, mother, son, or daughter, had State employment, including contractual employment for services, in the previous 2 years? Yes No

FINANCIAL DISCLOSURES AND CONFLICTS OF INTERESTS

3. Do you hold currently or have you held in the previous 3 years elective office of the State of Illinois, the government of the United States, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois? Yes No
4. Do you have a relationship to anyone (spouse, father, mother, son, or daughter) holding elective office currently or in the previous 2 years? Yes No
5. Do you hold or have you held in the previous 3 years any appointive government office of the State of Illinois, the United States of America, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois, which office entitles the holder to compensation in excess of expenses incurred in the discharge of that office? Yes No
6. Do you have a relationship to anyone (spouse, father, mother, son, or daughter) holding appointive office currently or in the previous 2 years? Yes No
7. Do you currently have or in the previous 3 years had employment as or by any registered lobbyist of the State government? Yes No
8. Do you currently have or in the previous 2 years had a relationship to anyone (spouse, father, mother, son, or daughter) that is or was a registered lobbyist? Yes No
9. Do you currently have or in the previous 3 years had compensated employment by any registered election or re-election committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections? Yes No
10. Do you currently have or in the previous 2 years had a relationship to anyone (spouse, father, mother, son, or daughter) who is or was a compensated employee of any registered election or reelection committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections? Yes No

STEP 6

EXPLANATION OF AFFIRMATIVE RESPONSES

(All vendors must complete regardless of annual bid, offer, or contract value)
(Subcontractors with subcontract annual value of more than \$50,000 must complete)

If you answered "Yes" in Step 4 or Step 5, please provide on an additional page a detailed explanation that includes, but is not limited to the name, salary, State agency or university, and position title of each individual.

STEP 7
POTENTIAL CONFLICTS OF INTEREST
RELATING TO DEBARMENT & LEGAL PROCEEDINGS
 (Complete only if bid, offer, or contract has an annual value over \$50,000)
 (Subcontractors with subcontract annual value of more than \$50,000 must complete)

This step must be completed for each person disclosed in Step 2, Option A, Step 3, and for each entity and sole proprietor disclosed in Step 1.

Please provide the name of the person or entity for which responses are provided: [Click here to enter text.](#)

1. Within the previous ten years, have you had debarment from contracting with any governmental entity? Yes No
2. Within the previous ten years, have you had any professional licensure discipline? Yes No
3. Within the previous ten years, have you had any bankruptcies? Yes No
4. Within the previous ten years, have you had any adverse civil judgments and administrative findings? Yes No
5. Within the previous ten years, have you had any criminal felony convictions? Yes No

If you answered “Yes”, please provide a detailed explanation that includes, but is not limited to the name, State agency or university, and position title of each individual. [Click here to enter text.](#)

STEP 8
DISCLOSURE OF CURRENT AND PENDING CONTRACTS
 (Complete only if bid, offer, or contract has an annual value over \$50,000)
 (Subcontractors with subcontract annual value of more than \$50,000 must complete)

If you selected Option 1, 2, 3, 4, or 6 in Step 1, do you have any contracts, pending contracts, bids, proposals, subcontracts, leases or other ongoing procurement relationships with units of State of Illinois government?

Yes No.

If “Yes”, please specify below. Additional rows may be inserted into the table or an attachment may be provided if needed.

Agency/University	Project Title	Status	Value	Contract Reference/P.O./Illinois Procurement Bulletin #
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Please explain the procurement relationship: [Click here to enter text.](#)

STEP 9

SIGN THE DISCLOSURE

(All vendors must complete regardless of annual bid, offer, or contract value)
(Subcontractors with subcontract annual value of more than \$50,000 must complete)

This disclosure is signed, and made under penalty of perjury for all for-profit entities, by an authorized officer or employee on behalf of the bidder or offeror pursuant to Sections 50-13 and 50-35 of the Illinois Procurement Code. This disclosure information is submitted on behalf of:

Name of Disclosing Entity: [Click here to enter text.](#)

Signature: _____

Date: [Click here to enter text.](#)

Printed Name: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#)

Email Address: [Click here to enter text.](#)

STATE OF ILLINOIS STANDARD CERTIFICATIONS

Vendor acknowledges and agrees that compliance with this subsection in its entirety for the term of the contract and any renewals is a material requirement and condition of this contract. By executing this contract Vendor certifies compliance with this subsection in its entirety, and is under a continuing obligation to remain in compliance and report any non-compliance.

This subsection, in its entirety, applies to subcontractors used on this contract. Vendor shall include these Standard Certifications in any subcontract used in the performance of the contract using the Standard Certification form provided by the State.

If this contract extends over multiple fiscal years, including the initial term and all renewals, Vendor and its subcontractors shall confirm compliance with this section in the manner and format determined by the State by the date specified by the State and in no event later than July 1 of each year that this contract remains in effect.

If the Parties determine that any certification in this section is not applicable to this contract it may be stricken without affecting the remaining subsections.

1. As part of each certification, Vendor acknowledges and agrees that should Vendor or its subcontractors provide false information, or fail to be or remain in compliance with the Standard Certification requirements, one or more of the following sanctions will apply:
 - the contract may be void by operation of law,
 - the State may void the contract, and
 - the Vendor and its subcontractors may be subject to one or more of the following: suspension, debarment, denial of payment, civil fine, or criminal penalty.

Identifying a sanction or failing to identify a sanction in relation to any of the specific certifications does not waive imposition of other sanctions or preclude application of sanctions not specifically identified.

2. Vendor certifies it and its employees will comply with applicable provisions of the United States Civil Rights Act, Section 504 of the Federal Rehabilitation Act, the Americans with Disabilities Act, and applicable rules in performance of this contract.
3. Vendor, if an individual, sole proprietor, partner or an individual as member of a LLC, certifies he/she is not in default on an educational loan. 5 ILCS 385/3.
4. Vendor, if an individual, sole proprietor, partner or an individual as member of a LLC, certifies it he/she has not received (i) an early retirement incentive prior to 1993 under Section 14-108.3 or 16-133.3 of the Illinois Pension Code or (ii) an early retirement incentive on or after 2002 under Section 14-108.3 or 16-133.3 of the Illinois Pension Code. 30 ILCS 105/15a; 40 ILCS 5/14-108.3; 40 ILCS 5/16-133.
5. Vendor certifies that it is a legal entity authorized to do business in Illinois prior to submission of a bid, offer, or proposal. 30 ILCS 500/1-15.80, 20-43.

6. To the extent there was a current Vendor providing the services covered by this contract and the employees of that Vendor who provided those services are covered by a collective bargaining agreement, Vendor certifies (i) that it will offer to assume the collective bargaining obligations of the prior employer, including any existing collective bargaining agreement with the bargaining representative of any existing collective bargaining unit or units performing substantially similar work to the services covered by the contract subject to its bid or offer; and (ii) that it shall offer employment to all employees currently employed in any existing bargaining unit who perform substantially similar work to the work that will be performed pursuant to this contract. This does not apply to heating, air conditioning, plumbing and electrical service contracts. 30 ILCS 500/25-80.
7. Vendor certifies it has neither been convicted of bribing or attempting to bribe an officer or employee of the State of Illinois or any other State, nor made an admission of guilt of such conduct that is a matter of record. 30 ILCS 500/50-5.
8. If Vendor has been convicted of a felony, Vendor certifies at least five years have passed after the date of completion of the sentence for such felony, unless no person held responsible by a prosecutor's office for the facts upon which the conviction was based continues to have any involvement with the business. 30 ILCS 500/50-10.
9. If Vendor or any officer, director, partner, or other managerial agent of Vendor has been convicted of a felony under the Sarbanes-Oxley Act of 2002, or a Class 3 or Class 2 felony under the Illinois Securities Law of 1953, Vendor certifies at least five years have passed since the date of the conviction. Vendor further certifies that it is not barred from being awarded a contract and acknowledges that the State shall declare the contract void if this certification is false. 30 ILCS 500/50-10.5.
10. Vendor certifies it is not barred from having a contract with the State based upon violating the prohibitions related to either submitting/writing specifications or providing assistance to an employee of the State of Illinois by reviewing, drafting, directing, or preparing any invitation for bids, a request for proposal, or request of information, or similar assistance (except as part of a public request for such information). 30 ILCS 500/50-10.5(e), *amended* by Pub. Act No. 97-0895 (August 3, 2012).
11. Vendor certifies that it and its affiliates are not delinquent in the payment of any debt to the State (or if delinquent has entered into a deferred payment plan to pay the debt), and Vendor and its affiliates acknowledge the State may declare the contract void if this certification is false or if Vendor or an affiliate later becomes delinquent and has not entered into a deferred payment plan to pay off the debt. 30 ILCS 500/50-11, 50-60.
12. Vendor certifies that it and all affiliates shall collect and remit Illinois Use Tax on all sales of tangible personal property into the State of Illinois in accordance with provisions of the Illinois Use Tax Act and acknowledges that failure to comply may result in the contract being declared void. 30 ILCS 500/50-12.
13. Vendor certifies that it has not been found by a court or the Pollution Control Board to have committed a willful or knowing violation of the Environmental Protection Act within the last five years, and is therefore not barred from being awarded a contract. 30 ILCS 500/50-14.

14. Vendor certifies it has neither paid any money or valuable thing to induce any person to refrain from bidding on a State contract, nor accepted any money or other valuable thing, or acted upon the promise of same, for not bidding on a State contract. 30 ILCS 500/50-25.
15. Vendor certifies it is not in violation of the "Revolving Door" provisions of the Illinois Procurement Code. 30 ILCS 500/50-30.
16. Vendor certifies that it has not retained a person or entity to attempt to influence the outcome of a procurement decision for compensation contingent in whole or in part upon the decision or procurement. 30 ILCS 500/50-38.
17. Vendor certifies that if it has hired a person required to register under the Lobbyist Registration Act to assist in obtaining any State contract, that none of the lobbyist's costs, fees, compensation, reimbursements, or other remuneration were billed to the State. 30 ILCS 500\50-38.
18. Vendor certifies it will report to the Illinois Attorney General and the Chief Procurement Officer any suspected collusion or other anti-competitive practice among any bidders, offerors, contractors, proposers, or employees of the State. 30 ILCS 500/50-40, 50-45, 50-50.
19. Vendor certifies steel products used or supplied in the performance of a contract for public works shall be manufactured or produced in the United States, unless the executive head of the procuring Agency/University grants an exception. 30 ILCS 565.
20. Drug Free Workplace
 - 20.1 If Vendor employs 25 or more employees and this contract is worth more than \$5,000, Vendor certifies it will provide a drug free workplace pursuant to the Drug Free Workplace Act.
 - 20.2 If Vendor is an individual and this contract is worth more than \$5000, Vendor certifies it shall not engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance during the performance of the contract. 30 ILCS 580.
21. Vendor certifies that neither Vendor nor any substantially owned affiliate is participating or shall participate in an international boycott in violation of the U.S. Export Administration Act of 1979 or the applicable regulations of the United States. Department of Commerce. 30 ILCS 582.
22. Vendor certifies it has not been convicted of the offense of bid rigging or bid rotating or any similar offense of any state or of the United States. 720 ILCS 5/33 E-3, E-4.
23. Vendor certifies it complies with the Illinois Department of Human Rights Act and rules applicable to public contracts, which include providing equal employment opportunity, refraining from unlawful discrimination, and having written sexual harassment policies. 775 ILCS 5/2-105.
24. Vendor certifies it does not pay dues to or reimburse or subsidize payments by its employees for any dues or fees to any "discriminatory club." 775 ILCS 25/2.

25. Vendor certifies that no foreign-made equipment, materials, or supplies furnished to the State under the contract have been or will be produced in whole or in part by forced labor or indentured labor under penal sanction. 30 ILCS 583.
26. Vendor certifies that no foreign-made equipment, materials, or supplies furnished to the State under the contract have been produced in whole or in part by the labor of any child under the age of 12. 30 ILCS 584.
27. Vendor certifies that any violation of the Lead Poisoning Prevention Act, as it applies to owners of residential buildings, has been mitigated. 410 ILCS 45.
28. Vendor warrants and certifies that it and, to the best of its knowledge, its subcontractors have and will comply with Executive Order No. 1 (2007). The Order generally prohibits Vendors and subcontractors from hiring the then-serving Governor's family members to lobby procurement activities of the State, or any other unit of government in Illinois including local governments if that procurement may result in a contract valued at over \$25,000. This prohibition also applies to hiring for that same purpose any former State employee who had procurement authority at any time during the one-year period preceding the procurement lobbying activity.
29. Vendor certifies that information technology, including electronic information, software, systems and equipment, developed or provided under this contract comply with the applicable requirements of the Illinois Information Technology Accessibility Act Standards as published at (www.dhs.state.il.us/iitaa) 30 ILCS 587.
30. Vendor certifies that it has read, understands, and is in compliance with the registration requirements of the Elections Code (10 ILCS 5/9-35) and the restrictions on making political contributions and related requirements of the Illinois Procurement Code. 30 ILCS 500/20-160 and 50-37. Vendor will not make a political contribution that will violate these requirements.

In accordance with section 20-160 of the Illinois Procurement Code, Vendor certifies as applicable:

Vendor is not required to register as a business entity with the State Board of Elections.

or

Vendor has registered with the State Board of Elections. As a registered business entity, Vendor acknowledges a continuing duty to update the registration as required by the Act.

31. Vendor certifies that if it is awarded a contract through the use of the preference required by the Procurement of Domestic Products Act, then it shall provide products pursuant to the contract or a subcontract that are manufactured in the United States. 30 ILCS 517.
32. For contracts other than construction contracts subject to the requirements of 30 ILCS 500/30-20 and 30 ILCS 500/33-10, a person (other than an individual acting as a sole proprietor) must be a duly constituted legal entity to qualify as a bidder or offeror prior to submitting a bid, offer, or

proposal. 30 ILCS 500/20-43. Vendor certifies that it is a legal entity as of the date for submitting this bid, offer, or proposal.

33. Vendor certifies that, for the duration of this contract it:

- will post its employment vacancies in Illinois and border states on the Department of Employment Security's IllinoisJobLink.com website or its successor system; or
- will provide an online link to these employment vacancies so that this link is accessible through the IllinoisJobLink.com website or successor system; or
- is exempt from 20 ILCS 1005/1005-47 because the contract is for construction-related services as that term is defined in section 1-15.20 of the Procurement Code; or the contract is for construction and vendor is a party to a contract with a bona fide labor organization and performs construction. (20 ILCS 1005/1005-47).

SUBCONTRACTOR DISCLOSURES

Will the Applicant utilize subcontractors for core MPCEO services? Yes No

If yes, please indicate which of the following services subcontractors will provide.

- Patient Navigators Personal Health Care Consultants SDOH Services
Language Access Other, specify

Other: _____

A subcontractor is a person or entity that enters into a contractual agreement with a total value of \$50,000 or more with a person or entity who has a contract subject to the Illinois Procurement Code pursuant to which the person or entity provides some or all of the goods, services, real property, remuneration, or other monetary forms of consideration that are the subject of the primary State contract, including subleases from a lessee of a State contract.

The maximum percentage of the goods or services that are the subject of this response and the resulting contract that may be subcontracted is 20 percent unless otherwise approved by the Department. All contracts with subcontractors must include Standard Certifications completed and signed by the subcontractor.

Identify below subcontracts with an annual value of \$50,000 or more that will be utilized in the performance of the contract, the names and addresses of the subcontractors, and a description of the work to be performed by each.

1. Subcontractor Name: _____
 Anticipated/Estimated Amount to Be Paid: _____
 Address: _____
 Description of Work: _____

2. Subcontractor Name: _____
 Anticipated/Estimated Amount to Be Paid: _____
 Address: _____
 Description of Work: _____

If additional space is necessary to provide subcontractor information, please use an addition page.

For the subcontractors identified above, the Applicant must provide each subcontractor’s Financial Disclosures and Conflicts of Interest to the State.

Signature of Authorized Representative: _____

Printed Name of Signatory: _____

Applicant Name: _____

Date: _____

Phone: _____

Email: _____

BEP Utilization Plan

Responding entities will download and complete the State of Illinois [BEP Utilization plan](#) as part of the application process.

Download the BEP Utilization Plan at <https://cei.illinois.gov/content/dam/soi/en/web/cei/documents/U-Plan%20V.24.1.pdf>.