

CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

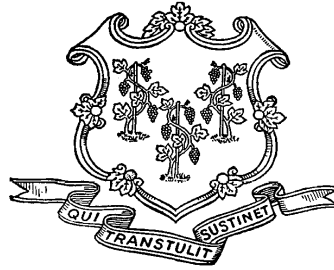
PLAN FOR PROCUREMENT OF HEALTH AND HUMAN SERVICES

BASED ON STATE FISCAL YEAR 2008 CONTRACTING ACTIVITIES

August 11th, 2008



J. Robert Galvin, M.D., M.P.H., M.B.A.
Commissioner



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Acknowledgements

Catherine Kennelly

*Chief Administrative Officer
Administration Branch*

Michael J. Purcaro

*Section Chief
Contracts and Grants Management Section
(860) 509-7982 - direct*

Bruce Wallen

*Contract Operations Manager
Contracts and Grants Management Section
(860) 509-7172 – direct*

Angela Sacco

*Associate Research Analyst
Contracts and Grants Management Section
(860) 509-7708 – direct*

The Contracts and Grants Management Section gratefully acknowledges the cooperation and content contributions of the Public Health Initiatives Branch in the preparation of this report.

Table of Contents

1	Plan Purpose and Background
2	Plan Approach and Process
3	Oversight and Additional Factors
4	Implementation
5	Appendix

Plan Purpose and Background

In 2005 the Connecticut Attorney General was asked by the Secretary of the Office of Policy and Management (OPM) for a formal opinion regarding the difference between Purchase of Service (POS) and Personal Service Agreement (PSA) contracts and the applicability to POS contracts of Conn. Gen. Stat. §4-212, *et seq*, which requires competitive procurement of contracted services.

The Attorney General's formal opinion indicated that there is no legal distinction between a PSA and a POS, even though OPM may choose to establish certain administrative procedures treating these types of agreements differently; they are both valid vehicles for entering into binding State contracts. Additionally, the opinion stated that POS contracts, like PSA contracts, are also subject to the competitive procurement provisions of Conn. Gen. Stat. § 4-212, *et seq*.

Based on the formal opinion of the Attorney General (#2005-031), the Connecticut Department of Public Health (DPH) is required by OPM to develop a plan for implementation of competitive procurement for POS contracts issued by the Agency. DPH therefore submits this Procurement Plan for its Human Service contracts.

Current Structure and Contracting Practice

For the 2008 SFY, DPH has 267 POS human service contracts for the provision of services to the public. A majority of these contracts provide medical and/or counseling services to uninsured, underinsured or underserved populations.

The 267 POS contracts cover services funded by seven separate program areas and twenty-seven unique service groups. The DPH Contract and Grants Management Section (CGMS) has a history of encouraging competitive procurement contracts and the following represents the breakdown of the current and in process contracting activities related to competitiveness, according to criteria described in following sections of this Plan.

- **By Program:**

- Program Areas Awarding Contracts considered Exempt from Competition = 4
- Program Areas Awarding All Competitive and/or Exempt Contracts = 2
- Program Areas Awarding Some Contracts Non-Competitively = 1

Note: No program areas are awarding all non-competitive contracts unless services supporting the entire program are perceived to be exempt from competition.

- **By Service Group:**

- Contract Service Groups Considered Exempt from Competition = 17
- Contract Service Groups Awarding All Contracts Competitively = 6
- Contract Service Groups Awarding Most Contracts Competitively = 2
- Contract Service Groups Not Awarding Contracts Competitively = 2

Note: Three of the Service Groups considered "Exempt from Competition" still issued some competitive contracts; The two Service Groups not awarding contracts competitively are scheduled for termination

- **By Contract:**

- Competitively Awarded Contracts = 136
- Contracts Considered Exempt from Competition = 126
- Contracts Not Awarded Competitively = 5

Special Criteria for Exemption from Competition

This procurement plan includes in the following sections a list of criteria applied by DPH to determine when POS contracts are considered by DPH to be exempt from competition and listed as such above. In addition to the criteria listed, the following describes in further detail two major areas of exemption from competition which apply to contracts issued by DPH:

- **Grants made to Federally Qualified Health Centers (FQHC)** - FQHCs were established in the 1960s as part of the federal government's "War on Poverty" to provide personalized medical care to all people based on a that no patient would be turned away, regardless of ability to pay. FQHCs have become an integral part of the public health infrastructure for Connecticut and have taken on the role that was historically fulfilled by local public health departments with regard to immunizations, testing for sexually transmitted diseases, health education and dental care. Connecticut's FQHCs are the state's largest primary care delivery system in this state for the uninsured and underserved population. For more than forty years, FQHCs have provided services to those with little or no ability to pay for health care.

FQHCs do not compete with each other. Each FQHC establishes its own "catchment area" and its federal grants are contingent on its maintenance of "collaborative relationships with other health care providers in the catchment area of the center". See 42 USC 254b(j)(3). See also, 42 CFR Part 51c.

A formal opinion from the Connecticut Attorney General in 2004 (#2004-020) stated that FQHCs do not compete with each other thereby exempting contracts with these service providers from the requirements of Conn. Gen. Stat. § 4-212, *et seq.*, for the purpose of contracts earmarked for such institutions. Thirteen of the contracts DPH considers exempt distribute funds to all of Connecticut's FQHCs to help fund healthcare services they each perform.

- **Grants made to Connecticut municipal health authorities** - Connecticut's Local Health Departments and/or Local Health Districts act as an extension of DPH for the provision and monitoring of health services in Connecticut. Pursant to statute, the municipal health authorities "shall enforce or assist in the enforcement of the Public Health Code and such regulations as may be adopted by the commissioner of Public Health". See Conn. Gen. Stat. § 19a-207.

The planning, monitoring, regulatory, oversight and other services provided by Local Health Departments/Districts, in their respective communities are essential to DPH's ability to meet its statewide planning, oversight and regulatory goals and are critical to protecting the health and wellbeing of Connecticut residents. Forty-six (46) of the contracts DPH considers exempt distribute funds to Connecticut's full-time local health departments to fund preventive health services as a direct extension of DPH initiatives implemented at the local level.

Competitive procurements initiated by DPH are administered in accordance with guidelines issued by OPM and the Department of Administrative Services (DAS). Contracting opportunities are posted on the DAS Procurement Portal and advertised in appropriate media outlets. For each procurement, an evaluation committee is appointed and is comprised of individuals who are knowledgeable about the services being procured. Evaluation criteria appropriate to the requested services and needs of DPH are established prior to the issuance of the solicitation and all submitted proposals are evaluated based on those criteria. While cost is a factor in determining the award of a contract, other criteria such as the following may also be considered, as conditions warrant:

- Contractor's demonstrated ability to provide the requested services
- Contractor's past performance on similar contracts
- Quality of services provided by contractor
- Availability of services provided by contractor
- Contractor's "staff-to-patient" ratio
- Contractor's quality control mechanisms

The evaluation committee determines weighting of the selected criteria based on the needs of the target population and the services being procured. Cost may not be the most important factor in determining the award of the contract.

Plan Approach and Process

The overall goal of competitive procurement is to achieve an open, transparent, fair contracting process that encourages competition and helps achieve cost-effective, standardized contracts/processes and enhances and achieves accountability by and among contractors. DPH does not currently issue consolidated contracts thereby eliminating the need to unbundle services in order to solicit competition.

DPH generally issues multiple contracts within service groups with uniform starting dates conforming to the start of the financial fiscal year of the funding source. It is therefore logical to initiate competition for an entire service group when possible.

Factors Considered

Several important factors shall be considered by DPH when determining when and/or how to re-compete a particular contract or service group. Agency plans for competitive procurement of human services must meet operational requirements and be in accordance with existing legislation (including P.A. 07-195), regulations and policies. Contract planning for human services must consider the primacy of the client. Re-bidding contracts should not take priority over continuity of care for potentially vulnerable populations and should minimize disruption of services. Multi-funded programs will need to coordinate Request for Proposal (RFP) issuance to ensure that programs remain fully operational.

Development of re-bidding schedules will involve consideration of the date of the last RFP and the impact of the re-bidding schedule on contracts that may be in place through other state agencies. The performance history of current contractors must also be considered. Contracts held by the best performing contractors and those contracts that have been recently bid or re-bid are good candidates to be initially renewed without competition and re-bid at a future renewal cycle.

Due to the extra administrative burden, on DPH and contractors, created by the RFP process, DPH must introduce efficiencies into the re-competition schedule. While DPH currently issues multi-year contracts with a maximum term of three years, DPH will propose longer-term contracts where appropriate to reduce the frequency of re-bidding and to allow staggered RFP issuance. DPH also proposes that contracts issued via RFP include provisions for extension of time without competition, when warranted and appropriate and at the sole discretion of DPH. However, new providers with no performance history and/or contracts for new program services should be maintained at shorter contract periods until an acceptable performance history has been demonstrated.

Benefits of longer-term multi-year contracts for both state agencies and private providers include:

- Stabilized services and contractor relationships
- Long-term program and performance targets
- Reduced paperwork

Guidelines for Competitive Procurement

The following principles should guide the DPH procurement process:

- All except exempt human services procurements should be subject to RFP
- Agency procurement policies and procedures conform to OPM guidelines
- Primacy of client, minimal disruption of services, adequate protection in policies and procedures are considered to ensure the necessary continuity of care
- Contracting procedures must comply with existing statutes, regulations and policies, including P.A.07-195
- DPH operational requirements must be satisfied
- Evaluation of proposals, to determine selected contractor, shall include items such as community history, experience with the client population, past performance, etc., to base award on best value rather than lowest cost
- Multi-year, long-term, contracts with options for renewal shall be allowed, to achieve a stable yet dynamic purchasing process
- All eligible providers shall have an equal opportunity to compete: no RFP requirements that discriminate unnecessarily, either directly or indirectly, against potential providers
- With all other things being equal, current providers shall not be given priority consideration
- Coordination of RFP schedules among agencies with joint-funded programs will be necessary
- Inter-agency communication should take place, to share procurement information and expertise
- Public and timely notification of procurement opportunities must be provided
- Providers cannot assist in development of an RFP

Criteria for Granting Exemptions/Waivers from Competitive Procurement

DPH may apply to OPM for a waiver or exemption from competitive bid for contracts under certain circumstances. The following are some criteria that DPH may cite for requesting such exemptions/waivers from competitive procurement:

- The contract is for core life services for vulnerable clients
- Continuity of care outweighs the need to competitively bid
- Competing providers are not available in a geographic area of need
- Contracts are being issued to all, or most, providers of a particular type that meet DPH or state license requirements and that are highly regulated and inspected
- The state has invested a significant amount of bond money in real estate for a program and the contractor has provided lien and/or lease guarantees that would require repayment
- The contractor has been identified in legislation by the governor or by the approved state budget process

- There are zoning or site implications that make competition problematic
- The state is contracting with municipalities or other governmental entities
- Emergency services are needed
- RFP costs exceed the value of the contracted services

Oversight

Within DPH there are five separate oversight processes to insure that contracting follows approved processes. The Contracts and Grants Management Section (CGMS) within DPH oversees the majority of contracting processing for the agency to achieve conformance with established requirements prior to contract issuance. A separate unit within DPH oversees and manages the RFP process so that all standards and processes associated with RFP issuance, establishment of an evaluation committee, proposal review, and document processing are completed accurately and according to established procedures.

Before a contract or an RFP can be processed by DPH, the request must be approved by administrative staff within the issuing program unit, the accounting staff within the DPH Fiscal Office and by Fiscal Administration. Before a contract can be executed, an additional review and approval is required by the agency's Chief Administrative Officer. DPH's policy to involve these multiple internal reviews serves to achieve compliance with state policies.

OPM, as the agency that approves all contracts over \$50,000 and all waivers from competitive bidding for contracts over \$20,000, provides an additional statewide level of oversight and contracting control for DPH and all other Executive Branch agencies. DPH continues to apply to OPM for waivers from competitive procurement when the criteria for granting such exemptions are met.

Additional Factors

In the process of adopting changes to procurement practices, it is important to be cognizant of factors that may impact contractors and the State. This is especially true when contracting with providers that hold contracts for multiple services and/or with multiple state agencies. The following are examples of considerations that are necessary when implementing competition in contracts that previously were non-competitive:

- An individual contract could adversely impact the financial viability of a contractor or the State's cost for other services from that contractor. Administrative costs are allocated to various contracts that the provider holds. A contractor's loss of one or more contracts may result in administrative costs being redistributed among remaining contracts or being absorbed by the contractor.
- Communication among State agencies, and between the State and providers is extremely important. Collaboration should take place when different agencies issue bid requests for similar services. There is potential that individual program costs could be reduced by timing contract implementation to coincide with services initiated by another State agency, thereby more effectively utilizing a provider's capacity to provide consolidated services.

- It is important that the notification system ensure that current providers do not miss an opportunity to re-compete for existing contracts.
- Requests for bid must allow an adequate time for response by providers. Too short a timeframe may prevent a provider from assembling a comprehensive response.
- The satisfaction of the customer, or client-base, should be considered as part of the evaluation process for re-competition of existing contracts.
- Cost of services may not be the most important consideration when evaluating bid proposals to determine the highest ranked qualified contractor.

Implementation

Included with this plan is an Appendix listing all current DPH POS contracting program areas. Each program area listing includes the program name, statutory authority, description of services, need for services narrative, a contract summary, and information related to procurement practices. For those contracts that are treated as exempt from competition, a narrative justification and/or non-competitive justification criteria are included.

Dates of last competitive bid solicitation are listed for each program area and an indication of future planned solicitations. Most importantly, dates for the next planned or anticipated competitive bid solicitation are listed. DPH expects to use this Appendix to guide future and ongoing bid activities associated with contract activities at DPH.

The information is presented as an Appendix and uses a format that facilitates updates as new or changed information is identified and program areas are either added or eliminated. The information provided is intended as guidance to OPM, other state agencies and to DPH staff by citing the basis for establishing bidding priorities and for monitoring/tracking bidding timeframes. The Appendix will therefore be periodically updated by DPH to maintain its usefulness.

Future Implementation Considerations

DPH currently plans competitive re-bidding of contracts to occur on a three-year cycle as illustrated by the attached Appendix. With submission of this Procurement Plan, DPH requests approval to implement changes to the procurement and contracting cycle as outlined in the plan.

Specifically:

- DPH will extend the contract term associated with competitive contracts to five years when appropriate and consistent with provisions of this Procurement Plan.
- DPH will include a provision for up to two (2) possible contract extensions for competitively awarded contracts at the discretion of DPH.
 - o The first extension would be for a maximum period of two years;
 - o The second extension would be for a maximum of one year.

These extension periods will allow flexibility in the transition of services:

- o when programs are eliminated,
- o when services are transitioned to another program area,
- o when services are transitioned to new providers, and/or
- o for additional time to solicit high quality proposals.

- o to allow implementation of a fully staggered bidding and contract award cycle that equally distributes bidding/contracting activities over an anticipated five to seven year timeline.
- DPH will gradually implement the extended periods as appropriate when future RFPs are issued and update the Procurement Plan Appendix accordingly.
- DPH will maintain a maximum original contract term of three years for exempt and non-competitively awarded contracts. This limit facilitates more frequent review of the contracts to allow:
 - o confirmation that the reason for exemption still applies
 - o determination that the service is still required or
 - o confirmation that the procurement and contracting assumptions are still valid.
- DPH will continue to request, through OPM, extension of exempt and non-competitively awarded contracts through the amendment process:
 - o to address unforeseen circumstances or
 - o to allow a smooth transition to a competitive process in the future.

Appendix

Connecticut Department of Public Health
HUMAN SERVICES PROCUREMENT - SFY 2008

DPH

Laboratory Branch - LAB

8/11/2008

Micro Section

Program Name: Laboratory Programming

Statutory Authority: 4-8; 19a-2a, 19a-32

Abbreviation: LAB

Description of Services: Laboratory Biological Sciences - Newborn Screening Program provides time critical confirmatory testing of all CT born children for life threatening genetic disorders.

Problem/Need for

Services: Prevent deaths and lessen hospitalizations by identifying genetic disorders that can be life threatening if not treated/managed from the time of birth. Advances in the early identification and treatment of children with genetic disease has resulted in extending their lives into adulthood.

Date of Last RFP: _____

Future RFP is Planned: No _____

Date of Next RFP: _____

**Non-Competitive
Justification/**

Explanation:

Contract supports remote Newborn Screening testing for the DPH Public Health Laboratory in the event its capacity is lost or exceeded. The contractor is the only laboratory in the region with the equipment, training and capacity to provide back-up service in support of the Newborn Screening Program.

.....

**Non Competitive
Justification Criteria:**

- Contracting is for core life services for vulnerable clients
 - Need for continuity of care outweighs need for competition
 - Competing providers not available in geographic area of need
 - Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements
 - Significant bond money investment with contractor providing lien and/or lease guarantees
 - Contractor/s identified by governor, legislation, or approved state budget process
 - Zoning or site implications make competition problematic
 - State contracting is with municipalities or other public/ governmental entities
 - Emergency services are needed
 - RFP costs exceed the value of the contracted services
-

8/11/2008

ACD Section

Program Name: HIV/AIDS Health Care Support Services (HCSS)

Statutory Authority: 4-8; 19a-2a; 19a-32; 124; 121-a, c

Abbreviation: AIDS HCSS

Description of Services: The Health Care and Support Services Unit of the AIDS and Chronic Diseases Section maintains a coordinated spectrum of HIV/AIDS related care and support services including but not limited to: Case Management, ambulatory/outpatient medical care; housing; transportation to medical services; emergency financial assistance; legal services; permanency planning; nutritional support; mental health related services that are also provided to HIV affected children; Oral Health Care; Medication Adherence and HIV/AIDS Drug Assistance.

Problem/Need for

Services: AIDS in Connecticut continues to grow. Intravenous drug users and women and children make up higher proportions of persons with AIDS within the state than they do nationally. Based on comparisons of state data with national statistics, Blacks and Hispanics are disproportionately at risk for AIDS in Connecticut. This is especially true in Bridgeport, New Haven and Hartford. These three urban areas account for over 49% of AIDS cases in the state. The largest proportions of Connecticut's AIDS cases are among Intravenous Drug Users (IDUs) (50%) and among men who have had sex with men (20%). The HIV risk among young gay men, men of color who have sex with men, and recidivism among older gay men are also important concerns. In 2002, AIDS cases have been diagnosed in 165 of the 169 towns in Connecticut.

Date of Last RFP: 4/10/2008

Future RFP is Planned: Yes

Date of Next RFP: 3/31/2010

Non-Competitive Justification/ Explanation:

Non Competitive Justification Criteria:

- Contracting is for core life services for vulnerable clients
- Need for continuity of care outweighs need for competition
- Competing providers not available in geographic area of need
- Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements
- Significant bond money investment with contractor providing lien and/or lease guarantees
- Contractor/s identified by governor, legislation, or approved state budget process
- Zoning or site implications make competition problematic
- State contracting is with municipalities or other public/ governmental entities
- Emergency services are needed
- RFP costs exceed the value of the contracted services

8/11/2008

ACD Section

Program Name: AIDS Prevention Services

Statutory Authority: 4-8; 19a-2a; 19a-32; 124; 121-a, c

Abbreviation: AIDS Prev

Description of Services: The AIDS (Acquired-immune Deficiency Syndrome) Prevention and Treatment program maintains a coordinated spectrum of linked HIV prevention and care services that include: counseling and testing services, risk reduction education, outreach to drug users, needle exchange, referral to drug treatment and care, case management, social marketing, and public information campaigns.

Problem/Need for

Services: AIDS in Connecticut continues to grow. Intravenous drug users and women and children make up higher proportions of persons with AIDS within the state than they do nationally. Based on comparisons of state data with national statistics, Blacks and Hispanics are disproportionately at risk for AIDS in Connecticut. This is especially true in Bridgeport, New Haven and Hartford. These three urban areas account for over 49% of AIDS cases in the state. The largest proportions of Connecticut's AIDS cases are among Intravenous Drug Users (IDUs) (49%) and among men who have had sex with men (22%). The HIV risk among young gay men, men of color who have sex with men, and recidivism among older gay men are also important concerns. In 2003, AIDS cases have been diagnosed in 165 of the 169 towns in Connecticut.

Date of Last RFP: 5/23/2008

Future RFP is Planned: Yes

Date of Next RFP: 3/31/2011

Non-Competitive Justification/ Explanation:

Non Competitive Justification Criteria:

- Contracting is for core life services for vulnerable clients
- Need for continuity of care outweighs need for competition
- Competing providers not available in geographic area of need
- Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements
- Significant bond money investment with contractor providing lien and/or lease guarantees
- Contractor/s identified by governor, legislation, or approved state budget process
- Zoning or site implications make competition problematic
- State contracting is with municipalities or other public/ governmental entities
- Emergency services are needed
- RFP costs exceed the value of the contracted services

8/11/2008

ACD Section

Program Name: Heart Disease and Stroke Prevention

Statutory Authority: 4-8; 19a-2a; 19a-32

Abbreviation: HDSP

Description of Services: The Heart Disease and Stroke Prevention Program (HDSP) works to decrease the overall burden of heart disease and stroke among Connecticut residents. The HDSP bases initiatives on the five capacity building objectives stipulated by the Centers for Disease Control and Prevention (CDC): develop and coordinate partnerships; develop scientific capacity to define the CVD burden; develop an inventory of policy and environmental strategies; develop a state plan; and provide training and technical assistance.

HDSP initiatives also seek to develop population-based strategies and culturally-competent strategies for priority populations.

The specific focus of initiatives address controlling high blood pressure and high blood cholesterol, knowing the signs and symptoms of heart attack and calling 9-1-1, improving emergency response and quality of care, and eliminating disparities.

Problem/Need for

Services: Heart disease and stroke are the leading causes of death in the state and have been identified as a DPH priority in the state health plan. More than half of all CVD deaths are considered to be premature and preventable by modifying lifestyles to avoid associated risks. Healthy People 2010 objectives: Diabetes: 5-1, 5-4, 5-7; Educational and Community-based Programs: 7-2, 7-5, 7-8, 7-11, 7-12; Heart Disease and Stroke: 12-1, 12-7, 12-8, 12-9, 12-10, 12-11, 12-12, 12-13, 12-14, 12-15; Nutrition and Overweight: 19-1, 19-2, 19-3, 19-5.1, 19-5.2, 19-8.1, 19-8.2, 19-11.1, 19-15, 19-16; Physical Activity and Fitness: 22-1, 22-2, 22-3, 22-6, 22-7, 22-8, 22-9, 22-11, 22-12, 22-13, 22-14, 22-15; Tobacco Use: 27-1, 27-2, 27-3, 27-4, 27-5, 27-10, 27-12.

Date of Last RFP: 10/1/2007

Future RFP is Planned: Yes

Date of Next RFP: 3/31/2009

Non-Competitive Justification/

Explanation: *Contracts are typically issued to municipal health depts./districts and/or Community Health Centers (FQHCs) and should be exempt from competition. Competitive solicitation is normally sought though, and expected to be in the future, because awards are made to a subset of those providers.*

Non Competitive Justification Criteria:

- Contracting is for core life services for vulnerable clients
- Need for continuity of care outweighs need for competition
- Competing providers not available in geographic area of need
- Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements
- Significant bond money investment with contractor providing lien and/or lease guarantees
- Contractor/s identified by governor, legislation, or approved state budget process
- Zoning or site implications make competition problematic
- State contracting is with municipalities or other public/ governmental entities
- Emergency services are needed
- RFP costs exceed the value of the contracted services

8/11/2008

ACD Section

Program Name: Well Integrated Screening and Evaluation for Women Across the Nation

Statutory Authority: 4-8; 19a-2a; 19a-32

Abbreviation: WISEWOMAN

Description of Services: The purpose of this program is to reduce morbidity and mortality from cardiovascular disease by screening for cardiovascular disease risk factors and to provide education and lifestyle modification interventions to those women found at risk. The lifestyle modification component provides counseling on improving diet and increasing physical activity.

Problem/Need for

Services: Cardiovascular diseases account for nearly 40% of all adult deaths annually in the United States and are the leading causes of death for both genders among all ethnic and racial groups. Similarly, 41% of Connecticut Deaths are due to cardiovascular diseases (1998 Vital Statistics). Data from the National Center for Health Statistics (1993-1997) indicate, among Connecticut women, cardiovascular death rates increase as women age with a notable increase among ages 45 - 64. For women of all ages, the death rate for black women is 40% higher than for white women.

Date of Last RFP: 7/1/2005

Future RFP is Planned: Yes

Date of Next RFP: 10/1/2008

Non-Competitive Justification/ Explanation:

.....

Non Competitive Justification Criteria:

- Contracting is for core life services for vulnerable clients
- Need for continuity of care outweighs need for competition
- Competing providers not available in geographic area of need
- Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements
- Significant bond money investment with contractor providing lien and/or lease guarantees
- Contractor/s identified by governor, legislation, or approved state budget process
- Zoning or site implications make competition problematic
- State contracting is with municipalities or other public/ governmental entities
- Emergency services are needed
- RFP costs exceed the value of the contracted services

8/11/2008

ACD Section

Program Name: Connecticut Breast and Cervical Cancer Early Detection Program

Statutory Authority: 4-8; 19a-2a; 19a-32

Abbreviation: CBCCEDP

Description of Services: Connecticut Breast & Cervical Cancer Early Detection Program: The purpose of this program is to reduce breast and cervical cancer mortality by diagnosing breast and cervical cancers at earlier stages by providing screening and follow-up services to women in Connecticut who are 40 years of age and older (Age 19 and older for Pap tests, age 35-39 for mammograms, if risk factors or symptoms are present.) who have no evidence of health insurance or health insurance that does not cover these services.

Problem/Need for

Services: Approximately 133,000 Connecticut women ages 19-64 are uninsured. This figure does not include the estimated 42,000 Connecticut women age 40-64 whose insurance does not cover mammograms and are eligible for program services. Approximately 100,000 of Connecticut's women age 40 and older have never had a mammogram. (HP2010: 3-3, 3-4)

Date of Last RFP: 7/1/2005

Future RFP is Planned: Yes

Date of Next RFP: 10/1/2008

Non-Competitive Justification/ Explanation:

Non Competitive Justification Criteria:

- Contracting is for core life services for vulnerable clients
- Need for continuity of care outweighs need for competition
- Competing providers not available in geographic area of need
- Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements
- Significant bond money investment with contractor providing lien and/or lease guarantees
- Contractor/s identified by governor, legislation, or approved state budget process
- Zoning or site implications make competition problematic
- State contracting is with municipalities or other public/ governmental entities
- Emergency services are needed
- RFP costs exceed the value of the contracted services

8/11/2008

FH Section

Program Name: Oral Health Program

Statutory Authority: 4-8; 19a-2a; 19a-32

Abbreviation: DENTAL

Description of Services: Activities of the Oral Health Unit include: 1) Provide technical assistance and oversight of the activities of community-based work groups striving to develop and integrate oral health care delivery systems within their own communities. 2) Enable or expand the clinical capacity of public and private non-profit dental facilities to meet or exceed Healthy People 2010 oral health objectives for the placement of dental sealants in children. 3) Fund Community Health Center (CHC) dental services to uninsured and underinsured child participants in these projects. 4) Fund School Based Health Center dental clinic components in four communities to provide comprehensive oral health assessments including dental screenings and sealants for needy and vulnerable children. Beginning in SFY 2006, the dental program also includes a 2 year demonstration grant component for Childhood Dental Sealants that has the objectives of expanding dental sealant placement in underserved children in targeted schools and increasing entry into long term dental services.

Problem/Need for

Services: Results of DPH assessments of dental provider availability and accessibility and oral health needs of Connecticut residents reveal statewide lack of adequate oral health care access for socially and economically disadvantaged populations. Provision of dental care in community health centers, hospitals, local health departments or schools addresses many of the issues and obstacles to oral health care access for these populations.

Date of Last RFP: 7/1/2007

Future RFP is Planned: No

Date of Next RFP: 7/2/2008

Non-Competitive Justification/ Explanation:

Underserved populations receive services provided by this program through contractual relationships with Community Health Centers (FQHCs) or public/governmental agencies such as School Based Health Centers and/or Local Health Dept./Districts. Bids are sought however to award supplemental or specialized services that are not to be provided by all Dental service providers.

Non Competitive Justification Criteria:

- Contracting is for core life services for vulnerable clients
- Need for continuity of care outweighs need for competition
- Competing providers not available in geographic area of need
- Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements
- Significant bond money investment with contractor providing lien and/or lease guarantees
- Contractor/s identified by governor, legislation, or approved state budget process
- Zoning or site implications make competition problematic
- State contracting is with municipalities or other public/ governmental entities
- Emergency services are needed
- RFP costs exceed the value of the contracted services

8/11/2008

FH Section

Program Name: Expanded School Health Services

Statutory Authority: 4-8; 19a-2a; 19a-32; 19a-5; 10-40

Abbreviation: SHS_EXPAN

Description of Services: To provide increased and/or enhanced School Based Health Services.

Problem/Need for Services:

Date of Last RFP: _____

Future RFP is Planned: No _____

Date of Next RFP: _____

Non-Competitive Justification/

Explanation: *Contracts for expanded School Based Health Services (SBHC) are awarded to existing SCHC providers only. The specific locations for provision of expanded services and the fund recipients are legislatively determined.*

Non Competitive Justification Criteria:

- Contracting is for core life services for vulnerable clients
- Need for continuity of care outweighs need for competition
- Competing providers not available in geographic area of need
- Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements
- Significant bond money investment with contractor providing lien and/or lease guarantees
- Contractor/s identified by governor, legislation, or approved state budget process
- Zoning or site implications make competition problematic
- State contracting is with municipalities or other public/ governmental entities
- Emergency services are needed
- RFP costs exceed the value of the contracted services

8/11/2008

FH Section

Program Name: School Based Health Centers

Statutory Authority: 4-8; 19a-2a; 19a-32, 10-4o

Abbreviation: SBHC

Description of Services: School Based Health Centers (SBHCs) are comprehensive primary health care facilities located within or on the grounds of schools. SBHCs are staffed by a multi-disciplinary team of professionals with a particular expertise in child/adolescent health (i.e.: nurse practitioner, M.D., social worker, prevention specialists and in some instances a dentist and dental hygienist, nutritionist, health educator, outreach worker or other ancillary health professionals.) The Centers are created to build the capacity of the school to provide comprehensive, primary preventive health and mental health services, health promotion and health education activities. The teams of health professionals offer services to prevent and reduce high risk behaviors such as tobacco use, poor nutrition, sedentary lifestyle, sexual behaviors that result in HIV and STDs, unintended pregnancy and alcohol and drug use. SBHCs are licensed outpatient clinics as outlined in the Public Health Code (Sections 19-12-DA45 through 19-13-53) .

Problem/Need for

Services: Increase access and improve health status of at risk children and adolescents. Grant funds are intended to cover non-reimbursable services, and services to the uninsured and underinsured. Address Healthy People 2010 Objectives: 18-7, 24-6, 5-1, 25-1, 25-2, 19-17, 26-9, 15-38,

Date of Last RFP: 4/1/2008

Future RFP is Planned: Yes

Date of Next RFP: 9/30/2008

Non-Competitive Justification/ Explanation:

Services are provided in Schools located in areas of need, to be accessible to the target population. Contracts are typically executed with the host municipality. In some cases contracts are with a Local (municipal) Health Dept./District or a Community Health Center (FQHC) to provide the services in the school facility. The SBHCs are also occasional recipients of State Tax Exempt Bond Funds for facility and/or equipment enhancements that require a ten year commitment to provide services. Failure to do so results in financial penalty.

Competitive procurement has been used in the past, and continues to be, for allocation of special/targeted funds not available to all Centers or for Center establishment using a private provider in lieu of a municipality or CHC.

Non Competitive Justification Criteria:

- Contracting is for core life services for vulnerable clients
- Need for continuity of care outweighs need for competition
- Competing providers not available in geographic area of need
- Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements
- Significant bond money investment with contractor providing lien and/or lease guarantees
- Contractor/s identified by governor, legislation, or approved state budget process
- Zoning or site implications make competition problematic
- State contracting is with municipalities or other public/ governmental entities
- Emergency services are needed
- RFP costs exceed the value of the contracted services

8/11/2008

FH Section

Program Name: Genetics

Statutory Authority: 4-8; 19a-2a; 19a-32; 19a-50; 19a-55; 19a-490

Abbreviation: GEN

Description of Services: The Clinical Genetics programs provide comprehensive diagnostic, counseling, testing, treatment and education through state-funded centers. The Maternal PKU program provides genetic and nutritional counseling and high risk pregnancy care. The Pregnancy Exposure Information Service (PEIS) provides information and referral services for pregnant women and health care providers concerning potential teratogenic effects of drugs, maternal illness, and environmental exposure via a state-wide toll free telephone number.

Problem/Need for

Services: To improve access to genetics services for citizens of Connecticut thereby decreasing morbidity and mortality due to genetic diseases. About 3% of infants born in the United States have a congenital malformation, often genetic, requiring medical or surgical intervention. Genetic disorders affect 1% of the population and account for 25% to 30% of pediatric hospitalizations. Many genetic conditions can now be treated, and even more treatment options are on the horizon. PEIS was developed in response to the need to diagnose/investigate/provide public information regarding exposure to teratogens during Pregnancy.

Date of Last RFP: _____

Future RFP is Planned: No

Date of Next RFP: _____

Non-Competitive Justification/

Explanation: *The Commissioner of Public Health designated two Connecticut Genetic and Metabolic treatment Centers in accordance with Connecticut General Statutes. The Centers were chosen because they are widely accepted as experts in genetic research/testing and employ world renowned geneticists. The knowledge and expertise of these designated Centers cannot currently be replaced.*

Non Competitive Justification Criteria:

- Contracting is for core life services for vulnerable clients
- Need for continuity of care outweighs need for competition
- Competing providers not available in geographic area of need
- Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements
- Significant bond money investment with contractor providing lien and/or lease guarantees
- Contractor/s identified by governor, legislation, or approved state budget process
- Zoning or site implications make competition problematic
- State contracting is with municipalities or other public/ governmental entities
- Emergency services are needed
- RFP costs exceed the value of the contracted services

8/11/2008

FH Section

Program Name: Sickle Cell Program

Statutory Authority: 4-8; 19a-2a; 19a-32; 19a-55

Abbreviation: GENSICKL

Description of Services: Children identified through the state's newborn screening program receive confirmatory testing, continuous and comprehensive care, and access to therapeutic services through two state-funded sickle cell centers and their satellite clinics. Disease education and genetic counseling services for families of infants found to have sickle cell disease or other hemoglobinopathies, including traits, are provided. Support group sessions for adolescents, adults, parents and families are held. Utilizing collaborative and educational foci, adolescents are assisted in making the transition from pediatric to adult hematology practitioners.

Problem/Need for Services: Prevent deaths and lessen hospitalizations due to pneumococcal infections by identifying and managing SS, SC and S-Thal hemoglobinopathies. Advances in the early identification and treatment of children with sickle cell disease has resulted in extending their lives into adulthood. Appropriate services for this adult population is lacking because of an uncoordinated effort in transitioning from pediatric to adult hematology practitioners. Linkages between adult and pediatric providers are needed along with activities that will identify, educate and refer adolescents with sickle cell disease to appropriate providers.

Date of Last RFP: 10/15/2006

Future RFP is Planned: No

Date of Next RFP: _____

Non-Competitive Justification/ Explanation:

The Commissioner of Public Health designated two Connecticut Genetic Sickle Cell treatment Centers in accordance with Connecticut General Statutes. The Centers were chosen because they are widely accepted as experts in genetic research/testing and employ world renowned geneticists. These Centers provide confirmation testing, treatment, follow-up counseling, education, and support services for newborns identified with abnormal newborn screening results using their unique expertise and knowledge of genetic disease treatment. The knowledge, experience and quality of care provided by these Centers cannot currently be replaced without affecting the continuity and quality of care provided.

Non Competitive Justification Criteria:

- Contracting is for core life services for vulnerable clients
- Need for continuity of care outweighs need for competition
- Competing providers not available in geographic area of need
- Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements
- Significant bond money investment with contractor providing lien and/or lease guarantees
- Contractor/s identified by governor, legislation, or approved state budget process
- Zoning or site implications make competition problematic
- State contracting is with municipalities or other public/ governmental entities
- Emergency services are needed
- RFP costs exceed the value of the contracted services

Program Name: Case Management for Pregnant Latino Women & Their Children

Statutory Authority: 4-8; 19a-2a; 19a-32;

Abbreviation: COMADRONA

Description of Services: The Comadrona Program, administered by the Hispanic Health Council, Inc., facilitates access to culturally competent, comprehensive and continuous perinatal services to at-risk low-income, pregnant women and infants in low-income neighborhoods in the greater Hartford community, particularly those with a majority of Latino and African-American residents. The Comadrona program staff provide support, follow-up and advocacy for women and children, and serve as liaison to all Department of Public Health and Department of Social Services programs. The program components include: case-finding through home visits; follow-up and community health education and outreach; intensive case management to link women and children to health and social and emotional support services, and advocacy to assure access and utilization of comprehensive quality systems of care.

Problem/Need for Services: Hispanic women and children needing culturally relevant accessible perinatal care in Hartford.

Date of Last RFP: _____

Future RFP is Planned: No

Date of Next RFP: _____

Non-Competitive Justification/ Explanation: *Program is not currently planned for continuation.*

Non Competitive Justification Criteria:

- Contracting is for core life services for vulnerable clients
- Need for continuity of care outweighs need for competition
- Competing providers not available in geographic area of need
- Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements
- Significant bond money investment with contractor providing lien and/or lease guarantees
- Contractor/s identified by governor, legislation, or approved state budget process
- Zoning or site implications make competition problematic
- State contracting is with municipalities or other public/ governmental entities
- Emergency services are needed
- RFP costs exceed the value of the contracted services

8/11/2008

FH Section

Program Name: Community Health Centers

Statutory Authority: 4-8; 19a-2a; 19a-32; 19a-5; 19a-7d; 19a-490a

Abbreviation: CHC

Description of Services: This program assures the availability and accessibility of comprehensive primary and preventive health care, chronic disease management and other essential public health services for low income, uninsured and vulnerable people of all ages. Eleven community health center corporations provide services at more than fifty sites and serve over 188,000 people annually.

Problem/Need for

Services: Low income, uninsured and vulnerable populations often have difficulty obtaining access to quality comprehensive preventive and primary care services including medical, dental and mental health services, substance abuse prevention and treatment services, social services, health education and community based outreach. Improved access results in improved health status of both the individual and the community as a whole. Related to HP 2010: 3-1 through 3-15, 5-4, 8-11, 12-1 through 12-15, 13-5, 14-1, 14-29, 18-14, 19-1 through 19-12, 25-1 through 25-16, 26-9 through 26-11.

Date of Last RFP: _____

Future RFP is Planned: No _____

Date of Next RFP: _____

Non-Competitive Justification/ Explanation:

Community Health Centers (CHCs) or Federally Qualified Health Centers were established through Federal Legislation to provide health care services to un-served or under-served populations. Funding for these Centers is also provided by the State, to all CHCs, to carry out a full range of health services.

Non Competitive Justification Criteria:

- Contracting is for core life services for vulnerable clients
- Need for continuity of care outweighs need for competition
- Competing providers not available in geographic area of need
- Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements
- Significant bond money investment with contractor providing lien and/or lease guarantees
- Contractor/s identified by governor, legislation, or approved state budget process
- Zoning or site implications make competition problematic
- State contracting is with municipalities or other public/ governmental entities
- Emergency services are needed
- RFP costs exceed the value of the contracted services

8/11/2008

FH Section

Program Name: Family Planning

Statutory Authority: 4-8; 19a-2a; 19a-32; 19a-116

Abbreviation: FP

Description of Services: Planned Parenthood of Connecticut (PPC), the state's Title X agency, receives a combination of state and Title V grant funds. Based on its needs formula, PPC distributes these funds to agencies for the provision of comprehensive reproductive health services, education, counseling, and outreach. Comprehensive services include health promotion and disease prevention education, contraception, preconceptual counseling, pregnancy testing, and pregnancy options counseling, as well as screenings and treatment for sexually transmitted infections (STIs), screenings for HIV infection and breast and cervical cancer. Referrals are made for services that extend beyond the scope of service provided by PPC, such as prenatal care and social services. These clinics target state funded services to low income families, the uninsured, the underinsured, teens, women and men. A special focus is placed on teen pregnancy prevention that includes education for parenthood, safer sex practices and abstinence. Planned Parenthood of CT, Inc. places a high value on client empowerment and health.

Problem/Need for

Services: Family Planning clinics deliver basic reproductive health care services to low income adolescent and adult women and men. Bilingual staff is available at sites where there is need. Access to early prenatal care is encouraged through free pregnancy testing, options counseling, and assistance in referrals for care where appropriate. STD and HIV screening is routinely available at all sites. The Family Planning Program seeks to reduce teen pregnancy by making it easier for teens to receive counseling, contraceptive care and preventive education. The Family Planning Program addresses Healthy CT 2000 Objectives: 5.1, 5.3, 5.4, 5.6, 18.3, 18.4; and, HP2010 objectives: 1-1, 1-3f, 1-3g, 3-3, 3-4, 25-16, 25-18.

Date of Last RFP: _____

Future RFP is Planned: No _____

Date of Next RFP: _____

Non-Competitive Justification/ Explanation:

Planned Parenthood of Connecticut (PPC) operates 19 health centers throughout the state to provide comprehensive reproductive health services, education, counseling, and outreach to low income adolescent and adult men and women. PPC has specialized experience, training and capacity to provide these services, developed through years of partnership with the State and Federal Governments. As the State's Title X agency PPC receives a combination of Federally targeted and State provided Title X and Title V grant funds in support of all 19 health centers through this single contract.

Non Competitive Justification Criteria:

- Contracting is for core life services for vulnerable clients
- Need for continuity of care outweighs need for competition
- Competing providers not available in geographic area of need
- Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements
- Significant bond money investment with contractor providing lien and/or lease guarantees
- Contractor/s identified by governor, legislation, or approved state budget process
- Zoning or site implications make competition problematic
- State contracting is with municipalities or other public/ governmental entities
- Emergency services are needed
- RFP costs exceed the value of the contracted services

8/11/2008

FH Section

Program Name: Healthy Choices for Women & Children

Statutory Authority: 4-8; 19a-2a; 19a-32

Abbreviation: HCWC

Description of Services: A former demonstration project designed to address the multiple health treatment and social service needs of pregnant and postpartum women and/or their partners who are at risk of abusing substances or are abusing substances, and their children, in the city of Waterbury and surrounding towns. The program includes a comprehensive case management team approach, home visiting, staff development, and community health care provider education.

Problem/Need for

Services: Reduction of substance use and associated morbidity and mortality especially during pregnancy and child rearing. Healthy People 2010 objectives: 1-1, 1-3, 1-4, 1-5, 1-6, 9-1, 9-2, 9-3, 14-1, 14-2, 15-20, 15-34, 16-1, 16-4, 16-6, 16-8, 16-10, 16-11, 16-14, 16-17, 16-18, 26-10, 26-11, 26-12, 26-13, 26-18, 26-20, 26-21, 26-22, 27-1, 27-5, 27-6, 27-9.

Date of Last RFP: _____

Future RFP is Planned: No

Date of Next RFP: _____

**Non-Competitive
Justification/
Explanation:**

**Non Competitive
Justification Criteria:**

- Contracting is for core life services for vulnerable clients
- Need for continuity of care outweighs need for competition
- Competing providers not available in geographic area of need
- Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements
- Significant bond money investment with contractor providing lien and/or lease guarantees
- Contractor/s identified by governor, legislation, or approved state budget process
- Zoning or site implications make competition problematic
- State contracting is with municipalities or other public/ governmental entities
- Emergency services are needed
- RFP costs exceed the value of the contracted services

8/11/2008

FH Section

Program Name: Infoline - Maternal and Child Health (MCH) Information and Referral Services

Statutory Authority: 4-8; 19a-2a; 19a-32, 19a-4j, 19a-7, 19a-7a, 19a-35

Abbreviation: INFOLINE

Description of Services: The Maternal and Child Health Information and Referral Service (MCH I&R) is Connecticut's response to the Title V (federal Maternal and Child Health Block Grant) requirements for provision of a toll-free information and referral service that is statewide. This free telephone access point has provided information on health care and support services for the state's pregnant women, parents, and their children since October 1991 with ongoing support from the Connecticut Department of Public Health (DPH), and since January 2004 the Child Development Infoline has served as a primary access point for screening and referrals to the CSHCN Centers.

The MCH I&R is available 24 hours a day, every day of the year, in all of Connecticut's 169 towns. Callers who access the toll-free number are referred to services in their local communities. Services are available to non-English speaking callers via trained interpreters who are bilingual and culturally sensitive to meet the needs of callers. Services to speech/hearing impaired individuals are also available.

Problem/Need for

Services: Title V requirement. All citizens in Connecticut need to have a primary access point for information and referral to needed health and social services. HP 2010 Objectives: Access to Quality Health Services 1-1: Increase the proportion of persons with health insurance. Access to Quality Health Services 1-6: Reduce the proportion of families that experience difficulties or delays in obtaining health care or do not receive needed care for one or more family members. 16.6: Increase the proportion of pregnant women who receive early and adequate prenatal care.

Date of Last RFP: _____

Future RFP is Planned: No

Date of Next RFP: _____

Non-Competitive Justification/

Explanation: *Infoline was created in 1976 as a public/private partnership between the United Way and the State of Connecticut, under then-Governor Meskill, to come up with a single source for State residents to get information about and referral to services. Infoline has the State's most comprehensive database of human services resources.*

In 1998 the Office of Policy and Management and then-Governor Rowland supported the State's use of an easy-to-remember number, 2-1-1, for Infoline. The Office of Fiscal Analysis budget write-up for FY 1998-99 recommended consolidating various Infoline services into the 2-1-1 system and proposed \$900,000 in capital expenditures to upgrade the existing Infoline equipment. The legislature appropriated \$650,000 for this purpose in anticipation of a March 1999 start date. Connecticut became the first state in the country to use 2-1-1 statewide, and in July 2000 the Federal Communications Commission designated 2-1-1 as the number to call nationally for information about Health and Human Services.

Non Competitive Justification Criteria:

- Contracting is for core life services for vulnerable clients
- Need for continuity of care outweighs need for competition
- Competing providers not available in geographic area of need
- Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements
- Significant bond money investment with contractor providing lien and/or lease guarantees
- Contractor/s identified by governor, legislation, or approved state budget process
- Zoning or site implications make competition problematic
- State contracting is with municipalities or other public/ governmental entities
- Emergency services are needed

8/11/2008

FH Section

Program Name: Rape Crisis and Prevention Services

Statutory Authority: 4-8; 19a-2a; 19a-32; 19a-5; 19a-32, 7-73; 42 usc 280 b et seq, sec 1401(RPE); 42 usc 1904 (PHHS) 19a-112d; 54-143c

Abbreviation: RAPESVCS

Description of Services: Makes available to sexual assault victims and their families, via contract with statewide coalition and subcontracts with 10 local rape crisis centers, free and confidential services such as: crisis intervention, support and advocacy, survivor groups, 24 hour hotline, emergency transportation. The program also includes: Community education, training, primary prevention, and coordination components.

Problem/Need for

Services: Need to prevent and reduce the incidents and trauma of rape; and to assure properly trained professionals; and to assure non-duplication of services by coordination from a central source. Shift the focus from risk reduction to primary prevention that focuses on prevention of initial perpetration.

Healthy Connecticut 2010 Objective/s:

15-34: Reduce the rate of physical assault by current or former intimate partners;

15-35: Reduce the annual rate of rape or attempted rape;

15-36: Reduce sexual assault other than rape.

Date of Last RFP: _____

Future RFP is Planned: No

Date of Next RFP: _____

Non-Competitive Justification/

Explanation: *Funding supports the work of sexual abuse crisis centers in Connecticut and is distributed to member Centers by their Association, Connecticut Sexual Abuse Crisis Services. The Contract is with this Association and there is no other member association for sexual abuse crisis centers in Connecticut.*

Non Competitive Justification Criteria:

- Contracting is for core life services for vulnerable clients
- Need for continuity of care outweighs need for competition
- Competing providers not available in geographic area of need
- Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements
- Significant bond money investment with contractor providing lien and/or lease guarantees
- Contractor/s identified by governor, legislation, or approved state budget process
- Zoning or site implications make competition problematic
- State contracting is with municipalities or other public/ governmental entities
- Emergency services are needed
- RFP costs exceed the value of the contracted services

8/11/2008

FH Section

Program Name: Right From The Start

Statutory Authority: 4-8; 19a-2a; 19a-32; 19a-59b

Abbreviation: RFTS

Description of Services: This program provides comprehensive, integrated community-based services to pregnant and/or parenting teens, to age 20, through an intensive case management model located in Hartford, New Haven, New London, and Norwich.

Problem/Need for Services: Improve adequacy of care and reduce infant mortality, low birth weight, preterm delivery and teenage pregnancy. This program addresses Healthy People 2010 Objectives: 1-3, 1-4, 1-5, 1-6, 9-1, 9-2, 9-3, 9-4, 9-6, 9-7, 9-10, 15-34, 16-1, 16-4, 16-5, 16-6, 16-7, 16-10, 16-11, 16-12, 16-16, 16-17, 16-19, 27-6.

Date of Last RFP: _____

Future RFP is Planned: No

Date of Next RFP: _____

Non-Competitive Justification/ Explanation:

Program contracts to be discontinued. No individual contract will be issued upon termination of the current contract on 6/30/2008. Services to be consolidated with another service type and contractor determined via RFP.

Non Competitive Justification Criteria:

- Contracting is for core life services for vulnerable clients
- Need for continuity of care outweighs need for competition
- Competing providers not available in geographic area of need
- Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements
- Significant bond money investment with contractor providing lien and/or lease guarantees
- Contractor/s identified by governor, legislation, or approved state budget process
- Zoning or site implications make competition problematic
- State contracting is with municipalities or other public/ governmental entities
- Emergency services are needed
- RFP costs exceed the value of the contracted services

8/11/2008

FH Section

Program Name: Waterbury Health Access Program

Statutory Authority: 4-8; 19a-2a; 19a-32;

Abbreviation: WHAP

Description of Services: Program serves the needs of the uninsured and underinsured in the greater Waterbury area by providing eligible patients with access to affordable health care, prescription medicines, disease management and social services. Funding will be used to support case-management functions such as patient enrollment into federal and state funded health insurance programs, access to free or low cost medications, assigning patients to medical homes for primary care and coordinating referrals to specialists.

Problem/Need for Services:

Date of Last RFP: _____

Future RFP is Planned: No

Date of Next RFP: _____

Non-Competitive Justification/

Explanation:

Sens. Murphy and Hartley and Rep. Berger, along with the Waterbury delegation, helped to secure funding for the Waterbury Health Access Program, located at Waterbury Hospital, as part of the state's biennium budget adjustments in 2007.

Non Competitive Justification Criteria:

- Contracting is for core life services for vulnerable clients
- Need for continuity of care outweighs need for competition
- Competing providers not available in geographic area of need
- Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements
- Significant bond money investment with contractor providing lien and/or lease guarantees
- Contractor/s identified by governor, legislation, or approved state budget process
- Zoning or site implications make competition problematic
- State contracting is with municipalities or other public/ governmental entities
- Emergency services are needed
- RFP costs exceed the value of the contracted services

8/11/2008

HEMS Section

Program Name: Special Supplemental Nutrition Program for Women, Infants & Children

Statutory Authority: 4-8; 19a-2a; 19a-32; 19a- 59c

Abbreviation: WIC

Description of Services: WIC provides nutrition education and supplemental foods to eligible women, infants, and children. Local WIC agencies must appropriately determine eligibility, certify, provide nutrition education, accurately account for WIC check issuance, and keep proper records for WIC Program applicants and participants.

Problem/Need for

Services: The WIC program provides supplemental foods, nutrition assessments, nutrition education, and referrals to health and social services to low income pregnant, postpartum and breastfeeding women, and to infants and children who are at risk for nutrition-related health problems. The program serves as an adjunct to good health care during critical times of growth and development in an effort to prevent health problems and to improve the health status of participants. (Healthy People 2010 Objectives: 2.10, 2.5, 2.6, 2.8, 2.11, 14.5, 14.6, 14.9, 14.11 - All included in program outcome measures.)

Date of Last RFP: 10/1/2007

Future RFP is Planned: Yes

Date of Next RFP: 3/31/2010

Non-Competitive Justification/ Explanation:

Non Competitive Justification Criteria:

- Contracting is for core life services for vulnerable clients
- Need for continuity of care outweighs need for competition
- Competing providers not available in geographic area of need
- Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements
- Significant bond money investment with contractor providing lien and/or lease guarantees
- Contractor/s identified by governor, legislation, or approved state budget process
- Zoning or site implications make competition problematic
- State contracting is with municipalities or other public/ governmental entities
- Emergency services are needed
- RFP costs exceed the value of the contracted services

8/11/2008

HEMS Section

Program Name: Child Sexual Abuse

Statutory Authority: 4-8; 19a-2a; 19a-32

Abbreviation: CSA

Description of Services: The Child Sexual Abuse Program funds multi-disciplinary services in clinical settings which provide evaluation, crisis counseling and/or mental health services and appropriate referrals to children suspected of being victims of sexual abuse. Services may include the provision of educational programs about sexual abuse to community-based professionals who work with children.

Problem/Need for

Services: The Connecticut Department of Children and Families received 2,480 reports of sexual abuse in 2004-2005. Five hundred and eighty-four (24%) of these reports were substantiated. (www.state.ct.us/dcf) Contractors for which this program provides partial funding are expected to serve approximately 1/2 of the child sexual abuse victims in the state. The Child Sexual Abuse Program addresses Healthy People 2010 objective 15-33a: Reduce maltreatment of children

Date of Last RFP: _____

Future RFP is Planned: No

Date of Next RFP: _____

Non-Competitive Justification/

Explanation: *Funding for the Child Sexual Abuse Programs is specifically allocated by the legislature to the two contracted institutions. Both institutions have specialized capacity to provide these services.*

Non Competitive Justification Criteria:

- Contracting is for core life services for vulnerable clients
- Need for continuity of care outweighs need for competition
- Competing providers not available in geographic area of need
- Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements
- Significant bond money investment with contractor providing lien and/or lease guarantees
- Contractor/s identified by governor, legislation, or approved state budget process
- Zoning or site implications make competition problematic
- State contracting is with municipalities or other public/ governmental entities
- Emergency services are needed
- RFP costs exceed the value of the contracted services

8/11/2008

HEMS Section

Program Name: Youth Violence and Suicide Prevention

Statutory Authority: 4-8; 19a-2a; 19a-32

Abbreviation: YVSP

Description of Services: Professional education, technical assistance and program development activities targeted toward youth violence prevention. Local health department programs focus on delivering violence prevention awareness, training, intervention and referral to youth in community agencies, and schools. Youth violence prevention projects increase capacity for non-violent conflict resolution by providing training and incorporating skill development into program activities. Suicide prevention activities focus on increasing knowledge of suicide facts, suicide risk factors, protective factors and providing information about referral sources. The Integrated Core Injury Program focuses on analyzing, using and disseminating injury data, developing a comprehensive state injury prevention and control plan and establishing and maintaining an Injury Community Planning Group.

Problem/Need for

Services: In Connecticut from 2001-2003, 311 residents died from homicide. Of those 230 were male and 81 female, 171 White, 132 Black and 28 Hispanic. The highest death rates were among persons ages 25-29, followed by ages 20-24 and 15-19. During 2001-2003, 804 residents died from suicide, 593 male and 162 female. Of those 755 were White, 39 Black and 29 Hispanic. The highest suicide death rates were among ages 45-49, 40-44 and 55-59 respectively. Suicide and homicide rates were similar among persons ages 15-29 but reflected higher suicide deaths among White males and higher homicide deaths among Black males. (CT Vital Statistics) This program addresses Healthy People 2010 objectives: 18.1 Reduce the suicide rate; 18.2 Reduce the rate of suicide attempts by adolescents; 15.37 Reduce physical assaults; 15.38 Reduce physical fighting among adolescents.

Date of Last RFP: 10/1/2006

Future RFP is Planned: No

Date of Next RFP: _____

Non-Competitive Justification/

Explanation: *At this time program is not expected to continue in it current form.*

Non Competitive Justification Criteria:

- Contracting is for core life services for vulnerable clients
- Need for continuity of care outweighs need for competition
- Competing providers not available in geographic area of need
- Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements
- Significant bond money investment with contractor providing lien and/or lease guarantees
- Contractor/s identified by governor, legislation, or approved state budget process
- Zoning or site implications make competition problematic
- State contracting is with municipalities or other public/ governmental entities
- Emergency services are needed
- RFP costs exceed the value of the contracted services

8/11/2008

ID Section

Program Name: Immunization Program

Statutory Authority: 4-8; 19a-2a; 19a-32

Abbreviation: IMMUN

Description of Services: To achieve the state/national year 2010 objective of having 90% of Connecticut children age-appropriately vaccinated by 24 months of age, the Connecticut Immunization Action Plan (IAP) conducts statewide programs to increase immunization levels among preschool children by engaging in activities designed to improve vaccine delivery, tracking and outreach referral, education and assessment.

Problem/Need for

Services: The children most behind on getting immunized in a timely manner are those living in urban areas and going to public service providers. These children often lack access to a single medical home and to regular medical care. The providers in those areas often do not have a systematic record keeping or outreach services to identify and provide outreach to those who are behind. The State Immunization Advisory Council in its Immunization Action Plan (IAP) identified a need to establish a stronger local coordinating presence in local health departments in urban areas with relatively high rates of poverty to access and improve clinic-based immunization delivery and tracking and to improve community based outreach. Correspondingly, there is a need to provide the financial support to local public health authorities and professional organizations to enable development of the local infrastructure.

Date of Last RFP: _____

Future RFP is Planned: No

Date of Next RFP: _____

Non-Competitive Justification/

Explanation: *All but three of the Immunization Services Contracts are awarded to Municipal Health Depts./Districts. The three that are not have been awarded to community partners of the Municipal Health Dept. that have demonstrated a capability over the years to provide the complex and sensitive outreach required by the Immunization Program. Unique expertise and knowledge are necessary to successfully carry-on the objectives of the program and maintain Connecticut's status as one of the nations leading States in the immunization of children for prevention of childhood diseases.*

Non Competitive Justification Criteria:

- Contracting is for core life services for vulnerable clients
- Need for continuity of care outweighs need for competition
- Competing providers not available in geographic area of need
- Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements
- Significant bond money investment with contractor providing lien and/or lease guarantees
- Contractor/s identified by governor, legislation, or approved state budget process
- Zoning or site implications make competition problematic
- State contracting is with municipalities or other public/ governmental entities
- Emergency services are needed
- RFP costs exceed the value of the contracted services

8/11/2008

ID Section

Program Name: STD Control Program

Statutory Authority: 4-8; 19a-2a; 19a-32; 19a-5; 46b-26; 90; 216; 219

Abbreviation: STD

Description of Services: The STD Control Program provides a variety of services to attempt to reduce the transmission and incidence of selected sexually transmitted diseases. These include surveillance to monitor the trends in occurrence of syphilis, gonorrhea and chlamydia and to facilitate individual case intervention efforts; case interviews and partner outreach and treatment for persons with HIV infection or with syphilis; counseling of persons with HIV infection, syphilis, gonorrhea or chlamydia who come to STD clinics; support of no/low cost chlamydia and gonorrhea screening and treatment programs; provision of STD clinic services; consultation on case management & follow-up and general public education.

Problem/Need for Services: Many persons with STDs will delay treatment because they are embarrassed to go to providers they know or because they fear that a record of being treated for an STD could adversely affect future health insurance coverage or personal relationships. Because delays in seeking treatment increase the potential for severe complications, to transmit to others and to delay notification and treatment of exposed partners, there is a need to have special, no cost, confidential STD clinic services to eliminate this barrier to STD control. Such clinics also enable the full, efficient use of staff trained to do patient counseling, and interviews for and referrals of their partners to clinics that did not see the index case and may not be willing to do the necessary intervention: empirically treat them for incubating STD. The STD contracts help support categorical STD clinics based in the towns with the highest STD rates and in which specially trained outreach staff are located.

Date of Last RFP: _____

Future RFP is Planned: No _____

Date of Next RFP: _____

Non-Competitive Justification/Explanation: *Categorical STD clinics are located in towns with the highest STD rates and in which specially trained clinical and outreach staff are located. These clinics are normally housed in municipal health departments and staff are specially trained through the New England STD/HIV Prevention Training Center. In cases where no Health Department clinic is available in an area of need, services are provided in a hospital clinical setting. Additional sites are determined by The Centers for Disease Control and Prevention's (CDC) direction of funds to specific diseases which are addressed by specific community service agencies serving the target population, such as Syphilis in the population of gay men and/or the STD funding targeted to screening and treatment in Title X family planning settings.*

Non Competitive Justification Criteria:

- Contracting is for core life services for vulnerable clients
- Need for continuity of care outweighs need for competition
- Competing providers not available in geographic area of need
- Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements
- Significant bond money investment with contractor providing lien and/or lease guarantees
- Contractor/s identified by governor, legislation, or approved state budget process
- Zoning or site implications make competition problematic
- State contracting is with municipalities or other public/ governmental entities
- Emergency services are needed
- RFP costs exceed the value of the contracted services

8/11/2008

ID Section

Program Name: TB Treatment and Prevention Program

Statutory Authority: 4-8; 19a-2a; 19a-32; 252; 255; 256

Abbreviation: TB

Description of Services: The Tuberculosis Control program conducts: TB disease surveillance, treatment, screening and containment activities. Specifically, the program identifies those with TB disease and infection. The staff observes patients ingesting therapy (DOT); conducts case and infection management, monitors or conducts contact investigations, identifies TB/HIV confections; ensures treatment of latent TB infection; ensures the screening and treatment of refugees; screens and treats refugees, immigrants, high risk contacts, substance abuse clients, inmates and others at risk for TB; provides anti-tuberculosis medications to thousands of patients, and provides consultation on TB management and screening to local health departments, prisons, convalescent/nursing homes, schools, universities, hospitals, and other health care providers.

Problem/Need for

Services: Tuberculosis is a potentially fatal disease transmitted through the air and, if identified promptly, it is fully treatable and preventable. It particularly affects persons living in crowded conditions and in poverty (e.g., homeless) and persons who have HIV infection (e.g., injection drug users). To successfully treat and prevent TB, an individual must take anti-TB medications for 6-12 months. Much of the program's activity helps to identify persons with disease and infection, and ensure their continued treatment long enough to effect a cure or prevent disease, thereby keeping them from becoming a public health threat. TB prevention and treatment contracts support screening and therapy efforts in drug treatment programs and correctional institutions (places where HIV prevalence and crowding is high and where people who are unreachable on the streets are temporarily reachable), and local health department outreach to assure ingestion of medicine by persons who may have difficulty taking it. Because there is not sufficient program staff to fully (or objectively) evaluate all TB prevention activities, to provide training to all who need or request it, outside expertise is needed to help formulate new TB control policy (e.g., TB control among the foreign born), the contracts also support evaluation of these prevention activities, coordination of planning (e.g., coordinate TB Advisory Committee), and provision of training by the American Lung Association of Conn. (ALAC). DPH has been strongly encouraged by the federal funding agency (CDC) to work with ALAC to carry out evaluation, planning and training. (Ref: Healthy Connecticut Objectives: 20.4, 22.1)

Date of Last RFP: _____

Future RFP is Planned: No

Date of Next RFP: _____

Non-Competitive Justification/

Explanation: *TB surveillance, treatment and screening activities are contracted as a service component on STD contracts and not currently bid or awarded separately. Refer to STD contracts for additional information and justification.*

Non Competitive Justification Criteria:

- Contracting is for core life services for vulnerable clients
- Need for continuity of care outweighs need for competition
- Competing providers not available in geographic area of need
- Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements
- Significant bond money investment with contractor providing lien and/or lease guarantees
- Contractor/s identified by governor, legislation, or approved state budget process
- Zoning or site implications make competition problematic
- State contracting is with municipalities or other public/ governmental entities
- Emergency services are needed
- RFP costs exceed the value of the contracted services

8/11/2008

HISR Section

Program Name: Preventive Health and Human Services Block Grant - Local Health Dept. Formula Grants

Statutory Authority: 4-8; 19a-2a; 19a-32

Abbreviation: LHD

Description of Services: Full time Local Health Departments receive a formula-based Preventive Health Block Grant funded allocation which they may use for services classified under one or more of the following program areas within the Public Health Initiatives Branch: Cancer (Skin), Cardiovascular Disease (Diabetes, Excess Dietary Fats/Nutrition, High Blood Pressure, Physical Inactivity, Obesity), Injury Prevention (Domestic Intimate Partner Violence, Unintentional Injury, Youth Violence/Suicide Prevention), Risk Factor surveillance (BRFS) and Regulatory Services Branch: Surveillance (Childhood Lead Surveillance). Although the amount of each LHD's allocation, as well as the Program (s) they elect to address, can change annually, they are classified as "Renewal" contracts since the funding is renewed annually. Program descriptions, objectives/measures and outcomes are herein listed.

Problem/Need for

Services: Needs statements are specified under each of the BCH programming options available to the local health departments/districts.

Date of Last RFP: _____

Future RFP is Planned: No

Date of Next RFP: _____

Non-Competitive Justification/ Explanation:

Non Competitive Justification Criteria:

- Contracting is for core life services for vulnerable clients
- Need for continuity of care outweighs need for competition
- Competing providers not available in geographic area of need
- Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements
- Significant bond money investment with contractor providing lien and/or lease guarantees
- Contractor/s identified by governor, legislation, or approved state budget process
- Zoning or site implications make competition problematic
- State contracting is with municipalities or other public/ governmental entities
- Emergency services are needed
- RFP costs exceed the value of the contracted services

Program Name: Lead Poisoning Prevention and Control

Statutory Authority: 4-8; 19a-2a; 19a-32; 111a(b)

Abbreviation: LEAD

Description of Services: Local health departments provide a comprehensive lead poisoning prevention program to reduce the risk of lead exposure to children between the ages of 6 months to 6 years of age (focusing on children between the ages of 1 -2 years). To be eligible for this funding the local health department must provide comprehensive child and environmental case management for all children with elevated blood lead levels. These funds may be used to provide these case management services. Child case management responsibilities include: (1) tracking of blood lead level progression, (2) notification of medical care providers and parents/care givers when follow up blood lead testing is overdue, (3) reassessment of interim controls and exposure hazards and expansion of the investigation when blood lead levels are not responding to interventions in a positive downward trend, (4) modification of interim controls, elimination of any newly identified hazards, and relocation when necessary, based upon that reassessment, and, (5) education and outreach to parents/care givers and medical providers. All case management activities are to be documented in the child's chart/record.

Acceptable contract activities include, but are not limited to:

- 1) Identifying cases of elevated blood lead levels through identification of at risk/unscreened children with referral to appropriate provider for screening;
- 2) Continued case tracking and disease surveillance;
- 3) Epidemiological, case management activities, and environmental investigations; and,
- 4) Health education and risk reduction services targeted to high risk neighborhoods.

The two regional lead treatment centers (New Haven and Hartford) provide: 1) screening and medical follow-up for uninsured children, 2) access to treatment (i.e., chelation therapy) for children who are lead poisoned, 3) free consultation services for physicians throughout the state regarding lead poisoning issues, and 4) relocation assistance for families with a lead poisoned child. The Lead Treatment Centers will continue to provide the services under the contract requirements.

The University of Connecticut (UCONN) provides services promoting the use of lead-safe work practices to contractors, painters, and "do-it-yourselfers" by: 1) administering the statewide training curriculum "Lead-Safe Work Practices for Painting, Remodeling, and Maintenance" and providing the Train-the-Trainer courses for new instructors, 2) auditing the training course, 3) surveying attendees to evaluate and improve the effectiveness of the training, 4) maintaining a list of practitioners who have successfully completed the training course, 5) posting a list of contractors who employ trained practitioners on a web site, 6) modifying the existing "Volunteers Opening Doors - The Five Keys to Lead Safety" training video to provide a new video "Don't Spread Lead" that is directed at property owners, "do-it-yourselfers", and professional home improvement contractors and painters, 7) developing an interactive, on-line training based upon the modified video and an associated training program, 8) revising the Keep It Clean Campaign's train-the-trainer curriculum and adapting the curriculum for Web based delivery. Lastly, UCONN also provides administrative and support services for New England Lead Coordinating Committee (NELCC) activities.

In addition to the funding identified below, Lead Poisoning Prevention surveillance activities are included in the local health options portion of the PHHS block grant.

Problem/Need for

Services: The Lead Poisoning Prevention and Control Program's primary focus is to ensure that children one and two years of age are being screened for lead poisoning and that all children with elevated blood lead levels are receiving the appropriate medical and environmental case management services from their medical care provider and local health department. Connecticut lead screening recommendations adopted in 2001, recommend that all children be screened at 1 and 2 years of age, as they are at highest risk for lead poisoning. Per federal requirements, all children 6-72 months of age in Medicaid Part A must be assessed for risk and, at a minimum, screened at 12 and 24 months of age. Surveillance data for 2004 indicated 2.2% of children less than six years of age, who were tested statewide, had blood lead levels at or above the CDC's level of concern of 10 micrograms per deciliter (10 µg/dL). The largest cities in Connecticut: Hartford, New Haven, Bridgeport and Waterbury accounted for 62% of the 1,472 children with blood lead levels at or above 10 µg/dL. Children in the one and two year-old range accounted for 528 or 61% of those with elevated blood lead levels in these four cities.

Connecticut continues to monitor and improve screening rates for children in the one and two year-old range who are Medicaid beneficiaries. Surveillance data reveal that 48.3% of Medicaid children one and two years of age and 36.6% of children under the age of six were screened in 2004. 3.7% of Medicaid children under the age of six had an elevated blood lead screening of 10 µg/dL in 2004. The number of elevated blood lead results in this population clearly demonstrates the existence of a lead poisoning problem and the need for primary prevention and intervention activities.

Physicians throughout the state may need to consult with other medical professionals, such as staff at the Regional Lead Treatment Centers, who have specialized treatment expertise when dealing with certain clinical aspects of lead poisoning. Additionally, and unlike most other childhood diseases, lead poisoning also presents a number of additional problems such as whether or not the child can continue to live in their current dwelling. Coordination of individualized case management services that assist families in providing a lead safe home for their children is also an important item to consider.

The use of unsafe practices when renovating, remodeling, and painting homes built prior to 1978 can exacerbate lead hazards or create lead hazards where none existed (i.e., unsafe disturbances of intact lead-based paint). Connecticut's housing stock is considerably older than the national average. 78.2% of Connecticut's housing stock was built prior to 1980 and 48.2% was built prior to 1960. A study conducted by the U.S. Department of Housing and Urban Development (HUD) from 1998 through 2000 determined that 38 million housing units in the United States had lead-based paint on their interior or exterior and 24 million had significant lead-based paint hazards. With Connecticut's housing stock being significantly older than the national average one can surmise that despite recent efforts to eliminate or reduce lead hazards significant lead hazards remain in Connecticut homes. The Lead-Safe Work Practices for Painting, Remodeling, and Maintenance training course, the " Don't Spread Lead" training video, and the Keep-It-Clean campaign are all instrumental in disseminating the message of the importance of working lead safe during home improvement, painting, and maintenance projects in older homes.

HP2010: Objective 8-11: Eliminate elevated blood lead levels in children. Target: Zero percent.

Date of Last RFP: _____

Future RFP is Planned: No

Date of Next RFP: _____

Non-Competitive Justification/ Explanation:

All but two contracts in this group are awarded to municipal health departments. The two exceptions are for regional lead treatment centers that were designated by the Commissioner of Public Health in accordance with Connecticut General Statutes. The two regional treatment centers were chosen based on their geographic locations and physician expertise in the care and follow-up of children who are lead poisoned.

Non Competitive Justification Criteria:

- Contracting is for core life services for vulnerable clients
- Need for continuity of care outweighs need for competition
- Competing providers not available in geographic area of need
- Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements
- Significant bond money investment with contractor providing lien and/or lease guarantees
- Contractor/s identified by governor, legislation, or approved state budget process
- Zoning or site implications make competition problematic
- State contracting is with municipalities or other public/ governmental entities
- Emergency services are needed
- RFP costs exceed the value of the contracted services