

STATE OF CONNECTICUT PROCUREMENT NOTICE



Request for Proposals (RFP) #2024-0905 **A Strategic Approach to Addressing Health Equity for those at Risk for Diabetes**

The Connecticut Department of Public Health's Diabetes Prevention and Control Program is seeking to procure services that use strategic approaches to diabetes prevention and management. The RFP has two components.

A total of up to \$225,000 annually of federal Centers for Disease Control and Prevention (CDC) funds are available to support these services. Funding will be for a 4.5-year period beginning approximately April 1, 2024, through June 29, 2028, subject to the availability of funds and satisfactory program performance.

The following are major categories of activities to be supported through this request for proposal:

Component A: Two Health care organizations to implement evidence-based diabetes prevention and management programs (\$150,000)

Component B: Technical Assistance contractor to assist health care organizations implementing diabetes prevention and management programs and to increase access statewide to CDC-recognized diabetes prevention lifestyle change programs. (\$75,000)

Proposals must identify the Components addressed from the list above, provide a description of the strategies planned to address the public health concern, identify the target population and how the program addresses their needs including health equity, and identify the outcome objectives each program will work towards achieving.

This is a competitive bid; all those seeking funding must submit a proposal and follow the guidelines of this Request for Proposal (RFP). This RFP is available in electronic format on the State Contracting Portal at: <https://portal.ct.gov/DAS/CTSource/BidBoard> or from the Department's Official Contact:

Name: Elizabeth Conklin, Health Program Supervisor
Address: 410 Capitol Avenue, MS# 11HLS
Hartford, CT 06134
E-Mail: Elizabeth.Conklin@ct.gov
Email Subject Line: Diabetes RFP Log 2024-0905

The RFP is also available on the Department's website at: <https://portal.ct.gov/DPH/Request-For-Proposals/Request-for-Proposals>.

Deadline for submission of proposals is Tuesday, October 31, 2023, 3 PM.

The Connecticut Department of Public Health is an Equal Opportunity/Affirmative Action Employer. The Agency reserves the right to reject any and all submissions or cancel this procurement at any time if deemed in the best interest of the State of Connecticut (State).

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I. GENERAL INFORMATION

■ A. ABBREVIATIONS / ACRONYMS / DEFINITIONS

BFO	Best and Final Offer
CDC	Centers for Disease Control and Prevention
C.G.S.	Connecticut General Statutes
CHRO	Commission on Human Rights and Opportunity (CT)
CHW	Community Health Worker
CT	Connecticut
DAS	Department of Administrative Services (CT)
FOIA	Freedom of Information Act (CT)
IRS	Internal Revenue Service (US)
HCO	Health care organization
LOI	Letter of Intent
OAG	Office of the Attorney General
OPM	Office of Policy and Management (CT)
OSC	Office of the State Comptroller (CT)
POS	Purchase of Service
P.A.	Public Act (CT)
RFP	Request for Proposal
SEEC	State Elections Enforcement Commission (CT)
U.S.	United States

Abbreviations/Acronyms/Definitions found in this RFP:

ADCES: Association of Diabetes Care and Education Specialists

ADA: American Diabetes Association

At Risk: Individuals who have higher than usual risk of disease due to socio-economic status, poor educational achievement, or other risk factors.

CDC: Centers for Disease Control and Prevention, the Federal entity funding the 23-0020 Strategic Approaches to Diabetes cooperative agreement which funds the contracts resulting from this RFP.

CDC-recognized Lifestyle Change Programs (LCP): Programs that have applied to and are listed on the CDC Diabetes Prevention Recognition Program website: (<https://dprp.cdc.gov/Registry>). This may be with pending, preliminary, or full CDC recognition. These evidence-based programs teach participants to make lasting lifestyle changes, like eating healthier, adding physical activity into their daily routine, and improving coping skills to achieve 5% weight loss.

Clinic/clinical setting: the physical location where patients receive health/medical care from health care professionals and other health team members.

Community Health Worker (CHW): A Community Health Worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of and ability to communicate with the community served.

Contractor: a private provider organization, CT State agency, or municipality that enters into a POS contract with the Agency as a result of this RFP.

Diabetes self-management education and support (DSME/S): An ADA recognized or an ADCES accredited program. For listing see: <https://www.diabeteseducator.org/living-with-diabetes/find-an-education-program> These programs are guided by evidence based standards and typically led by clinicians to assist people with diabetes to acquire the knowledge, skills and abilities necessary for diabetes self-care.

Diabetes Self-Management Program (DSP): A research or practice tested community-based diabetes management program.

DPH or CT DPH: The State of CT Department of Public Health

EHR or EMR: Electronic Health Record or Electronic Medical Record

Health Equity: Equity in health refers to how uniformly services, opportunities, and access are distributed across groups and places, according to the population group. Equity in health implies that ideally everyone could attain their full health potential and that no one should be disadvantaged from achieving this potential because of their social position or other socially determined circumstance. Efforts to promote equity in health are therefore aimed at creating opportunities and removing barriers to achieving the health potential of all people. It involves the fair distribution of resources needed for health, fair access to the opportunities available, and fairness in the support offered to people when ill. (Adapted from the World Health Organization Concept Paper as cited by the American Medical Student Association, n.d.).

Health care organization (HCO): Institutions that deliver health care services to meet the health needs of target populations.

Health Information Technology (HIT): Information technology applied to health and health care. It supports health information management across computerized systems and the secure exchange of health information between consumers, providers, payers, and quality monitors

High Burden: Areas of the state with worse or significantly worse prevalence of cardiovascular disease, diabetes or healthy weight (as proxy for pre-diabetes) according to CT Behavioral Risk Factor Surveillance Survey data available at CT DPH website at <https://portal.ct.gov/-/media/Departments-and-agencies/DPH/BRFSS/BRFSSCTLocalAnalysis20112015pdf.pdf?la=en>

High Risk: living in high burden areas.

National Diabetes Prevention Program: A partnership of public and private organizations working to prevent or delay type 2 diabetes. The partners work to make it easier for people with prediabetes to participate in evidence-based, affordable, and high-quality lifestyle change programs to reduce their risk of type 2 diabetes and improve their overall health. See CDC-Recognized Lifestyle Change Programs (LCP)

Pre-diabetes: a condition where blood sugars are elevated but not yet to the level of diabetes.

Priority populations: People in the targeted communities or high burden areas.

Proposer or applicant: a private provider organization, CT State agency, or municipality that has submitted a proposal to the Agency in response to this RFP. This term may be used interchangeably with respondent throughout the RFP.

prospective proposer/applicant: a private provider organization, CT State agency, or municipality that may submit a proposal to the Agency in response to this RFP, but has not yet done so.

Social Determinants of Health (SDoH): The conditions in which people are born, grow, live, work, age and die, including the health system. These circumstances are shaped by the distribution of money, power, and other resources at global, national, and local levels. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between communities. (Adapted from the WHO Commission on Social Determinants of Health).

Subject Matter Expert (SME): Individual or organization with specialized expertise in and deep understanding of a particular field, task, or approach; SMEs in DPP, DSME/S or DSP are specifically referred to in this RFP.

subcontractor: an individual (other than an employee of the contractor) or business entity hired by a contractor to provide a specific health or human service as part of a POS contract with the Agency as a result of this RFP.

Subject Matter Expert/Expertise (SME): Individual or organization with specialized expertise in and deep understanding of a particular field, task, or approach; SMEs in DPP, DSME/S or DSP are specifically referred to in this RFP.
National Diabetes Prevention Program (DPP): A partnership of public and private organizations working to prevent or delay type 2 diabetes. The partners work to make it easier for people with prediabetes to participate in evidence-based, affordable, and high-quality lifestyle change programs to reduce their risk of type 2 diabetes and improve their overall health. See CDC-Recognized Lifestyle Change Programs (LCP).

B. INTRODUCTION

1. RFP Log # 2024-0905 A Strategic Approach to Addressing Health Equity for those at Risk for Diabetes

2. RFP Summary.

The Connecticut Department of Public Health's Diabetes Prevention and Control Program is seeking to procure services that use strategic approaches to diabetes prevention and management. The RFP has two components:

- **Component A:** seeks the services of two health care organizations in Hartford and New Haven counties to establish and enhance evidence-based diabetes prevention and self-management programs and childhood obesity prevention programs accessible to communities at highest risk for diabetes and to address social determinants of health.
- **Component B:** seeks the services of a technical assistance (TA) contractor to assist the selected health care organizations implement diabetes self-management education and prevention programs. The TA contractor will also work to expand accessibility to CDC-recognized diabetes prevention programs (DPP) statewide, including assisting with implementation of a virtual DPP platform. The TA contractor will provide logistical support to CT DPH is

conducting biannual trainings for a Diabetes workforce Social Determinants of Health (SDOH) Learning Collaborative.

3. RFP Purpose.

Problem Statement: Diabetes is among the leading causes of death in Connecticut and disproportionately impacts adults of color and people with low annual household incomes. Prediabetes, a precursor to Type 2 diabetes, also presents a serious threat to health as few adults with prediabetes know that they have it and that they can take steps to slow or prevent its progression to Type 2 diabetes. Early identification and intervention, including clinically supported self-management, will help people with prediabetes and diabetes improve their health and reduce their risk for serious, life-threatening complications. Type 2 diabetes is associated with unhealthy weight status. In CT, the obesity prevalence among adults is over 30% with greatest prevalence among Black adults and Hispanic adults. Among CT children ages 5-12 years old, an estimated 21% have a weight categorized as obese. Lifestyle, behavioral, and socio-economic factors can all negatively affect health. Minoritized populations, including people of color, are often more affected by these social determinants of health (SDOH) than other population groups. The COVID-19 pandemic has further aggravated health disparities. In medically underserved communities, access to diabetes self-management and prevention services is limited leading to increased diabetes-related morbidity and mortality within these populations.

The following are major categories of activities to be supported through this RFP:

Component A: Health care organizations to implement evidence-based diabetes prevention and management programs

Intent and Outcome Goals: With funding from the Centers for Disease Control and Prevention (CDC), CT DPH is seeking to procure services that will improve access to and participation in evidence-based diabetes prevention and self-management support, family-based childhood obesity interventions, and assistance with addressing social determinants of health (SDOH). Services will be provided in the CDC-identified high-risk areas of Hartford and New Haven Counties.

Outcome goals include:

- 1) reducing the prevalence and serious complications of diabetes,
- 2) improving healthy weight status for children and their families,
- 3) reducing the impact of negative social determinants of health on high-risk populations,
- 4) improving health outcomes for people with diabetes.

Component B: Technical assistance contractor

Intent and Outcome Goals: With funding from the Centers for Disease Control and Prevention (CDC), CT DPH is seeking to procure services of a technical assistance contractor to assist health care organizations implementing diabetes management and support programs and to assist in increasing access statewide to CDC-recognized diabetes prevention lifestyle change programs including introducing a virtual diabetes prevention platform. The TA contractor will collaborate with partners to evaluate the chronic disease education landscape and enhance access to SDOH resources to the diabetes workforce.

Outcome goals include:

- 1) reducing prevalence and serious complications of diabetes
- 2) improving health outcomes for people with diabetes.

- 3) increasing assessment and improving statewide access to CDC-recognized diabetes prevention lifestyle change programs.
- 4) improving chronic disease education and social determinant of health resources for the state's diabetes workforce through biannual training including Community Health Workers.

Applicants may apply for funds under Component A, Component B, or Components A and B.

4. Commodity Codes. The services that the Agency wishes to procure through this RFP are as follows:

- 0600: Services (Professional, Support, Consulting and Misc. Services)
- 1000: Health Service Planning
- 2000: Community and Social Services
- 3000: Education and Training

■ INSTRUCTIONS

1. Official Contact. The Agency has designated the individual below as the Official Contact for purposes of this RFP. The Official Contact is the **only authorized contact** for this procurement and, as such, handles all related communications on behalf of the Agency. Proposers, prospective proposers, and other interested parties are advised that any communication with any other Agency employee(s) (including appointed officials) or personnel under contract to the Agency about this RFP is strictly prohibited. Proposers or prospective proposers who violate this instruction may risk disqualification from further consideration.

Name: Elizabeth Conklin, Health Program Supervisor
Address: 410 Capitol Avenue, Hartford, CT 06134
E-Mail: elizabeth.conklin@ct.gov

Please ensure that e-mail screening software (if used) recognizes and accepts e-mails from the Official Contact.

2. Registering with State Contracting Portal. Respondents must register with the State of CT contracting portal at <https://portal.ct.gov/DAS/CTSource/CTSource> if not already registered. Respondents shall submit the following information pertaining to this application to this portal (on their supplier profile), which will be checked by the Agency contact.

- Secretary of State recognition – Click on appropriate response
- Non-profit status, if applicable
- Notification to Bidders, Parts I-V
- Campaign Contribution Certification (OPM Ethics Form 1):
<https://portal.ct.gov/OPM/Fin-PSA/Forms/Ethics-Forms>

3. RFP Information. The RFP, amendments to the RFP, and other information associated with this procurement are available in electronic format from the Official Contact or from the Internet at the following locations:

- Agency's RFP Web Page: <https://portal.ct.gov/DPH/Request-For-Proposals/Request-for-Proposals>

- State Contracting Portal (go to CTsource bid board, filter by "Department of Public Health"): <https://portal.ct.gov/DAS/CTSource/BidBoard>

It is strongly recommended that any proposer or prospective proposer interested in this procurement check the Bid Board for any solicitation changes. Interested proposers may receive additional e-mails from CTsource announcing addendums that are posted on the portal. This service is provided as a courtesy to assist in monitoring activities associated with State procurements, including this RFP.

4. Procurement Schedule. See below. Dates after the due date for proposals ("Proposals Due") are non-binding target dates only (*). The Agency may amend the schedule as needed. Any change to non-target dates will be made by means of an amendment to this RFP and will be posted on the State Contracting Portal and the Agency's RFP Web Page.

- RFP Released: Thursday, September 14, 2023
- Letter of Intent Due: Monday, September 25, 2023 (not required)
- Deadline for Questions: Wednesday, October 4, 2023
- Answers Released: Tuesday, October 10, 2023
- Proposals Due: Tuesday, October 31, 2023, 3pm

5. Contract Awards. The award of any contract pursuant to this RFP is dependent upon the availability of funding to the Agency. Applicants may apply for funds under Component A, Component B, or Components A and B. The Department anticipates the following:

Component A: Health care organizations to implement evidence-based diabetes prevention and management programs

- Number of Awards: Two (2)
- Individual Award Amount: \$750,000 (\$150,000 annually)
- Contract Cost: Varies
- Contract Term: Start: No earlier than April 1, 2024, and End: June 29, 2028 (approximately 4.5 years)
- Funding Source: [Centers for Disease Control and Prevention \(CDC\) RFA-DP-23-0020](#)

Component B: Technical Assistance contractor

- Number of Awards: One (1)
- Individual Award Amount: \$375,000 (\$75,000 annually)
- Contract Cost: Varies
- Contract Term: Start: No earlier than April 1, 2024, and End: June 29, 2028 (approximately 4.5 years)
- Funding Source: [Centers for Disease Control and Prevention \(CDC\) RFA-DP-23-0020](#)

6. Eligibility.

Component A: Health Care Organizations (HCOs) such as Federally Qualified Health Centers (FQHCs), Community Health Centers (CHCs), health systems, or other such organizations that provide direct clinical care to medically underserved adults in the CDC-identified high-risk counties: Hartford and New Haven Counties

Component B: Technical Assistance contractor: In addition to the organization types listed in Component A, entities eligible for Component B includes organizations with relevant subject matter expertise and experience in providing training and project management for such entities described in Component A.

- 7. Minimum Qualifications of Proposers.** To qualify for a contract award, a proposer must have the following minimum qualifications:

Component A: Applications will be accepted from the eligible entity types listed in Section 6. Proposals shall include demonstrated experience working collaboratively within their communities and serving medically underserved populations in either Hartford or New Haven County. Proposals that demonstrate engagement in addressing clients' social determinants of health through multiple formal partnerships, including community-based organizations, local healthcare, behavioral health, and social service providers will be more favorable reviewed.

Component B: Technical Assistance contractor: Applications will be accepted from eligible entity types as described in Section 6. Proposals shall demonstrate organizational expertise in providing health promotion training, delivering multi-component project management in health care systems and health information technology, clinical care and public health issues and planning, and in providing collaborative technical assistance in those areas. Applicants must also indicate that they have or will have on staff at the time of contract execution a CDC National Diabetes Prevention Program Master Lifestyle Coach trainer with the credentials and skills to train new DPP and DSMES coaches and sites, assist sites with pursuing CDC/LCP recognition, share best practices in enrollment/engagement, and expertise in billing/sustainability strategies. The TA contractor must also have technical capacity to provide logistical support SDOH Learning Collaborative activities virtually. Proposals will be screened for completeness and compliance with the requirements specified in the RFP. Applicants who fail to follow instructions or to include all required elements will be deemed incomplete and removed from further review. In addition, applicants with outstanding unresolved issues on current and prior year contracts with the Department may be removed from consideration for additional funding.

- 8. Letter of Intent.** A Letter of Intent (LOI) is not required by this RFP but is considered optional. The LOI is non-binding and does not obligate the sender to submit a proposal. If the LOI is submitted, it must be sent to the Official Contact by e-mail by the deadline established in the Procurement Schedule. The LOI must clearly identify the sender, including name, postal address, telephone number, and e-mail address. It is the sender's responsibility to confirm the Agency's receipt of the LOI.

- 9. Inquiry Procedures.** All questions regarding this RFP or the Agency's procurement process must be directed, in writing, electronically, (e-mail) to the Official Contact before the deadline specified in the Procurement Schedule. The early submission of questions is encouraged. Questions will not be accepted or answered verbally – neither in person nor over the telephone. All questions received before the deadline(s) will be answered. However, the Agency will not answer questions when the source is unknown (i.e., nuisance or anonymous questions). Questions deemed unrelated to the RFP, or the procurement process will not be answered. At its discretion, the Agency may or may not respond to questions received after the deadline. The Agency may combine similar questions and give only one answer. All questions and answers will be compiled into a written amendment to this RFP. If any

answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the amendment and duly noted as such.

The agency will release the answers to questions on the date(s) established in the Procurement Schedule. The Agency will publish any and all amendments to this RFP on the State Contracting Portal and on the Agency's RFP Web Page. At its discretion, the Agency may distribute any amendments to this RFP to prospective proposers who submitted a Letter of Intent.

10. RFP Conference. An RFP conference will not be held to answer questions from prospective proposers; however, the Department will accept questions in writing regarding the RFP.

11. Proposal Due Date and Time. The Official Contact is the **only authorized recipient** of proposals submitted in response to this RFP. Proposals must be received by the Official Contact on or before the due date and time:

- Due Date: Tuesday, October 31, 2023
- Time: 3:00 PM EST
- Allowable Formats: Electronic copy of the proposal submitted via email to the email address: Elizabeth.Conklin@ct.gov.

An acceptable submission must include the following:

- One (1) conforming electronic copy of the original proposal.
- The proposal must be complete, properly formatted and outlined, and ready for evaluation by the Review Committee.

The electronic copy of the proposal must be emailed to official agency contact for this procurement: Elizabeth.Conklin@ct.gov. The subject line of the email must read: **Diabetes RFP Log 2024-0905** [insert name of applicant organization]. Required forms and appendices may be scanned and submitted as PDFs at the end of the main proposal document. Please ensure the entire email submission is less than 25MB as this reflects the Department's server limitations. Respondents should work to ensure there are not additional IT limitations from the provider side.

Proposals received after the due date and time will be ineligible and will not be evaluated. The Department will send an official letter alerting late respondents of ineligibility.

12. Multiple Proposals. The submission of multiple proposals from the same primary/named applicant is not an option with this procurement. The submission of multiple proposals are an option with this procurement if an organization is listed as the contractor in one proposal and a subcontractor in the other(s).

An application may contain more than one organization if there is a formal partnership established.

Two (2) local entities who serve overlapping populations within the same county will not both be funded. Applicants may choose to compete with an overlapping entity or may coordinate prior to applying. One (1) entity would still have to be the primary/named applicant but could use the budget to support staff and activities in the coordinating organizational entity.

II. PURPOSE OF RFP AND SCOPE OF SERVICES

■ A. AGENCY OVERVIEW

The Connecticut Department of Public Health (DPH) is the state's leader in public health policy and advocacy and is an integral part of the public health system. The agency is the center of a comprehensive network of public health providers and is a partner to local health departments for which it provides advocacy, training and certification, and technical assistance, consultation, and oversight.

The agency is a source of accurate, up-to-date health information to the Governor, the Legislature, the federal government, and local communities. This information is used to monitor the health status of Connecticut's residents, set health priorities, and evaluate the effectiveness of health initiatives. The agency is focused on health outcomes, maintaining a balance between assuring quality and administrative functions among personnel, facilities, and programs. DPH is a leader on the national scene through direct input to Federal agencies and the United States Congress.

The mission of the CT DPH is to protect and improve the health and safety of the people of Connecticut by:

- Assuring the conditions in which people can be healthy,
- Preventing disease, injury, and disability, and
- Promoting the equal enjoyment of the highest attainable standard of health, which is a human right and a priority of the state.

In March 2017, the CT DPH was awarded the Public Health Accreditation by Public Health Accreditation Board (PHAB) and is currently pursuing re-accreditation. National accreditation provides standards that health departments can seek to meet in order to ensure that they are continuously improving as they work to keep their communities healthy. Our accreditation will drive the department to continuously improve the quality of our public health practice and their performance. DPH is committed to the elimination of health inequities. Racial and ethnic minorities and Connecticut's disadvantaged residents experience health inequities and therefore do not have the same opportunities as other groups to achieve healthy outcomes.

At the Department of Public Health, we emphasize evidence-based practices based on the collection of health data to shape our policy and program initiatives. We work together with our partners and others to provide an integrated public health system that maximizes the public's investment in public health.

Chronic diseases are the number one cause of death and disability in Connecticut and the United States for men and women, and across all racial and ethnic groups. This RFP is being issued by the Chronic Disease Unit of the DPH Community, Family Health, and Prevention Section (CFHPS). The mission of the Diabetes Prevention and Control Program (DPCP) is to create a comprehensive system of care for the prevention and treatment of diabetes, with the goal of reducing the incidence or delaying the onset of Type 2 diabetes and its complications and enhancing the quality of life for people affected by diabetes. The overarching goals are based on priorities established by the CDC: a. Promoting awareness of and programs for pre-diabetes among people at high risk for type 2 diabetes. b. Promoting participation in American Diabetes Association (ADA) recognized or Association of Diabetes Care and Education Specialists (ADCES) accredited Diabetes Education Self-

Management and Support (DSMES) program and/or research or practice-tested Diabetes Support Programs (DSP).

■ B. PROGRAM OVERVIEW

Diabetes and cardiovascular disease are among the leading causes of death in Connecticut. Early identification and intervention including clinically supported self-management, will help people with these chronic conditions improve their health and reduce their risk for serious, life-threatening complications. An estimated 10.8% of CT adults, or 312,000 adults, have been told they have diabetes. In addition, approximately 104,000 CT adults have diabetes but are unaware of it. In CT diabetes impacts adults of color disproportionately. For example, Black adults have a higher prevalence of diagnosed diabetes compared with White adults. Furthermore, CT adults with annual household incomes of less than \$25,000 are almost twice as likely to have diagnosed diabetes compared to adults with annual household incomes of \$25,000 or more (1). Nearly 34% of U.S. adults have prediabetes, a precursor to type 2 diabetes (2); however, few adults know that they have prediabetes. According to 2020 Behavioral Risk Factor Surveillance System (BRFSS) data, only 11.5% of CT adults were aware they have prediabetes (3). Poorly controlled diabetes may lead to complications such as eye disease, lower-extremity amputations, and premature death. In 2021, there were 857 diabetes-related nontraumatic lower-extremity amputations among CT residents (4). Diabetes was the 8th leading cause of death in CT in 2021 with over 50% of the diabetes deaths occurring among residents under the age of 75 years old (5).

Conditions like diabetes, high cholesterol, and high blood pressure are associated with unhealthy weight status. In CT, the obesity prevalence among adults is 30.4%. While the obesity prevalence among CT adults has increased 24% since 2011 (1,7), obesity prevalence varies by demographic characteristics. For example, 34.1% of Hispanic CT adults, 44.4% of Black adults, and 28.8% of white adults have a weight status that is categorized as obese. Among CT children ages 5-12 years old, an estimated 21.2% have a weight categorized as obese (1).

Lifestyle, behavioral, and socio-economic factors such as decreased physical activity, mental health concerns, employment instability or needing to work several jobs, food and housing insecurity, transportation challenges, childcare issues, access to health care, and increased stress can all negatively affect health. Minoritized populations, including people of color, are often more affected by these social determinants of health (SDOH) than other population groups. The Coronavirus Disease 2019 (COVID-19) has exacerbated these challenges resulting in greater health disparities.

Program Overview:

On June 30, 2023, Connecticut Department of Public Health (CT DPH) was awarded funding from the CDC RFA-DP23-0020 (CDC 23-0020) a five (5) year cooperative agreement with a focus on improving access to diabetes screening, health care services, and community supports in communities with high burden of diabetes, its risk factors, and related complications. (The CDC notice of funding opportunity is available here: [CDC 2023 Diabetes Funding Opportunity](#)) The aim of the CDC-23-0020 is to build on the successes of previous CDC funded diabetes related activities to continue to assist in improving overall wellness among CT populations at highest risk for serious, life-threatening conditions, specifically diabetes. The CDC has identified Hartford and New Haven counties as areas of highest need. CT DPH is using a health equity approach to address the socio-economic barriers and social determinants of health (SDOH) which

hinder a population's access, engagement, and ability to follow through to meet health care needs. Interventions will include preventative screening, self-management and support programs, clinical support and referrals to community support and training and incorporating community health workers (CHWs) to enhance diabetes support. CT DPH will take a systematic, public health approach, leveraging community and state partners to address barriers and create enduring, sustainable solutions that reduce the diabetes burden among priority populations and Connecticut residents statewide.

Outcomes: As a result of the proposed activities, CT DPH expects to achieve the following by June 2028:

- Increased access to and participation in evidence-based community behavioral change programs (e.g., DSMES) and/or evidence-based community diabetes support programs (DSP) in Hartford and New Haven counties.
- Improved self-management of chronic disease, specifically diabetes.
- Increased SDOH screenings and support referrals in clinical settings.
- Decreased proportion of people with diabetes with an A1C > 9.
- Decrease in percent of the 95th percentile body mass index (BMI) and percent of median BMI in children, to improve pediatric quality of life, and decrease in BMI among caregivers.
- Increased access to National Diabetes Prevention Program (DPP) Lifestyle Change programs (LCP) including via a mobile DPP app.

CT DPH will take a strategic two-component approach to meet its expected outcomes:

Component A: Health care organization to implement evidence-based diabetes prevention and management programs

CT DPH is seeking two health care organizations in the CDC designated counties (one in Hartford County and one in New Haven County) to:

- a.) enhance or establish an ADA/ADCES DSMES program,
- b.) enhance or partner with community-based organization to provide-practice-tested DSP,
- c.) implement family centered childhood obesity prevention program, and
- d.) address SDOH for patients in the programs.

Selected applicants will engage with the CT DPH diabetes staff to assess, plan, implement and evaluate approaches and strategies to improve diabetes management and Type 2 diabetes prevention, implement social determinants of health screening, and evidence-based family centered obesity prevention classes. Efforts will be directed toward high-risk communities in New Haven and Hartford counties and utilize community health workers in patient engagement activities.

Component B: Technical Assistance contractor to train and support entities to deliver DSMES and DPP. TA contractor will assist the selected HCOs to implement DSMES, DSP, and the evidence-based family-centered childhood obesity intervention. The TA provider will also provide TA assistance to identify Connecticut needs and provide support to entities across the state to implement the DPP digital platform and progress toward CDC National DPP recognition. TA will assist CT DPH with conducting an environmental scan and biannually trainings (SDOH Learning Collaborate) focused on chronic disease education and community resources/linkages to support the state's diabetes workforce (including community health workers) in addressing social determinants of health. Selected applicant

must be or have on staff a Master Lifestyle Coach trainer who will assist with training new DPP/DSMES coaches/sites, assist sites with pursuing CDC/LCP licensure, share best practices in enrollment/engagement, and assist with testing the NDPP app for DPH to promote statewide. They will assist CT DPH in identifying new DPP/DSMES sites, provide yearly training to community health workers on diabetes, and one training a year for a diabetes SDOH learning collaborative on best practices related to diabetes. The TA will also provide logistical support for SDOH Learning Collaborative activities.

■ C. SCOPE OF SERVICE DESCRIPTION

1. Organizational Expectations

The purpose of this subsection is to state the organizational requirements (beyond eligibility and minimum requirements) for applicants and to offer guidance in providing the necessary information about the proposer's administrative and operational capabilities.

a. Purpose, Mission, and Vision

The proposer must provide a brief overview of the history and structure of the organization. The proposer must explain how the proposal will fit into the organization's overall mission and meet the intent of this RFP. Proposers with long-standing, significant unresolved issues on current and/or prior year contracts with the Department may be removed from consideration for additional or future funding.

b. Entity Type / Years of Operation / Functional Organization / Governance System

The proposer must indicate entity type, years of operation, organization function, and governance structure. Individuals who are not a duly formed business entity are ineligible to participate in this procurement. The proposal must contain a completed Cover Sheet, Contractor Information Form, and a signed Notification to Bidders Form, which are included in the attached Application Forms (See Section VI). Provide the name, title, address, and telephone number of staff persons responsible for the completion and submittal of:

1. Contract and legal documents/forms
2. Program progress reports
3. Financial expenditure reports

Accurate information is needed by the Department concerning the applicant's legal status.

Indicate whether the agency is incorporated, the type of agency applying for funding, the fiscal year for the applicant agency, the agency's federal employer ID number and/or town code number. Ensure completion of Cover Sheet and Applicant Information Form (See Section VI.B.).

c. Current Range of Services / Clients

Describe the current range of services provided by the applicant organization and populations served, including the annual number of individuals reached.

d. Location of Office(s) or Facilities / Hours of Operation

The proposer must define locations where activities will or may be provided and hours of operation, including nontraditional locations and hours; include an accompanying description of how residents can reach their organization.

e. Accreditation / Certification / Licensure (if applicable)

Define any organizational accreditations, certifications, or licensure.

f. Relevant Experience

Organization's experience addressing similar activities as proposed in their application.

Note for Health Care Organizations (HCOs) such as Federally Qualified Health Centers (FQHCs), Community Health Centers (CHCs), or other such organizations that provide direct clinical care to medically underserved adults in the CDC-identified high-risk New Haven and Hartford Counties that are applying for Component A:

- *HCOs must have service locations New Haven and/or Hartford County and have hours of operation that meet the needs of priority populations.*
- *HCOs must demonstrate the current or potential capacity and availability of staffing necessary to provide the services outlined in this RFP.*

2. Service Expectations

Applicants may apply for funds under Component A, Component B, or Components A and B described below.

Component A: Health care organization to implement evidence-based diabetes management programs

The awarded HCOs will conduct patient screenings, connect patients to evidence-based diabetes education or support programs, family-based childhood obesity intervention programs, and intervene to help mitigate SDOH by building community supports and referrals. The core elements of the required services include:

- 1) Implementation or enhancement of a clinician-led Diabetes Self-Management Education and Support (DSMES) program that meets the needs of the high-risk patients.
 - a. The DSMES program must be either recognized by the American Diabetes Association (ADA) or accredited by the Association of Diabetes Care and Education Specialists (ADCES). Please refer to the following link for more information:
<https://www.cdc.gov/diabetes/dsmes-toolkit/accreditation-recognition/index.html>
 - b. The HCO may establish or enhance a DSMES program within their organization OR in collaboration with a local community-based organization that serves the HCO's priority population.
- 2) Implementation of a research or practice-tested Diabetes Support Program (DSP) that will utilize community health workers (CHWs) to implement and/or support patients in the program.
 - a. The HCO may establish or enhance a DSP within their organization OR in collaboration with a local community-based organization that serves the HCO priority population.

- 3) Implementation of one of the following 26-hour evidence-based, family-centered childhood obesity intervention programs as a complementary service to their DSMES program:
 - a. Mind, Exercise, Nutrition...Do It! (MEND), <https://healthyweightpartnership.org/>
 - b. Family Based Behavioral Therapy, primary care/clinic-based
 - c. Bright Bodies, <https://brightbodies.org>
 - d. Healthy Weight and Your Child, <https://www.ymca.org/what-we-do/healthy-living/fitness/healthy-weight-and-your-child>
- 4) Active engagement with CT DPH contracted Technical Advisor (TA) to assess training needs and complete necessary training for implementation of DSMES and/or DSP.
- 5) Facilitate access to CT Foodshare for families participating in childhood obesity intervention to enhance availability to fresh food for participants.
- 6) Reporting to CT DPH metrics of engagement, pre- and post-tests, and attendance data and completion rates, and all other CT DPH identified required grant reporting activities to support CDC grant/data requirements.
- 7) Application of 10% of the awarded annual budget to activities that address social determinants of health (SDOH) needs for patients by building community supports and referrals. Specific activities may include:
 - a. Employing a CHW to seek new community partnership and resources to reduce SDOH/disparities, transportation barriers, food insecurity, etc.
- 8) Participation in the SDOH Learning Collaborative conducted by CT DPH.

The proposers must describe:

- 1) Their patient population demographics including the number of adult patients with diabetes and, if data is available, prediabetes.
- 2) Their current status as or access to a recognized/accredited DSMES program and/or a research or practice tested DSP within their organization or in their catchment.
 - a. If the proposer has a recognized/accredited DSMES or DSP program within their organization, the proposer must outline its current staffing and service capacity and potential for expanding services.
 - b. If the proposer refers patients to a community based recognized/accredited DSMES or DSP in their catchment area, the proposer will describe the referral and bidirectional communication protocol between the proposer and the community organization.
 - c. If the proposer plans to establish a DSMES and DSP program within its organization or with a community-based organization, the proposer must describe:
 - i. timelines for hiring and training staff or establishing collaborative relationship with a CBO
 - ii. anticipated program(s) start dates.
- 3) How it identifies or will identify patients for participation in DSMES or DSP and how it will track patients' participation, referrals, follow-up, and patient outcomes.
- 4) How it will connect patients when necessary to community-based diabetes education and support or diabetes prevention programs
 - a. The HCO must identify the community-based organization(s) with whom it will partner and/or refer patients for diabetes education/support/prevention programs.
- 5) Identify which one of four family centered childhood obesity interventions it will use.
- 6) How they will screen and refer patients and families for the family-centered childhood obesity interventions.

- 7) Their approach to ensuring culturally competent care to their specific patient population.
- 8) Current or planned approaches to integrating community health workers (CHWs) into diabetes support programs services. Include funding source/strategy for CHW(s).
- 9) Its current SDOH screening approaches including screening tools and data collection methods.
- 10) Potential enhancements to collaboration and coordination with in-house services as well as community-based services for comprehensive care and meeting identified SDOH needs.

Component B: Technical Assistance contractor

The awarded technical assistance (TA) contractor will assist the selected Component A HCOs to implement DSMES, DSP, and the evidence-based family-centered childhood obesity intervention. The TA contractor will also provide TA support for statewide access and implementation of the DPP digital platform and assist with the administrative needs for entities that are using the DPP digital platform. The TA contractor will also provide guidance to entities working toward CDC National DPP recognition. TA will assist CT DPH with conducting an environmental scan and biannually trainings (SDOH Learning Collaborate) focused on chronic disease education and community resources/linkages to support the state's diabetes workforce (including community health workers) in addressing social determinants of health.

Core elements of the required services include:

- 1) Working with CT DPH to identify strategies to expand DSMES sites across the state by approaching existing health care systems to discuss means to implement the program with a focus of health equity.
- 2) Planning and delivering training at each of the selected Component A HCOs for delivery of a clinician-led Diabetes Self-Management Education and Support (DSMES) program that meets the needs of the high-risk patients.
 - a. The DSMES program must be either recognized by the American Diabetes Association (ADA) or accredited by the Association of Diabetes Care and Education Specialists (ADCES). Please refer to the following link for more information:
<https://www.cdc.gov/diabetes/dsmes-toolkit/accreditation-recognition/index.html>
 - b. The TA contractor will assist the HCOs to either establish or enhance a DSMES program within their organization OR in collaboration with a local community-based organization that serves the HCO's priority population.
- 3) Advising each of the selected HCOs in the implementation of a research or practice-tested Diabetes Support Program (DSP) that will utilize community health workers (CHWs) to implement and/or support patients in the program.
 - a. The HCO may establish or enhance a DSP within their organization OR in collaboration with a local community-based organization that serves the HCO priority population.
- 4) Serving as a Master Trainer as required by the CDC for entities offering National Diabetes Prevention Program (DPP) Lifestyle Change Program (LCP) to its clients.

- a. The TA contractor applicant must indicate that they currently have, or will have at the time of contract execution, staff with National DPP LCP Master Trainer credentials.
- 5) Providing billing support strategies to the HCOs and other entities for LCP program sustainability.
- 6) Assisting CT DPH in identifying gaps in DPP sites and conduct outreach to recruit entities to deliver DPP.
- 7) Assisting new DPP entities in achieving CDC recognition.
- 8) Supporting existing CDC recognized DPP providers in the transition to virtual programs.
- 9) Provide annual diabetes training to CHWs and provide logistical support for SDOH Learning Collaborative.

The proposer must describe:

- 1) Its experience and anticipated approach in identifying strategies to expand DSMES or other similar health promotion programs and how it ensures health equity in its approaches.
- 2) How it will assess training needs, coordinate planning and implementation to meet each HCO's needs, schedules, and work plan for establishing or enhancing a clinician-led Diabetes Self-Management Education and Support (DSMES) program that serves the HCO's priority population.
 - a. The proposer must describe how it will guide the decision-making process for each HCO if needed regarding selecting ADA recognition or ADCES accreditation.
 - b. The proposer must describe how it will assist the HCOs to either establish or enhance a DSMES program within their organization OR in collaboration with a local community-based organization that serves the HCO's priority population.
 - c. The proposer will include a tentative timeline for the DSMES implementation.
- 3) How it will assist each of the selected HCOs to select and implement a research or practice-tested Diabetes Support Program (DSP) that will utilize community health workers (CHWs) to implement and/or support patients in the program. The DSP may be an in-house HCO program or in collaboration with a local community-based organization that serves the HCO priority population.
- 4) Its experience and capacity as a DPP LCP Master Trainer for entities offering National Diabetes Prevention Program (DPP) Lifestyle Change Program (LCP) to its clients.
 - a. The TA contractor applicant must indicate they have or will have at the time of contract execution staff with NDPP LCP Master Trainer credentials.
- 5) Its experience and strategies in providing billing support strategies to HCOs and other entities for LCP program sustainability.
- 6) Its approach in identifying service gaps and conducting recruitment outreach to enhance access to health promotion programs.
- 7) Strategies and experience in assisting new DPP entities in achieving CDC certification.
- 8) Strategies and experience supporting entities transitioning to virtual programs.

3. WORK PLAN

The purpose of this section is to provide guidance for explaining the Work plan: tasks, participants, time estimates, and schedule for providing the purchased service. A comprehensive and realistic work plan with measurable objectives describing tasks to be performed, deliverables and timelines, including a project start date, must be provided on the Application Forms included in the Attachments. SMART objectives are objectives that are Specific, Measurable, Achievable, Realistic, and Time-bound. The work plan must be consistent with the RFP and the project's goals and objectives. The project start date will be considered as part of the review criteria.

4. Staffing Expectations

The proposal must describe the staff assigned to this project, including the extent to which they have the appropriate training, experience, and sufficient time allocated to perform assigned duties. Staff should have familiarity with evidence-based programming and have the ability to address the needs of the target population. Component B proposers must be or have on staff a CDC Lifestyle Change Program Master Trainer or demonstrate that they will be or have a Master Trainer at the contract execution.

These funds, once awarded, will support dedicated staff time and project coordination. Proposals should include details on current staff expected to be employed through this project. Project Coordinators will be expected to attend trainings and meetings as they are scheduled and to provide written reports to the Department. Permissible use of these funds related to staff include the following: salary, fringe benefits, and mileage reimbursement for travel to and from meetings and trainings.

The proposer must describe the administrative structure and oversight for the program. Identify the coordinator/supervisor and the individuals that will comprise the program and the staff assigned, including:

- a. Job descriptions, hours per week, and hourly rates must be provided for all staff assigned to this project on the Staffing Form included in Section VI.
- b. Resumes must be provided for all management and professional staff assigned to this project. One person shall function as the single point of contact for the program. If current staff will be assigned to the Project Coordinator role, include a current resume in the attachments. If staff will be hired, include an outline of the job description in the attachments, and outline a recruitment and hiring schedule.
- c. The applicant organization must complete and attach an organizational Work Force Analysis included in Section VI.
- d. A current organizational chart for the lead agency must be submitted with the attachments.
- e. The applicant organization must also provide evidence that their organization will utilize small and minority businesses whenever feasible and appropriate in the purchase of supplies and services.

Subcontractors

If subcontractors are utilized for the provision or delivery of a service, the purpose of this subsection is to specify the information to be provided about the administrative and operational capabilities of each such subcontractor.

If subcontractors will be used in the proposed program, specify the following information for each one:

- Legal Name of Agency, Address, FEIN
- Contact Person, Title, Phone, E-mail
- Services Currently Provided
- Services To Be Provided Under Subcontract
- Subcontractor Oversight
- Subcontract Cost and Term
- Subcontractor Qualifications (see Staffing Requirements above)

NOTE: The proposal must include a completed Subcontractor Schedule A—Detail Form for each subcontractor proposed (If known at application time, otherwise, will be required to submit during contract negotiations, see Appendices).

5. Data and Technology Expectations, which could include:

- Computer Hardware / Software
- E-Mail / Internet Capability
- Assessment of Client Satisfaction
- Program Evaluation
- Records / Data Collection / Reporting

The applicant must describe its current technology capacity to:

- Collect and secure data, host web-based and telephone conferencing
- E-Mail/Internet Capabilities Applicant must define current capabilities as well as system restrictions.
- Applicants must have access to and be able to access email and the internet for the purposes of data collection and record reporting, as well as for any required or recommended DPH webinars and teleconferences.
- Records / Data Collection / Storage / Reporting
- The applicant must describe how project related records and data will be securely collected, shared, and stored to ensure compliance with applicable confidentiality laws and regulations.

6. Cost Proposal

a. Financial Expectations

Monthly or triannual expenditure reports will be required, dependent on the type and cost of program to be provided. Budget basis programs will require expenditure reports that are submitted to the Department through an electronic reporting system, Core-CT. Any services that are going to be provided on a fee-for-service basis need to include an invoice.

b. Budget Expectations

The proposal must contain an itemized budget with justification for each line item on the budget forms included in the Application Forms in Section VI. A detailed budget is required for each of the five budget periods. Applicants applying for funds under Component A and B must supply separate budgets.

Funding Period One	April 1, 2024 –June 29, 2024
Funding Period Two	June 30, 2024 – June 29, 2025

Funding Period Three	June 30, 2025 – June 29, 2026
Funding Period Four	June 30, 2026 – June 29, 2027
Funding Period Five	June 30, 2027 – June 29, 2028

- a. All costs (salaries, travel, supplies, etc.) must be included in the contract price. Applicants may include media purchases within their budget as it relates to their work plan. Any organization including administrative and general costs as part of the project budget must also provide their cost allocation plan that identifies what categories of costs are included in the plan and how they are allocated. Competitiveness of the budget will be considered as part of the proposal review process.
- b. The State of Connecticut is exempt from the payment of excise, transportation and sales taxes imposed by the Federal and/or state government. Such taxes must not be included in contract prices.
- c. The maximum amount of the bid may not be increased after the proposal is submitted. All cost estimates will be considered as “not to exceed” quotations against which time and expenses will be charged.
- d. The proposed budget is subject to change during the contract award negotiations.
- e. Use of subcontractors is allowed. Subcontractor information and details also must be in the itemized budget. Subcontractor Schedule A – Detail form must be completed. All information required of the contractor must be applied to the subcontractor as well.
- f. Copies of state set aside certifications for small and/or minority business must also be provided.
- g. Payments will be negotiated based on time frames and deliverables described in Section V of this RFP.

Component A:

Funding in the amount of \$150,000 per year for each of two (2) organizations is available for a 4.5-year period, beginning approximately April 1, 2024, through June 29, 2028. *

Component B: TA

Funding I the amount of \$75,000 per year for one (1) organization is available for a 4.5-year period, beginning approximately April 1, 2024, through June 29, 2028. *

*The Department reserves the right to decrease the amount of funding and the timeframe associated with the first funding period (4/1/2024-6/29/2024) to account for the administrative timeframe necessary for contract negotiations and execution.

Unallowable Activities

These funds cannot be used for any of the following:

1. To provide inpatient services or to make cash payments to recipients of health services,
2. To purchase or improve land; purchase, construct, or permanently improve a building or facility; or purchase major medical equipment,
3. To provide financial assistance to any entity other than a public or non-profit private entity,
4. To satisfy requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
5. Research.

6. Clinical patient care
7. Any activities outside reasonable program purposes
8. Furniture or equipment without being clearly identified in the budget.

Additionally, 30 U.S.C. Section 1352, which went into effect in 1989, prohibits recipients of these federal funds from lobbying Congress or any federal agency in connection with the award of a particular contract, grant, cooperative agreement, or loan. The 1997 Health and Human Services Appropriations Act, effective October 1996, expressly prohibits the use of appropriated funds for indirect or “grass roots” lobbying efforts that are designed to support or defeat legislation pending before the state legislature.

Applicants are also encouraged to include language or a subsection outlining their role in this project or service, including administrative and technical support, information access, or other responsibilities that an agency plans to retain for which the vendor/provider will not be responsible.

■ D. PERFORMANCE MEASURES

Component A: Health care organization to implement evidence-based diabetes prevention and management programs

Outcome goals include:

- 1) reducing the prevalence and serious complications of diabetes
- 2) improving healthy weight status for children and their families,
- 3) reducing the impact of negative social determinants of health on high-risk populations.
- 4) improved health outcomes for people with diabetes
- 5) increased utilization of CHWs to conduct screening and address SDOH

Component B: Technical assistance contractor

Outcome goals include:

- 1) reducing the prevalence and serious complications of diabetes improved health outcomes for people with diabetes.
- 2) increased assessing and improving statewide access to CDC-recognized diabetes prevention lifestyle change programs
- 3) improved chronic disease education and social determinant of health resources for the state’s diabetes workforce through biannual training including Community Health Workers.
- 4) increased the number of CDC-recognized diabetes prevention lifestyle change programs in CT
- 5) assist CT DPH’s promotion and utilization of new DPP mobile app CT’s CDC recognized programs.

■ E. CONTRACT MANAGEMENT/DATA REPORTING

As part of the State’s commitment to becoming more outcomes-oriented, the Department of Public Health seeks to actively and regularly collaborate with providers to enhance contract management, improve results, and adjust service delivery and policy based on learning what works. Reliable and relevant data is necessary to ensure compliance, inform trends to be monitored, evaluate results and performance, and drive

service improvements. As such, DPH reserves the right to request/collect other key data and metrics from providers.

Deliverables:

1. Each year, a Program Budget is prepared, using state-supplied electronic budget forms.
2. Quarterly the contractor must supply a programmatic progress report in a format provided by the Department, including progress on meeting program goals and performance measures.
3. Annually, the contractor must supply a narrative describing programmatic successes over the prior 12 months with their progress report, which will be used by the Department to share outcomes of CDC funding with state leadership and funders.
4. Reports of expenditures and cash flow for each month must be submitted according to the reporting schedule outlined in the fully executed contract.
5. The Department reserves the right to request additional formal and informal reports as necessary.

III. PROPOSAL SUBMISSION OVERVIEW

■ A. SUBMISSION FORMAT INFORMATION

1. **Required Outline.** All proposals must follow the required outline presented in Section IV – Proposal Outline. Proposals that fail to follow the required outline will be deemed non-responsive and not evaluated.
2. **Cover Sheet.** The Cover Sheet is Page 1 of the proposal. Proposers must complete and use the Cover Sheet form provided by the Agency in the Appendix.
 - RFP Name or Number:
 - Legal Name:
 - FEIN:
 - Street Address:
 - Town/City/State/Zip:
 - Contact Person:
 - Title:
 - Phone Number:
 - E-Mail Address:
 - Authorized Official:
 - Title:
 - Signature:
3. **Table of Contents.** All proposals must include a Table of Contents that conforms with the required proposal outline.
4. **Executive Summary.** Proposals must include a high-level summary, not exceeding 2 pages of the main proposal and cost proposal. The summary must also include the organization’s eligibility and qualifications to respond to this RFP.
5. **Attachments.** Attachments other than the required Appendices or Forms identified in the RFP are not permitted and will not be evaluated. Further, the required

Appendices or Forms must not be altered or used to extend, enhance, or replace any component required by this RFP. Failure to abide by these instructions will result in disqualification.

6. Style Requirements. THIS IS AN ELECTRONIC SUBMISSION.

Submitted proposals must conform to the following specifications:

Paper Size: 8.5" x 11"
Page Limit: 15 pages (Does not include Attachments or Forms; see Section IV Proposal Outline for more detail)
Print Style: 2-sided
Font Size: 12-point type
Font Type: Easily readable (e.g., Times New Roman, Arial or Verdana)
Margins: 0.5" top, bottom, left and right margins
Line Spacing: 1.5 line spacing

- 7. Pagination.** The proposer's name must be displayed in the header of each page. All pages, including the required Appendices and Forms, must be numbered in the footer.
- 8. Declaration of Confidential Information.** Proposers are advised that all materials associated with this procurement are subject to the terms of the Freedom of Information Act (FOIA), the Privacy Act, and all rules, regulations and interpretations resulting from them. If a proposer deems that certain information required by this RFP is confidential, the proposer must label such information as CONFIDENTIAL prior to submission. In a separate attachment, which does not count toward the 15-page limit of the proposal submission, the proposer must reference where the information labeled CONFIDENTIAL is located in the proposal. *EXAMPLE:* For each subsection so referenced, the proposer must provide a convincing explanation and rationale sufficient to justify an exemption of the information from release under the FOIA. The explanation and rationale must be stated in terms of (a) the prospective harm to the competitive position of the proposer that would result if the identified information were to be released and (b) the reasons why the information is legally exempt from release pursuant to C.G.S. § 1-210(b).
- 9. Conflict of Interest - Disclosure Statement.** Proposers must include a disclosure statement concerning any current business relationships (within the last three (3) years) that pose a conflict of interest, as defined by C.G.S. § 1-85. A conflict of interest exists when a relationship exists between the proposer and a public official (including an elected official) or State employee that may interfere with fair competition or may be adverse to the interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. A conflict of interest may, however, become a legal matter if a proposer tries to influence, or succeeds in influencing, the outcome of an official decision for their personal or corporate benefit. The Agency will determine whether any disclosed conflict of interest poses a substantial advantage to the proposer over the competition, decreases the overall competitiveness of this procurement, or is not in the best interests of the State. In the absence of any conflict of interest, a proposer must affirm such in the disclosure statement. *Example:* "[name of proposer] has no current business relationship (within the last three (3) years) that poses a conflict of interest, as defined by C.G.S. § 1-85."

■ **B. EVALUATION OF PROPOSALS**

- 1. Evaluation Process.** It is the intent of the Agency to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. When evaluating proposals, negotiating with successful proposers, and awarding contracts, the Agency will conform with its written procedures for POS and PSA procurements (pursuant to C.G.S. § 4-217) and the State’s Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85). Final funding allocation decisions will be determined during contract negotiation.

- 2. Evaluation Review Committee.** The Agency will designate a Review Committee to evaluate proposals submitted in response to this RFP. The Review Committee will be composed of individuals, Agency staff or other designees as deemed appropriate. The contents of all submitted proposals, including any confidential information, will be shared with the Review Committee. Only proposals found to be responsive (that is, complying with all instructions and requirements described herein) will be reviewed, rated, and scored. Proposals that fail to comply with all instructions will be rejected without further consideration. The Review Committee shall evaluate all proposals that meet the Minimum Submission Requirements by score and rank ordered and make recommendations for awards. The Commissioner of the Department of Public Health will make the final selection. Attempts by any proposer (or representative of any proposer) to contact or influence any member of the Review Committee may result in disqualification of the proposer.

- 3. Minimum Submission Requirements.** To be eligible for evaluation, proposals must (1) be received on or before the due date and time; (2) meet the Proposal Format requirements; (3) meet the Eligibility and Qualification requirements to respond to the procurement, (4) follow the required Proposal Outline; and (5) be complete. Proposals that fail to follow instructions or satisfy these minimum submission requirements will not be reviewed further. The Agency will reject any proposal that deviates significantly from the requirements of this RFP.

- 2. Evaluation Criteria (and Weights).** Proposals meeting the Minimum Submission Requirements will be evaluated according to the established criteria. The criteria are the objective standards that the Review Committee will use to evaluate the technical merits of the proposals. Only the criteria listed below will be used to evaluate proposals. The weights are disclosed below or confidential.

For Component A applicants:

Organizational Profile: 15% (15 total points)

Proposer described:	Weight
<ul style="list-style-type: none"> • its service locations in New Haven and/or Hartford County that are in communities of medically underserved populations. • its experience in meeting clinical and social determinants of health needs (SDOH) needs of priority population. • Hours of operation and locations that meet the needs of priority populations. • Current or potential capacity and availability of staffing necessary to provide the services outlined in this RFP. 	15

Scope of Services:**25% (25 total points)**

The proposer has described the following re: their diabetes education and support programs:	
<ul style="list-style-type: none">• Their patient population demographics including the number of adult patients with diabetes and, if data is available, prediabetes.	5
<ul style="list-style-type: none">• Their current status as or access to a recognized/accredited DSMES program and/or a research or practice tested DSP within their organization or in their catchment.<ul style="list-style-type: none">• If the proposer has a recognized/accredited DSMES or DSP program within their organization, it has outlined its current staffing and service capacity and potential for expanding services.• If the proposer refers patients to a community based recognized/accredited DSMES or DSP in their catchment area, the proposer described the referral and bidirectional communication protocol between the proposer and the community organization.• If the proposer plans to establish a DSMES and DSP program within its organization or with a community-based organization, it has outlined timelines for hiring and training staff or establishing collaborative relationship with a CBO and provided anticipated program start dates.• How it will identify patients for participation in DSMES or DSP and how it will track patients' participation, referrals, follow-up, and patient outcomes.	5
The proposer has described the following re: their approach to family centered childhood obesity interventions: <ul style="list-style-type: none">• Identified which of the four family-centered childhood obesity interventions it will use.• Detailed any experience with the specific program selected and/or other childhood obesity interventions.• Described screening, referral and outcome-tracking processes for patients and families for the family-centered childhood obesity interventions.	5
The proposer has described the following re: meeting cultural and SDOH needs of patients: <ul style="list-style-type: none">• Their approach to ensuring culturally competent care to their specific patient population.• Its current SDOH screening approaches including screening tools and data collection methods.• Potential enhancements to collaboration and coordination with in-house services as well as community-based services for comprehensive care and meeting identified SDOH needs.	5
The proposer has described the following re: integration of community health workers: <ul style="list-style-type: none">• Current and planned approaches to integrating community health workers (CHWs) into diabetes support programs and services.	5

Staffing Plan and subcontractors: 10% (10 total points)

The proposer has described:	
<ul style="list-style-type: none"> • Its plan to allocate adequate time to manage the services to be provided. • Its proposed allocated of qualified staff in the appropriate position classification to perform the full range of services requested; is the bidder using qualified staff providing services to participants? • The qualified program administrator responsible for overseeing the overall operation of the program? • Demonstrated its capability to effectively coordinate, manage, and monitor the efforts of assigned staff, including subcontractors to ensure that work is effectively completed and in a timely manner 	10

Data and Technology: 10% (10 total points)

The proposer has described their ability to:	
<ul style="list-style-type: none"> • Maintain a data collection system that is capable of tracking and documenting information. • Has qualified data systems staff to oversee the day-to-day data functions, entering data, and submitting required report. • Explains their ability to provide required data and program required reports as outlined by DPH to meet grant requirements. 	10

Work Plan: 20% (20 total points)

The proposer outlined:	
<ul style="list-style-type: none"> • A thorough work plan presented with measurable objectives and specific, appropriate timelines. • Clear overall approaches and/or methods comprehensive &/or technically sound. • in detail the specific actions (tasks, activities, functions) they will perform to fulfill program requirements. • perform the tasks/activities and functions in a logical order? • adequately demonstrate how it will measure and/or prove the completion of major tasks, functions, or activities (e.g., identification of key events/outcomes/deliverables) • adequately demonstrate how it will measure and/or prove the completion of major tasks, functions, or activities (e.g., identification of key events/outcomes/deliverables) 	20

Budget and Narrative: 10% (10 total points)

The proposer outlines:	
<ul style="list-style-type: none"> • Financial profile: the capacity to conduct appropriate budget expenditure oversight. • The extent to which a cost-effective budget is presented which follows eligibility guidelines. • The fiscal competitiveness of the proposal. 	10

Appendices:

10% (10 total points)

The proposer includes:	
<ul style="list-style-type: none">The extent to which the sample program and educational materials, and report samples reflect the desired level of services to be provided	10

For Component B applicants:

Organizational Profile:

15% (15 total points)

The proposer has:	Weight
<ul style="list-style-type: none">Described relevant experience in providing health promotion TA to a variety of entities including health care organizations and community-based organizations.Described capacity to provide services at various locations across the state.Explained organizational capacity to maintain Master Trainer status through the contracted period.Described relevant experience in training and virtual health promotion platforms.	15

Scope of Services:

25% (25 total points)

The proposer has described:	
For DSMES:	
<ul style="list-style-type: none">Its experience in assisting health care organizations (HCO) to establish and/or maintain a diabetes self-management education and support (DSMES) program that has American Diabetes Association (ADA) recognition or Association of Diabetes Care and Education Specialists (ACDES) accreditation.How it ensures health equity in its approaches and interventions.How it will assist the HCOs to either establish or enhance a DSMES program within their organization OR in collaboration with a local community-based organization that serves the HCO's priority population.How it will guide the decision-making process for each HCO if needed regarding selecting ADA recognition or ADCES accreditation.How it will assess training needs, coordinate planning and implementation to meet each HCO's needs, schedules, and work plan for establishing or enhancing a clinician-led Diabetes Self-Management Education and Support (DSMES) program that serves the HCO's priority population.as included a tentative timeline for the DSMES implementation.Its experience in assisting with expanding access to health promotion programs.Its anticipated approach in identifying strategies to expand access to DSMES	10

For Diabetes Support Programs:	
<ul style="list-style-type: none"> How it will assist each of the selected HCOs to select and implement a research or practice-tested Diabetes Support Program (DSP) that will utilize community health workers (CHWs) to implement and/or support patients in the program 	5
For Diabetes Prevention Programs:	
<ul style="list-style-type: none"> Its experience and capacity as a DPP LCP Master Trainer for entities offering National Diabetes Prevention Program (DPP) Lifestyle Change Program (LCP) to its clients. The TA contractor applicant must indicate they have or will have at the time of contract execution staff with NDPP LCP Master Trainer credentials. Its experience and strategies in providing billing support strategies to HCOs and other entities for LCP program sustainability. Its approach in identifying service gaps and conducting recruitment outreach to enhance access to health promotion programs. Strategies and experience in assisting new DPP entities in achieving CDC certification. Strategies and experience supporting entities transitioning to virtual programs. Experience conducting training for large audiences including virtually. 	10

Staffing Plan and subcontractors: 10% (10 total points)

The proposer has described:	
<ul style="list-style-type: none"> That they have or will have at the time of contract execution staff with NDPP LCP Master Trainer credentials. Name and credentials included with application. Its plan to allocate adequate time to manage the services to be provided. Its proposed allocated of qualified staff in the appropriate position classification to perform the full range of services requested. The qualified program administrator responsible for overseeing the overall operation of the program? Demonstrated its capability to effectively coordinate, manage, and monitor the efforts of assigned staff, including subcontractors to ensure that work is effectively completed and in a timely manner. 	10

Data and Technology: 10% (10 total points)

The proposer has described their ability to:	
<ul style="list-style-type: none"> Maintain a data collection system that is capable of tracking and documenting information. Has qualified data systems staff to oversee the day-to-day data functions, entering data, and submitting required report. To provide required data and program required reports as outlined by DPH to meet grant requirements. 	10

Work Plan: 20% (20 total points)

The proposer outlines:	
<ul style="list-style-type: none"> • A thorough work plan presented with measurable objectives and specific, appropriate timelines. • Clear overall approaches and/or methods comprehensive &/or technically sound. • In detail the specific actions (tasks, activities, functions) they will perform to fulfill program requirements. • Performing the tasks/activities and functions in a logical order? • Adequately demonstrated how it will measure and/or prove the completion of major tasks, functions, or activities (e.g., identification of key events/outcomes/deliverables). 	20

Budget and Narrative: 10% (10 total points)

The proposer outlines:	
<ul style="list-style-type: none"> • Financial profile: the capacity to conduct appropriate budget expenditure oversight. • The extent to which a cost-effective budget is presented which follows eligibility guidelines. • The fiscal competitiveness of the proposal. 	10

Appendices: 10% (10 total points)

The proposer includes:	
<ul style="list-style-type: none"> • The extent to which the sample program and educational materials, recordings, and report samples reflect the desired level of services to be provided. 	10

Summary of scoring

- Organization capacity (15%)
- Scope of Services (25%)
- Staffing Plan and subcontractors (10%)
 - Component B applicants must include Master Trainer name and credentials with application
- Data and Technology (10%)
- Work Plan (20%)
- Budget and Budget Narrative (10%)
- Appendices (10%)

Note:

As part of its evaluation of the Staffing Plan, the Review Committee will review the proposer’s demonstrated commitment to affirmative action, as required by the Regulations of CT State Agencies § 46A-68j-30(10).

5. Proposer Selection. Upon completing its evaluation of proposals, the Review Committee will submit the rankings of all proposals to the Commissioner or Agency Head. The final selection of a successful proposer is at the discretion of the Commissioner or Agency Head. Any proposer selected will be so notified and

awarded an opportunity to negotiate a contract with the Agency. Such negotiations may, but will not automatically, result in a contract. Any resulting contract will be posted on the State Contracting Portal. All unsuccessful proposers will be notified by e-mail or U.S. mail, at the Agency's discretion, about the outcome of the evaluation and proposer selection process. The Agency reserves the right to decline to award contracts for activities in which the Commissioner or Agency Head considers there are not adequate respondents.

- 6. Debriefing.** Within ten (10) days of receiving notification from the Agency, unsuccessful proposers may contact the Official Contact and request information about the evaluation and proposer selection process. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the ten (10) days. If unsuccessful proposers still have questions after receiving this information, they may contact the Official Contact and request a meeting with the Agency to discuss the evaluation process and their proposals. If held, the debriefing meeting will not include any comparisons of unsuccessful proposals with other proposals. The Agency may schedule and hold the debriefing meeting within fifteen (15) days of the request. The Agency will not change, alter, or modify the outcome of the evaluation or selection process as a result of any debriefing meeting.
- 7. Appeal Process.** Proposers may appeal any aspect the Agency's competitive procurement, including the evaluation and proposer selection process. Any such appeal must be submitted to the Agency head. A proposer may file an appeal at any time after the proposal due date, but not later than thirty (30) days after an agency notifies unsuccessful proposers about the outcome of the evaluation and proposer selection process. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the thirty (30) days. The filing of an appeal shall not be deemed sufficient reason for the Agency to delay, suspend, cancel, or terminate the procurement process or execution of a contract. More detailed information about filing an appeal may be obtained from the Official Contact.
- 9. Contract Execution.** Any contract developed and executed as a result of this RFP is subject to the Agency's contracting procedures, which may include approval by the Office of the Attorney General. Fully executed and approved contracts will be posted on State Contracting Portal and the Agency website.

IV. REQUIRED PROPOSAL SUBMISSION OUTLINE AND REQUIREMENTS

-
- A. Cover Sheet**
 - B. Table of Contents**
 - C. Executive Summary**
 - D. Main Proposal**
 - E. Attachments** (clearly referenced to summary and main proposal where applicable)
 - F. Declaration of Confidential Information**

G. Conflict of Interest - Disclosure Statement

H. Statement of Assurances

A: Cover Sheet

The Respondent must use a Cover Sheet capturing the following information:

- RFP Name or Number:
- Legal Name:
- FEIN (not required for currently contracted providers/vendors):
- Street Address:
- Town/City/State/Zip:
- Contact Person:
- Title:
- Phone Number:
- E-Mail Address:
- Authorized Official:
- Title:
- Signature:

Legal Name is defined as the name of private provider organization, CT State agency, or municipality submitting the proposal. *Contact Person* is defined as the individual who can provide additional information about the proposal or who has immediate responsibility for the proposal. *Authorized Official* is defined as the individual empowered to submit a binding offer on behalf of the proposer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto.

B: Table of Contents

Respondents must include a Table of Contents that lists sections and subsections with page numbers that follow the organization outline and sequence for this proposal.

C: Proposer Executive Summary

The page limitation for this section is 2 pages briefly describing how the Respondent meets the eligibility and qualification criteria outlined in the Proposal Overview and a brief overview of why the Respondent should be selected for the activities highlighted in the scope of services.

D: Main Proposal Submission Requirements to Submit a Responsive Proposal

*****Please note the maximum total page length for this section is 15 pages** (all appendices and other attachments should be referred to in section D and then placed in section E. The Agency Review Committee will not read answers longer than 15 pages in this section. The 15-page limit does not include Attachments or Forms.

E: Attachments

Attachments other than the required attachments identified are not permitted and will not be evaluated. See the Proposal Checklist in Appendix VIB for a list of relevant attachments. Further, the required attachments must not be altered or used to extend, enhance, or

replace any component required by this RFP. Failure to abide by these instructions may result in disqualification.

F: Declaration of Confidential Information

If a proposer deems that certain information required by this RFP is confidential, the proposer must label such information as CONFIDENTIAL prior to submission. The proposer must reference where the information labeled CONFIDENTIAL is located in the proposal.

EXAMPLE: Section G.1.a. For each subsection so referenced, the proposer must provide a convincing explanation and rationale sufficient to justify an exemption of the information from release under the FOIA. The explanation and rationale must be stated in terms of (a) the prospective harm to the competitive position of the proposer that would result if the identified information were to be released and (b) the reasons why the information is legally exempt from release pursuant to C.G.S. § 1-210(b).

G: Conflict of Interest – Disclosure Statement

Proposers must include a disclosure statement concerning any current business relationships (within the last three (3) years) that pose a conflict of interest, as defined by C.G.S. § 1-85. A conflict of interest exists when a relationship exists between the proposer and a public official (including an elected official) or State employee that may interfere with fair competition or may be adverse to the interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. A conflict of interest may, however, become a legal matter if a proposer tries to influence, or succeeds in influencing, the outcome of an official decision for their personal or corporate benefit. In the absence of any conflict of interest, a proposer must affirm such in the disclosure statement. *Example: "[name of proposer] has no current business relationship (within the last three (3) years) that poses a conflict of interest, as defined by C.G.S. § 1-85."*

H: Statement of Assurances

Place after Conflict of Interest-Disclosure Statement. Sign and return Appendix VI

V. MANDATORY PROVISIONS

■ A. POS STANDARD CONTRACT, PARTS I AND II

By submitting a proposal in response to this RFP, the proposer implicitly agrees to comply with the provisions of Parts I and II of the State's "standard contract" for POS:

Part I of the standard contract is maintained by the Department and will include the scope of services, contract performance, quality assurance, reports, terms of payment, budget, and other program-specific provisions of any resulting POS contract. A sample of Part I is available from the Department's Official Contact upon request.

Part II of the standard contract is maintained by OPM and includes the mandatory terms and conditions of the POS contract. Part II is available on OPM's website at: http://www.ct.gov/opm/fin/standard_contract

Note:

Included in Part II of the standard contract is the State Elections Enforcement Commission's notice (pursuant to C.G.S. § 9-612(g)(2)) advising executive branch State contractors and prospective State contractors of the ban on campaign contributions and solicitations. If a proposer is awarded an opportunity to negotiate a contract with the Department and the resulting contract has an anticipated value in a calendar year of \$50,000 or more, or a combination or series of such agreements or contracts has an anticipated value of \$100,000 or more, the proposer must inform the proposer's principals of the contents of the SEEC notice.

Part I of the standard contract may be amended by means of a written instrument signed by the Department, the selected proposer (contractor), and, if required, the Attorney General's Office. Part II of the standard contract may be amended only in consultation with, and with the approval of, the Office of Policy and Management and the Attorney General's Office.

■ B. ASSURANCES

By submitting a proposal in response to this RFP, a proposer implicitly gives the following assurances:

- 1. Collusion.** The proposer represents and warrants that the proposer did not participate in any part of the RFP development process and had no knowledge of the specific contents of the RFP prior to its issuance. The proposer further represents and warrants that no agent, representative, or employee of the State participated directly in the preparation of the proposer's proposal. The proposer also represents and warrants that the submitted proposal is in all respects fair and is made without collusion or fraud.
- 2. State Officials and Employees.** The proposer certifies that no elected or appointed official or employee of the State has or will benefit financially or materially from any contract resulting from this RFP. The Agency may terminate a resulting contract if it is determined that gratuities of any kind were either offered or received by any of the aforementioned officials or employees from the proposer, contractor, or its agents or employees.
- 3. Competitors.** The proposer assures that the submitted proposal is not made in connection with any competing organization or competitor submitting a separate proposal in response to this RFP. No attempt has been made, or will be made, by the proposer to induce any other organization or competitor to submit, or not submit, a proposal for the purpose of restricting competition. The proposer further assures that the proposed costs have been arrived at independently, without consultation, communication, or agreement with any other organization or competitor for the purpose of restricting competition. Nor has the proposer knowingly disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor.
- 4. Validity of Proposal.** The proposer certifies that the proposal represents a valid and binding offer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto. The proposal shall remain valid for a period of 180 days after the submission due date and may be extended beyond that time by mutual agreement. At its sole discretion, the Agency

may include the proposal, by reference or otherwise, into any contract with the successful proposer.

- 5. Press Releases.** The proposer agrees to obtain prior written consent and approval of the Agency for press releases that relate in any manner to this RFP or any resultant contract.

■ C. TERMS AND CONDITIONS

By submitting a proposal in response to this RFP, a proposer implicitly agrees to comply with the following terms and conditions:

- 1. Equal Opportunity and Affirmative Action.** The State is an Equal Opportunity and Affirmative Action employer and does not discriminate in its hiring, employment, or business practices. The State is committed to complying with the Americans with Disabilities Act of 1990 (ADA) and does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities.
- 2. Preparation Expenses.** Neither the State nor the Agency shall assume any liability for expenses incurred by a proposer in preparing, submitting, or clarifying any proposal submitted in response to this RFP.
- 3. Exclusion of Taxes.** The Agency is exempt from the payment of excise and sales taxes imposed by the federal government and the State. Proposers are liable for any other applicable taxes.
- 4. Proposed Costs.** No cost submissions that are contingent upon a State action will be accepted. All proposed costs must be fixed through the entire term of the contract.
- 5. Changes to Proposal.** No additions or changes to the original proposal will be allowed after submission. While changes are not permitted, the Agency may request and authorize proposers to submit written clarification of their proposals, in a manner or format prescribed by the Agency, and at the proposer's expense.
- 6. Supplemental Information.** Supplemental information will not be considered after the deadline submission of proposals, unless specifically requested by the Agency. The Agency may ask a proposer to give demonstrations, interviews, oral presentations, or further explanations to clarify information contained in a proposal. Any such demonstration, interview, or oral presentation will be at a time selected and in a place provided by the Agency. At its sole discretion, the Agency may limit the number of proposers invited to make such a demonstration, interview, or oral presentation and may limit the number of attendees per proposer.
- 7. Presentation of Supporting Evidence.** If requested by the Agency, a proposer must be prepared to present evidence of experience, ability, data reporting capabilities, financial standing, or other information necessary to satisfactorily meet the requirements set forth or implied in this RFP. The Agency may make onsite visits to an operational facility or facilities of a proposer to evaluate further the proposer's capability to perform the duties required by this RFP. At its discretion, the Agency may also check or contact any reference provided by the proposer.
- 8. RFP Is Not an Offer.** Neither this RFP nor any subsequent discussions shall give rise to any commitment on the part of the State or the Agency or confer any rights

on any proposer unless and until a contract is fully executed by the necessary parties. The contract document will represent the entire agreement between the proposer and the Agency and will supersede all prior negotiations, representations or agreements, alleged or made, between the parties. The State shall assume no liability for costs incurred by the proposer or for payment of services under the terms of the contract until the successful proposer is notified that the contract has been accepted and approved by the Agency and, if required, by the Attorney General's Office.

■ D. RIGHTS RESERVED TO THE STATE

By submitting a proposal in response to this RFP, a proposer implicitly accepts that the following rights are reserved to the State:

- 1. Timing Sequence.** The timing and sequence of events associated with this RFP shall ultimately be determined by the Agency.
- 2. Amending or Canceling RFP.** The Agency reserves the right to amend or cancel this RFP on any date and at any time, if the Agency deems it to be necessary, appropriate, or otherwise in the best interests of the State.
- 3. No Acceptable Proposals.** In the event that no acceptable proposals are submitted in response to this RFP, the Agency may reopen the procurement process, if it is determined to be in the best interests of the State.
- 4. Award and Rejection of Proposals.** The Agency reserves the right to award in part, to reject any and all proposals in whole or in part, for misrepresentation or if the proposal limits or modifies any of the terms, conditions, or specifications of this RFP. The Agency may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. The Agency reserves the right to reject the proposal of any proposer who submits a proposal after the submission date and time.
- 5. Sole Property of the State.** All proposals submitted in response to this RFP are to be the sole property of the State. Any product, whether acceptable or unacceptable, developed under a contract awarded as a result of this RFP shall be the sole property of the State, unless stated otherwise in this RFP or subsequent contract. The right to publish, distribute, or disseminate any and all information or reports, or part thereof, shall accrue to the State without recourse.
- 6. Contract Negotiation.** The Agency reserves the right to negotiate or contract for all or any portion of the services contained in this RFP. The Agency further reserves the right to contract with one or more proposer for such services. After reviewing the scored criteria, the Agency may seek Best and Final Offers (BFO) on cost from proposers. The Agency may set parameters on any BFOs received.
- 7. Clerical Errors in Award.** The Agency reserves the right to correct inaccurate awards resulting from its clerical errors. This may include, in extreme circumstances, revoking the awarding of a contract already made to a proposer and subsequently awarding the contract to another proposer. Such action on the part of the State shall not constitute a breach of contract on the part of the State since the contract with the initial proposer is deemed to be void *ab initio* and of no effect as if no contract ever existed between the State and the proposer.

8. Key Personnel. When the Agency is the sole funder of a purchased service, the Agency reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The Agency also reserves the right to approve replacements for key personnel who have terminated employment. The Agency further reserves the right to require the removal and replacement of any of the proposer's key personnel who do not perform adequately, regardless of whether they were previously approved by the Agency.

■ **E. STATUTORY AND REGULATORY COMPLIANCE**

By submitting a proposal in response to this RFP, the proposer implicitly agrees to comply with all applicable State and federal laws and regulations, including, but not limited to, the following:

- 1. Freedom of Information, C.G.S. § 1-210(b).** The Freedom of Information Act (FOIA) generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). Proposers are generally advised not to include in their proposals any confidential information. If the proposer indicates that certain documentation, as required by this RFP, is submitted in confidence, the State will endeavor to keep said information confidential to the extent permitted by law. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The proposer has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While a proposer may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.
- 2. Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive.** CT statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to ensure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.
- 3. Consulting Agreements, C.G.S. § 4a-81. Consulting Agreements Representation, C.G.S. § 4a-81.** Pursuant to C.G.S. §§ 4a-81 the successful contracting party shall certify that it has not entered into any consulting agreements in connection with this Contract, except for the agreements listed below. "Consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information, or (C) any other similar activity related to such contracts. "Consulting agreement" does not include any agreements entered into with a consultant who is registered under the provisions of chapter 10 of the Connecticut General Statutes as of the date such contract is executed in accordance with the provisions of section 4a-81 of the Connecticut General Statutes. Such

representation shall be sworn as true to the best knowledge and belief of the person signing the resulting contract and shall be subject to the penalties of false statement.

4. Campaign Contribution Restriction, C.G.S. § 9-612. For all State contracts, defined in section 9-612 of the Connecticut General Statutes as having a value in a calendar year of \$50,000 or more, or a combination or series of such agreements or contracts having a value of \$100,000 or more, the authorized signatory to the resulting contract must represent that they have received the State Elections Enforcement Commission's notice advising state contractors of state campaign contribution and solicitation prohibitions, and will inform its principals of the contents of the notice, as set forth in "Notice to Executive Branch State Contractors and Prospective State Contractors of Campaign Contribution and Solicitation Limitations." Such notice is available at https://seec.ct.gov/Portal/data/forms/ContrForms/seec_form_11_notice_only.pdf

5. Gifts, C.G.S. § 4-252. Pursuant to section 4-252 of the Connecticut General Statutes and Acting Governor Susan Bysiewicz's Executive Order No. 21-2, the Contractor, for itself and on behalf of all of its principals or key personnel who submitted a bid or proposal, represents:

(1) That no gifts were made by (A) the Contractor, (B) any principals and key personnel of the Contractor, who participate substantially in preparing bids, proposals or negotiating State contracts, or (C) any agent of the Contractor or principals and key personnel, who participates substantially in preparing bids, proposals or negotiating State contracts, to (i) any public official or State employee of the State agency or quasi- public agency soliciting bids or proposals for State contracts, who participates substantially in the preparation of bid solicitations or requests for proposals for State contracts or the negotiation or award of State contracts, or (ii) any public official or State employee of any other State agency, who has supervisory or appointing authority over such State agency or quasi-public agency;

(2) That no such principals and key personnel of the Contractor, or agent of the Contractor or of such principals and key personnel, knows of any action by the Contractor to circumvent such prohibition on gifts by providing for any other principals and key personnel, official, employee or agent of the Contractor to provide a gift to any such public official or State employee; and

(3) That the Contractor is submitting bids or proposals without fraud or collusion with any person.

Any bidder or proposer that does not agree to the representations required under this section shall be rejected and the State agency or quasi-public agency shall award the contract to the next highest ranked proposer or the next lowest responsible qualified bidder or seek new bids or proposals.

6. Iran Energy Investment Certification C.G.S. § 4-252(a). Pursuant to C.G.S. § 4-252(a), the successful contracting party shall certify the following: (a) that it has not made a direct investment of twenty million dollars or more in the energy sector of Iran on or after October 1, 2013, as described in Section 202 of the Comprehensive Iran Sanctions, Accountability and Divestment Act of 2010, and has not increased or renewed such investment on or after said date. (b) If the Contractor makes a good faith effort to determine whether it has made an investment described in subsection (a) of this section it shall not be subject to the penalties of false statement pursuant to section 4-252a of the Connecticut General Statutes. A "good faith effort" for purposes of this subsection includes a determination that the

Contractor is not on the list of persons who engage in certain investment activities in Iran created by the Department of General Services of the State of California pursuant to Division 2, Chapter 2.7 of the California Public Contract Code. Nothing in this subsection shall be construed to impair the ability of the State agency or quasi-public agency to pursue a breach of contract action for any violation of the provisions of the resulting contract.

- 7. Nondiscrimination Certification, C.G.S. § 4a-60 and 4a-60a.** If a bidder is awarded an opportunity to negotiate a contract, the proposer must provide the State agency with *written representation* in the resulting contract that certifies the bidder complies with the State's nondiscrimination agreements and warranties. This nondiscrimination certification is required for all State contracts – regardless of type, term, cost, or value. Municipalities and CT State agencies are exempt from this requirement. The authorized signatory of the contract shall demonstrate his or her understanding of this obligation by either (A) initialing the nondiscrimination affirmation provision in the body of the resulting contract, or (B) providing an affirmative response in the required online bid or response to a proposal question, if applicable, which asks if the contractor understands its obligations. If a bidder or vendor refuses to agree to this representation, such bidder or vendor shall be rejected, and the State agency or quasi-public agency shall award the contract to the next highest ranked vendor or the next lowest responsible qualified bidder or seek new bids or proposals.

- 8. Access to Data for State Auditors.** The Contractor shall provide to OPM access to any data, as defined in C.G.S. § 4e-1, concerning the resulting contract that are in the possession or control of the Contractor upon demand and shall provide the data to OPM in a format prescribed by OPM [or the Client Agency] and the State Auditors of Public Accounts at no additional cost.

VI. APPENDIX

A. STATEMENT OF ASSURANCES

Agency Name

The undersigned Respondent affirms and declares that:

1) General

- a. This proposal is executed and signed with full knowledge and acceptance of the RFP CONDITIONS stated in the RFP.
- b. The Respondent will deliver services to the Agency the cost proposed in the RFP and within the timeframes therein.
- c. The Respondent will seek prior approval from the Agency before making any changes to the location of services.
- d. Neither the Respondent or any official of the organization nor any subcontractor the Respondent or any official of the subcontractor organization has received any notices of debarment or suspension from contracting with the State of CT or the Federal Government.
- e. Neither the Respondent or any official of the organization nor any subcontractor to the Respondent or any official of the subcontractor's organization has received any notices of debarment or suspension from contracting with other states within the United States.

Legal Name of Organization:

Authorized Signatory

Date

B. PROPOSAL CHECKLIST

To assist respondents in managing proposal planning and document collation processes, this document summarizes key dates and proposal requirements for this RFP. Please note that this document does not supersede what is stated in the RFP. Please refer to the Proposal Submission Overview, Required Proposal Submission Outline, and Mandatory Provisions (Sections II, III, and IV of this RFP) for more comprehensive details. It is the responsibility of each respondent to ensure that all required documents, forms, and attachments, are submitted in a timely manner.

Key Dates

Procurement Timetable		
The Agency reserves the right to modify these dates at its sole discretion.		
Item	Action	Date
1	Letter of Intent Due	September 25, 2023 (not required)
2	Deadline for Questions	October 4, 2023
3	Answers Released	October 10, 2023
4	Proposal Submission Due Date	October 31, 2023, 3:00 PM

Registration with State Contracting Portal (if not already registered):

- Register at: <https://portal.ct.gov/DAS/CTSource/Registration>
- Submit Campaign Contribution Certification (OPM Ethics Form 1):
<https://portal.ct.gov/OPM/Fin-PSA/Forms/Ethics-Forms>

Proposal Content Checklist

- Cover Sheet** including required information:
 - RFP Name or Number
 - Legal Name
 - FEIN
 - Street Address
 - Town/City/State/Zip
 - Contact Person
 - Title
 - Phone Number
 - E-Mail Address
 - Authorized Official
 - Title
 - Signature
- Table of Contents**
- Executive Summary:** high-level summary of proposal and cost
- Main proposal body answering all questions with relevant attachments.**
Proposers should use their discretion to determine whether certain required information is sufficiently captured in the body of their proposal or requires additional attachments for clarification. Additional attachments may include (bullets below are examples only):
 - Staffing plan with FTE status
 - Agency and program organizational chart detailing reporting structure
 - Staff resumes and applicable licensures
 - Work plan describing organization's efforts, progress, or plans to diversify workforce
 - Detailed plan on cultural competence and humility in service delivery

- Memoranda of Agreement/Understanding with referral partners
- Copies of applicant-created and/or evidence-based model intake, eligibility, enrollment, and assessment forms
- Written financial policies and procedures
- IRS Determination Letter** (for nonprofit proposers)
- Two years of most recent annual audited financial statements; OR any financial statements prepared by a Certified Public Accountant** for proposers whose organizations have been incorporated for less than two years.
- Proposed budget**, including budget narrative and cost schedules for planned subcontractors if applicable.
- Conflict of Interest Disclosure Statement**
- Statement of Assurances**

Formatting Checklist

- Is the proposal formatted to fit 8 ½ x 11 (letter-sized) paper?
- Is the main body of the proposal within the page limit?
- Is the proposal in 12-point, Times New Roman font?
- Does the proposal format follow normal (1 inch) margins and 1 ½ line spacing?
- Does the proposer's name appear in the header of each page?
- Does the proposal include page numbers in the footer?
- Are confidential labels applied to sensitive information (if applicable)?

SECTION VII FORMS

COVER SHEET

**REQUEST FOR PROPOSAL
RFP DPH Log# 2024-0905**

CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

Applicant Information

Applicant Agency: _____
Legal Name

Address

City/Town State Zip Code

Telephone No. FAX No. Email Address

Contact Person: _____ Title: _____

Telephone No: _____

TOTAL PROGRAM COST: \$ _____

I certify that to the best of my knowledge and belief, the information contained in this application is true and correct. The application has been duly authorized by the governing body of the applicant, the applicant has the legal authority to apply for this funding, the applicant will comply with applicable state and federal laws and regulations, and that I am a duly authorized signatory for the applicant.

Authorizing Official: Date Signature of

Typed Name and Title

The applicant agency is the agency or organization, which is legally and financially responsible and accountable for the use and disposition of any awarded funds. Please provide the following information:

- Full legal name of the organization or corporation as it appears on the corporate seal and as registered with the Secretary of State
- Mailing address
- Main telephone number
- Fax number, and email address, if any
- Principal contact person for the application (person responsible for developing application)
- Total program cost

The funding application and all required submittals must include the signature of an officer of the applicant agency who has the legal authority to bind the organization. The signature typed name and position of the authorized official of the applicant agency must be included as well as the date on which the application is signed.

Applicant Information Form (continuation)

PLEASE LIST THE AGENCY CONTACT PERSONS RESPONSIBLE FOR COMPLETION AND SUBMITTAL OF:

Contract and Legal Documents/Forms:

Name	Title	Tel. No.
Street	Town	Zip Code
Email		Fax No.

Program Progress Reports:

Name	Title	Tel. No.
Street	Town	Zip Code
Email		Fax No.

Financial Expenditure Reporting Forms:

Name	Title	Tel. No.
Street	Town	Zip Code
Email		Fax No.

Incorporated: YES NO

Agency Fiscal Year:	
----------------------------	--

Type of Agency: Public Private Other,
Explain:

Profit Non-Profit

Federal Employer I.D. Number:		Town Code No:	
--------------------------------------	--	----------------------	--

Medicaid Provider Status: YES NO

Medicaid Number:	
-------------------------	--

Minority Business Enterprise (MBE): YES NO
Women Business Enterprise (WBE): YES NO

Budget Summary Instructions

1. **Position Schedule #2a**
 - a. Complete the schedule for all positions to be funded even if currently vacant.
 - b. Complete one Position Schedule #2a for each Program/Fund to be included in the Budget.
2. **Personnel (lines #1 - #2)**
 - a. Line #1 **Salary and Wages**: Enter the total salary charged, as listed on Position Schedule 2a.
 - b. Line #2 **Fringe Benefits Line**: Enter the total fringe benefits charged, as listed on Position Schedule 2a.
3. Line #8 **Contractual (Subcontracts)**: Provide the total of all subcontracts and complete Subcontractor Schedule.
4. Lines #3 - #7, #9, and #10: Complete categories as appropriate,
5. Line #11: Other Expenses are any other types of expense that do not fit into the categories listed.

For example: Equipment. Please note that the state's definition of equipment is tangible personal property with a normal useful life of at least one year and a value of at least \$5,000 or more.
6. **Audit Costs**: The cost of audits made in accordance with OMB Circular A133 (Federal Single Audit) are allowable charges to Federal awards. The cost of State Single Audits (CGS 4-23 to 4-236) are allowable charges to State awards. Audit costs are allowable to the extent that they represent a pro-rata share of the cost of such audit. Audit costs charged to Department of Public Health contracts **must be budgeted, reported, and justified as an audit cost line item within the Administrative and General Cost category.**
7. **Administrative and General Costs**, Line Item #12
 - a. Are defined as those costs that have been incurred for the overall executive and administrative offices of the organization or other expenses of a general nature that do not relate solely to any major cost objective of the overall organization. Examples of A&G costs include salaries of executive directors, administrative & financial personnel, accounting, auditing, management information systems, proportional office costs such as building occupancy, telephone, equipment, and office supplies. Please review the OPM website on Cost Standards for more information at: http://www.opm.state.ct.us/finance/pos_standards/coststandards.htm.
 - b. **Administrative and General Costs** must be itemized on the Budget Justification Schedule. Costs that have a separate line item in the Budget Summary may not be duplicated as an Administrative and General Cost. For example, if the Budget Summary includes an amount for telephone costs, this cannot also be included as an Administrative and General Cost.
8. **Other Program Income** list any other program income, if appropriate, such as in-kind contributions, fees collected, or other funding sources and include brief explanation on Budget Justification.
9. **Multiple Funding Period Contracts**: Please complete a full budget for each Funding Period of the contract, clearly indicating the Period on each form. Absent other instructions, assume level funding for the second year.

B. Budget Justification Schedule B

1. Please provide a brief explanation for each line item listed on the Budget Summary. This must include a detailed breakdown of the components that make up the line item and any calculation used to compute the amount.

Line Item (Description)	Amount	Justification - Breakdown of Costs
Travel	\$730	1,659 miles @ .44 = \$730.00 outreach workers going to meetings and site visits.

2. For contractors who have subcontracts, a brief description of the purpose of each subcontract must be provided. Use additional sheets as necessary.

****Please note: If Laboratory Services is a line item on the primary or subcontract budget, please supply a justification as to why a private laboratory is being used as opposed to the Connecticut State Laboratory.*

C. Subcontractor Schedule A--Detail

1. All subcontractors used by each program must be included, if it is not known who the subcontractor will be, an estimated amount and whatever budget detail is anticipated should be provided. (Submit the actual detail when it is available). A separate subcontractor schedule must be completed for each program included in the contract. For example: The contract is providing both a Needle Exchange program and an AIDS Prevention Education Program and Subcontractor "A" is providing services to both program there must be a separate budget for Subcontractor "A" for each.

2. Detail of Each Subcontractor:

- a. Choose a category below for each subcontract using the basis by which it is paid:

A. Budget Basis B. Fee for Service C. Hourly Rate.

- b. Choose whether the subcontractor is a minority or woman owned a business:

MBE WBE Neither

- d. Provide the detail for each subcontract just as for the primary contract budget referencing the corresponding program of the contract. Detail must be provided for each subcontractor listed in the Summary.

Note: If space allowed is not sufficient for large or complex subcontract budgets, the primary Budget Summary format may be copied and used instead.

Budget Summary Form
Applicant's Organization Name

FUNDING PERIOD 1:

Contract Period:

Budget Summary

Program:	Name	Total
1. Salaries & Wages		
2. Fringe Benefits		
3. Travel		
4. Training		
5. Educational Materials		
6. Office Supplies		
7. Medical Materials		
8. Contractual (Sub-Contracts)**		
9. Telephone		
10. Advertising		
11. Other Expenses (list)		
a.		
b.		
c.		
d.		
e.		
f.		
g.		
h.		
i.		
12. Administrative and General Costs		
Total DPH Grant		
Other Program Income		

**Complete Sub-contractor Schedule A

Position Schedule #2a

Applicant's Organization Name

FUNDING PERIOD 1:

Contract Period:

**Position Schedule #2a
Program/Fund:**

Position Description and Staff Person Assigned	Site/ Location	Hours wk/ wks per Year	Hourly Rate	Total Salary Charged	Fringe Benefit Rate %	Total Fringe Benefits
1.Position: Name:		/			%	
2.Position: Name:		/			%	
3.Position: Name:		/			%	
4.Position: Name:		/			%	
5.Position: Name:		/			%	
6.Position: Name:		/			%	
7.Position: Name:		/			%	
8.Position: Name:		/			%	
9.Position: Name:		/			%	
10.Position: Name:		/			%	
11.Position: Name:		/			%	
12.Position: Name:		/			%	
13.Position: Name:		/			%	
14.Position: Name:		/			%	
15.Position: Name:		/			%	
16.Position: Name:		/			%	
Totals						

***Attach resumes and job descriptions for all Professional Staff**

Subcontractor Schedule A-Detail

Applicant's Organization Name

FUNDING PERIOD 1:

#1

Subcontractor Name:

Address:

Telephone: () (-)

Select One: **A** Budget Basis **B** Fee-for-Service **C** Hourly Rate

Indicate One: MBE WBE Neither

Program:	Name	Total
Fund:		
Line Item(s)		
Total Subcontract Amount:		

#2

Subcontractor Name:

Address:

Telephone: () (-)

Select One: **A** Budget Basis **B** Fee-for-Service **C** Hourly Rate

Indicate One: MBE WBE Neither

Program:	Name	Total
Fund:		
Line Item(s)		
Total Subcontract Amount:		

#3

Subcontractor Name:

Address:

Telephone: () (-)

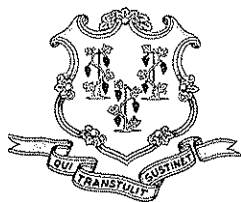
Select One: **A** Budget Basis **B** Fee-for-Service **C** Hourly Rate

Indicate One: MBE WBE Neither

Program:	Name	Total
Fund:		
Line Item(s)		
Total Subcontract Amount:		

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



OFFICE OF COMMISSIONER

AFFIRMATIVE ACTION CONTRACT COMPLIANCE POLICY STATEMENT

The Department of Public Health (DPH) is an Affirmative Action/Equal Employment Opportunity employer, in compliance with all state and federal laws and shall comply with the Contract Compliance Regulations *and* CGS 4a-60 Nondiscrimination and affirmative action provisions in contracts of the state and political subdivisions other than municipalities. Consistent with the Contract Compliance Regulations of Connecticut State Agencies, Sections 46a-68j-21 through 46a-68j-43, DPH encourages bidders, contractors, subcontractors, and suppliers to:

- Develop and follow a plan of affirmative action to achieve or exceed parity of employment with the applicable labor market
- Develop and follow an apprenticeship program complying with Sections 46a-68-1 to 46a-68-17 of the Administrative Regulations of Connecticut State Agencies, inclusive
- Submit employment statistics contained in the "Employment Information Form", indicating that the composition of its workforce is at or near parity when compared to the race/sex composition of the workforce in the relevant labor market area
- Develop and follow a plan to set aside a portion of the contract for legitimate minority business enterprises per Section 46a-68j-30(10)(E) of the Contract Compliance Regulations

DPH considers bidders success in these factors in reviewing the bidder's qualifications under the Contract Compliance requirements. Accordingly, any individual or organization that desires to do business with DPH shall:

- Not discriminate or permit discrimination against any protected class person or protected group in the performance of contracts
- Not engage in discriminatory practices *or* permit discriminatory practices in their workplace
- Cooperate with the Connecticut Commission on Human Rights and Opportunities in all activities
- In all contract solicitations or advertisements, state that they are an "affirmative action-equal opportunity employer"
- Sign a Notification to Bidders Form, and complete a workforce analysis questionnaire necessary for the contract award process

DPH notifies bidders, contractors, subcontractors, and suppliers of this policy and will not knowingly do business with any contractor, subcontractor or supplier of materials who unlawfully discriminates against members of any class protected under state or federal law. Contractors whose overall employment statistics are not reflective of the general employment area may be required to show good faith efforts to ensure that their personnel policies and practices do not have a discriminatory impact.



Jewel Mullen, MD, MPH, MPA
Commissioner, DPH



Date

NOTIFICATION TO BIDDERS

The contract to be awarded is subject to contract compliance requirements mandated by Sections 4a-60 and 4a-60a of the Connecticut General Statutes; and, when the awarding agency is the State, Sections 46a-71 (d) and 46a-81i (d) of the Connecticut General Statutes. There are Contract Compliance Regulations codified at Section 46a-68j-21 through 46a-68j-43 of the Regulations of Connecticut State agencies, which establish a procedure for the awarding of all contracts covered by Sections 4a-60 and 46a-71 (d) of the Connecticut General Statutes.

According to Section 46a-68j-30 (9) of the Contract Compliance Regulations, every agency awarding a contract subject to the contract compliance requirements has an obligation to "aggressively solicit the participation of legitimate minority business enterprises as bidders, contractors, subcontractors and suppliers of materials." "Minority Business Enterprise" is defined in Section 4a-60 of the Connecticut General Statutes as a business wherein fifty-one percent or more of the capital stock, or assets belong to a person or persons: "(1) Who are active in the daily affairs of the enterprise; (2) Who have the power to direct the management and policies of the enterprise; and, (3) Who are members of a minority, as such term is defined in subsection (a) of Section 32-9n." "Minority" groups are defined in Section 32-9n of the Connecticut General Statutes as "(1) Black Americans ... (2) Hispanic Americans ... (3) Women ... (4) Asian Pacific Americans and Pacific Islanders; or (5) American Indians." The above definitions apply to the contract compliance requirements by virtue of Section 46a-68j-21 (11) of the Contract Compliance Regulations.

The awarding agency will consider the following factors when reviewing the bidder's qualifications under the contract compliance requirements.

- a) the bidder's success in implementing an affirmative action plan;
- b) the bidder's success in developing an apprenticeship program complying with Sections 46a-68-1 to 46a-68-18 of the Connecticut General Statutes, inclusive;
- c) the bidder's promise to develop and implement a successful affirmative action plan;
- d) the bidder's submission of EEO-1 data indicating the composition of its workforce is at or near parity when compared to the racial and sexual composition of the workforce in the relevant labor market area; and,
- e) the bidder's promise to set aside a portion of the contract for legitimate minority business enterprises. See Section 46a-68j-30 (10) (E) of the Contract Compliance Regulations.

INSTRUCTION: Bidder must sign acknowledgment below line and return acknowledgment to Awarding Agency along with the bid proposal.

The undersigned acknowledges receiving and reading a copy of the "Notification to Bidders" form.

Signature

Date

On behalf of:

WORKFORCE ANALYSIS

Contractor Name:
Address:

Total Number of CT employees:
Full Time: Part Time:

Complete the following Workforce Analysis for employees on Connecticut worksites who are:

Job Categories	Overall Totals (sum of all cols. male & female)	White (Not of Hispanic Origin)		Black (Not of Hispanic Origin)		Hispanic		Asian or Pacific Islander		American Indian or Alaskan Native		People with Disabilities	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Officials & Managers													
Professionals													
Technicians													
Office & Clerical													
Craft Workers (skilled)													
Operatives (semi-skilled)													
Laborers (unskilled)													
Service Workers													
Totals Above													
Totals 1 year Ago													
FORMAL ON-THE-JOB TRAINEES (Enter figures for the same categories as are shown above)													
Apprentices													
Trainees													
EMPLOYMENT FIGURES WERE OBTAINED FROM:						Visual Check:		Employment Records		Other:			

1. Have you successfully implemented an Affirmative Action Plan? YES NO
Date of implementation: _____ If the answer is "No", explain.

1. a) Do you promise to develop and implement a successful Affirmative Action?
 YES NO Not Applicable Explanation:

2. Have you successfully developed an apprenticeship program complying with Sec. 46a-68-1 to 46a-68-18 of the Connecticut Department of Labor Regulations, inclusive: YES NO Not Applicable Explanation:

3. According to EEO-1 data, is the composition of your work force at or near parity when compared with the racial and sexual composition of the work force in the relevant labor market area? YES NO Explanation:

4. If you plan to subcontract, will you set aside a portion of the contract for legitimate minority business enterprises? YES
 NO Explanation:

Contractor's Authorized Signature

Date

■ **B. INFORMATIONAL ATTACHMENTS:** *The information and forms in this section are for your reference only. The information contained herein will be required of applicants awarded funding and will be requested during the contract development process. Some of the indicated information may be submitted electronically. **Do not include any of the forms included here with your proposal.***

1. Nondiscrimination Certification Instructions	42
2. Nondiscrimination Certification	43
3. False Claims Act Notification	44
4. False Claims Act Policy	45
5. False Claims Act Procedure	48
6. SEEC Form 11.....	51
7. Technical Review Criteria Worksheet.....	53

The remainder of this page is intentionally
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Nondiscrimination Certification Instructions

The governing body of your **corporation, company, or entity** must adopt policies and/or pass a resolution adopting and supporting nondiscrimination agreements and warranties as indicated in the *attached* Certification form.

If an **individual**, you must certify that you will adhere to the required nondiscrimination agreements and warranties, as indicated in the *attached* Certification form.

Individual Use FORM A	Corporation, Company, or Entity Use FORM B (under \$50,000) or FORM C (\$50,000 or more)
For an individual, enter your full legal name and address of residence.	Enter the legal Name and Title of the Authorized Signatory if not already included on the form. This is the person <u>named</u> in the Secretarial Certification as authorized to sign. Alternately, the person authorized to certify the authorized signatory may sign this certification. If this option is chosen, the individual signing the secretarial certification and the nondiscrimination certification should be the same individual.
This does not apply for contracts with individuals.	Enter Corporation / Contractor Name with no abbreviations unless it is legally abbreviated in the charter if not already included on the form. Exception: Corp. is a legal abbreviation.
This does not apply for contracts with individuals.	Enter State or Commonwealth of Incorporation where required if not already included on the form
Enter the <u>Day, Month, Year</u> on which the certification is signed. This date <u>must be the same or later</u> than the date the Contract is signed	Enter the <u>Day, Month, Year</u> on which the certification is signed. This date <u>must be the same or later</u> than the date the Contract is signed
Enter the Signer's Signature.	Enter the Signer's Signature.

IMPORTANT

Name of Signer must be typed **exactly** the same at the beginning of Document as at the end of the Document. Signature must match typed name **exactly**.

It is **not** necessary to have the form notarized unless an area for such appears on the form. Notarization is required, however, if so indicated on the form.

The requirement for notarization exists for contracts including funding in excess of \$50,000 per year.

The enclosed form is an official document approved by the Connecticut Office of Attorney General. Substitute documents are not acceptable.

Any type of correction fluid or tape is not acceptable! ***

*** We can supply additional forms if necessary.



STATE OF CONNECTICUT
NONDISCRIMINATION CERTIFICATION – Affidavit
7/8/09
By Entity
For Contracts Valued at \$50,000 or More

Form C

Documentation in the form of an affidavit signed under penalty of false statement by a chief executive officer, president, chairperson, member, or other corporate officer duly authorized to adopt corporate, company, or partnership policy that certifies the contractor complies with the nondiscrimination agreements and warranties under Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended

INSTRUCTIONS:

For use by an entity (corporation, limited liability company, or partnership) when entering into any contract type with the State of Connecticut valued at \$50,000 or more for any year of the contract. Complete all sections of the form. Sign form in the presence of a Commissioner of Superior Court or Notary Public. Submit to the awarding State agency prior to contract execution.

AFFIDAVIT:

I, the undersigned, am over the age of eighteen (18) and understand and appreciate the obligations of an oath.

I am _____ of _____, an entity
 Signatory's Title Name of Entity

duly formed and existing under the laws of _____
 Name of State or Commonwealth

I certify that I am authorized to execute and deliver this affidavit on behalf of

_____ and that _____
 Name of Entity Name of Entity

has a policy in place that complies with the nondiscrimination agreements and warranties of Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended.

 Authorized Signature

 Printed Name

Sworn and subscribed to before me on this _____ day of _____, _____.

**Commissioner of the Superior Court/
 Notary Public**

Commission Expiration Date

FALSE CLAIMS ACT COMPLIANCE NOTIFICATION

This Contract requires compliance with The Deficit Reduction Act (“Act”) of 2005, which requires that the contractor or “qualified provider” receiving the contract comply with the Department’s False Claims Act Policy and Procedure as follows:

1. Review, print, and maintain on file the following Department’s False Claims Act Policy and False Claims Act Procedure.
2. Provide appropriate notice of the requirements of the Policy and Procedure by providing copies of the Department’s False Claims Policy and False Claims Procedure to all employees of your organization, including officers and officials as well as subcontractors providing services funded by this Contract, in accordance with the requirements of Section 4.3.3 of the Department’s False Claims Act Procedure.


Do not return the False Claims Policy or False Claims Procedure to the Department. Your signature on the executed Contract confirms your receipt and compliance with the Department’s False Claims Act compliance requirement.

	False Claims Act (Policy)	PL-CGMS C-001 Revision: 1.0 Effective Date: 05/21/2010
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APPROVAL SIGNATURES		DATE
J. Robert Galvin, M.D., M.P.H. (original signature on file)	Commissioner of Public Health	05/21/2010

REVISION HISTORY			
Revision	Description of Change	Author	Effective Date
Basic	Initial Release	Bruce Wallen	05/21/2010

REFERENCE DOCUMENTS	
Document	Title
The Deficit Reduction Act ("Act") of 2005	Section 6032
United States Code (U.S.C.)	Sections 3729-3733
Connecticut General Statutes (C.G.S.)	Section 53a-290 Vendor Fraud
Connecticut General Statutes (C.G.S.)	Section 4-61dd Whistleblower
Connecticut General Statutes (C.G.S.)	Section 31-51m Blacklisting
Connecticut General Statutes (C.G.S.)	Section 17b-127 General Assistance

	<h2>False Claims Act (Policy)</h2>	<p>PL-CGMS C-001 Revision: 1.0 Effective Date: 05/21/2010</p>
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1.0 Purpose

The Deficit Reduction Act (“Act”) of 2005 is the federal government’s legislative effort to control spending for entitlement programs, such as Medicaid. The Act seeks to control spending by reducing federal overpayments for prescription drugs and medical services, thereby improving the integrity of federally funded entitlement programs.

2.0 Scope

Section 6032 of the Act states that any entity, such as the Department of Public Health (Department), which receives or makes payments under a state plan approved under Title XIX or under a waiver of such plan, totaling at least \$5,000,000 annually, is required to establish written policies providing detailed information about the False Claims Act (“FCA”) and any state false claims laws to all Department employees, contractors, and agents. The Department is also required to establish and inform all employees, contractors, qualified providers and agents about the Department’s policies and procedures for the detection and prevention of fraud, waste and abuse, the protection afforded to any person who reports an incident of a false claim to a regulatory body (e.g., Whistleblower Protection) and any civil or criminal penalties for false claims.

3.0 Definitions and Acronyms

Specialized acronyms and definitions identified in this contract procedure are defined below.

3.1 Acronyms

“CGMS”	The Connecticut Department of Public Health, Contracts & Grants Management Section
“Department”	The State of Connecticut Department of Public Health
“FCA”	False Claims Act
“PFCRA”	Program Fraud Civil Remedies Act

3.2 Definitions


Claim - means any request or demand, whether under a contract or otherwise, for money or property which is made by a contractor, grantee, or other recipient if the United States government provides any portion of the money or property which is requested or demanded or if the government will reimburse such contractor, grantee, or other recipient for any portion of the money or property which is requested or demanded.

Contractor or Agent - means any contractor, subcontractor, agent, qualified vendor, consumer, or family member who act as an employer or other person which or who, on behalf of the entity, furnishes, or otherwise authorizes the furnishing of, Medicaid health care items or services, performs billing or coding functions, or is involved in the monitoring of health care provided by the entity.

Employee - means any officer or employee of the entity, contractor, or agent.

Entity - means a governmental agency, organization, unit, corporation, partnership, or other business arrangement, including Medicaid managed care organizations, whether for profit or not-for-profit, which receives or makes payments, under a state plan approved under Title XIX or under any waiver of such plan, totaling at least \$5,000,000 annually.

Knowing and Knowingly - means that a person with respect to information 1) has actual knowledge of the information; 2) acts in deliberate ignorance of the truth or falsity of the information; or 3) acts in reckless disregard of the truth or falseness of the information.

	<h2>False Claims Act (Policy)</h2>	<p>PL-CGMS C-001 Revision: 1.0 Effective Date: 05/21/2010</p>
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4.0 Compliance

4.1 False Claim Act

The FCA prohibits any person, firm, corporation, or entity from knowingly presenting, or causing to be presented, a false claim or statement to a federally funded program, including Medicaid, or conspiring to defraud the federal government. Any person, company or entity that acts in deliberate ignorance of or with reckless disregard of the truth of such information is considered to have acted knowingly.

The civil penalty for violating the FCA is a fine of not less than \$5,000 and not more than \$10,000 per violation. The person, company or entity may also be fined an additional three times the amount of damages sustained by the federal government. The PFCRA also provides that any person or company that commits fraud by making a false statement or claim can be assessed a penalty of \$5,000 per false claim or statement in addition to the penalties available under the FCA.

A person may bring a civil action for violating the FCA on behalf of said person and the United States government. If the federal government proceeds with an action brought by such person then that person shall receive at least 15 percent but not more than 25 percent of the proceeds of the action or settlement. If the federal government does not proceed with the action and the person initiating the action proceeds, then the person bringing the action shall receive a reasonable amount, to be determined by the court, but not less than 25% and not more than 30% of the proceeds of the action or settlement.


The FCA prohibits retaliation by an employer against an employee for bringing a false claim action or participating in such action (Whistleblower Protection). Any employee subject to retaliation by an entity, contractor or agent shall be entitled to all relief necessary to make the employee whole, including but not limited to reinstatement, two times the amount of back pay, interest on back pay and special damages.

4.2 State False Claim Related Acts

Under Connecticut's Vendor Fraud statute, it is illegal for a person on his own behalf or on the behalf of an entity, with intent, to fraudulently provide goods or services to a beneficiary or recipient under Title XIX or to fraudulently receive goods or services. Connecticut law also prohibits any vendor from fraudulently providing services or goods for any recipient of General Assistance. The State Whistleblower law provides any employee who reports a suspected violation of state or federal law with protection against retaliation by the employer. State law also prohibits any person, corporation, state, or political subdivision from blacklisting any employee.

4.3 Compliance Reporting


All DPH employees, contractors, and agents, are required to report fraud, waste, and abuse to: The Department of Public Health, Contracts & Grants Management Section, 410 Capitol Avenue, MS#13GCT, P.O. Box 340308, Hartford, CT 06134-0308.

	False Claims Act (Procedure)	PR-CGMS C-001 Revision: 1.0 Effective Date: 05/21/2010
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APPROVAL SIGNATURES		DATE
J. Robert Galvin, M.D., M.P.H. (original signature on file)	Commissioner of Public Health	05/21/2010

REVISION HISTORY			
Revision	Description of Change	Author	Effective Date
Basic	Initial Release	Bruce Wallen	05/21/2010

REFERENCE DOCUMENTS	
Document	Title
The Deficit Reduction Act ("Act") of 2005	Section 6032
United States Code (U.S.C.)	Sections 3729-3733
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Connecticut General Statutes (C.G.S.)	Section 4-61dd Whistleblower
Connecticut General Statutes (C.G.S.)	Section 31-51m Blacklisting
Connecticut General Statutes (C.G.S.)	Section 17b-127 General Assistance

	<h2>False Claims Act (Procedure)</h2>	<p>PR-CGMS C-001 Revision: 1.0 Effective Date: 05/21/2010</p>
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1.0 Purpose

This procedure provides guidance to the Department of Public Health on informing all employees, contractors, and agents about the Department of Public Health False Claims Policy, PL-CGMS C-001.

2.0 Scope

This procedure applies to all Department of Public Health staff, and officers and employees of contractors, agents, qualified providers, and subcontractors funded by the department.

3.0 Definitions and Acronyms

Specialized acronyms and definitions identified in this contract procedure are defined below.

3.1 Acronyms

<u>“CGMS”</u>	The Connecticut Department of Public Health, Contracts & Grants Management Section
<u>“Department”</u>	The State of Connecticut Department of Public Health
<u>Health “FCA”</u>	False Claims Act
<u>“PFCRA”</u>	Program Fraud Civil Remedies Act
<u>“POS”</u>	Purchase of Service Contract

3.2 Definitions

Claim - means any request or demand, whether under a contract or otherwise, for money or property which is made by a contractor, grantee, or other recipient if the United States government provides any portion of the money or property which is requested or demanded, or if the government will reimburse such contractor, grantee, or other recipient for any portion of the money or property which is requested or demanded.

Contractor or Agent - means any contractor, subcontractor, agent, qualified vendor, consumer, or family member who act as an employer or other person which or who, on behalf of the entity, furnishes, or otherwise authorizes the furnishing of, Medicaid health care items or services, performs billing or coding functions, or is involved in the monitoring of health care provided by the entity.


Employee - means any officer or employee of the entity, contractor, or agent.

Entity - means a governmental agency, organization, unit, corporation, partnership, or other business arrangement, including Medicaid managed care organizations, whether for profit or not-for-profit, which receives or makes payments, under a state plan approved under Title XIX or under any waiver of such plan, totaling at least \$5,000,000 annually.

Knowing and Knowingly - means that a person with respect to information 1) has actual knowledge of the information; 2) acts in deliberate ignorance of the truth or falsity of the information; or 3) acts in reckless disregard of the truth or falseness of the information.

Purchase of Service Contract - Previously Human Service Contract, a contract document used to procure direct client services to populations served by the Department over a defined period and for an agreed upon maximum price.

Subcontractor – See “Contractor or Agent” above.

	<h2>False Claims Act (Procedure)</h2>	<p>PR-CGMS C-001 Revision : 1.0 Effective Date: 05/21/20</p>
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4.0 Process

4.1 Dissemination to the Department's New Employees

- 4.1.1** The Department's Human Resources staff shall present and provide all newly hired Department employees with a copy of the False Claims Act Policy and Procedure during the new employee orientation.
- 4.1.2** Each new Department employee must acknowledge receipt of the False Claims Act Policy and Procedure by signing an acknowledgement that they received it. The acknowledgement shall be maintained in their personnel file.

4.2 Dissemination to the Department's Existing Employees

Each existing Department employee shall receive a copy of the Department's False Claims Act Policy and Procedure and must sign an acknowledgement that they have received it. The acknowledgement shall be maintained in their personnel file.

4.3 Dissemination to Contractors and Qualified Providers

- 4.3.1** CGMS shall include the Department's False Claims Act Policy and Procedure in all POS contracts between the Department and its contractors and agents.
- 4.3.2** Contractors and agents shall inform all employees providing services funded by the contract of the policy and procedure and obtain acknowledgement of receipt.
- 4.3.3** Execution of the contract by a contractor or agent, via authorized signature, shall indicate acceptance of and compliance with the Department's False Claims Policy and Procedure in accordance with Part II, Section C.4, (Terms and Conditions, Contractor Obligations, Federal Funds) of the POS Contract.
- 4.3.4** Contractors and agents under contract with the Department shall inform all subcontractors, providing services funded by the contract, of the policy and procedure and obtain acknowledgement of receipt either via inclusion of a contract term/condition in the sub-contractual agreement as in 4.3.3 above, and execution of such subcontract, or via separate acknowledgement.

5.0 Records

- 5.1** The following records shall be maintained, generated, or updated, and filed by the Department in accordance with this procedure and CGMS record retention requirements and schedules. Contractors shall maintain records according to their established record retention schedules.

Record Name	Responsible	Retention Req.	Location
Employee acknowledgement of receipt of False Claims Policy and Procedure	Human Resources Office	Until employee termination	Employee File
Fully Executed Contract Document	CGMS	3 Yrs. From end date of contract(s)	CGMS Contract File

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

DEFINITIONS

“State contractor” means a person, business entity or nonprofit organization that enters into a state contract. Such person, business entity or

CAMPAIGN CONTRIBUTION AND SOLICITATION LIMITATIONS

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

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

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

DUTY TO INFORM

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

PENALTIES FOR VIOLATIONS

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

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

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

CONTRACT CONSEQUENCES

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

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

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

Additional information may be found on the website of the State Elections Enforcement Commission, www.ct.gov/seec. Click on the link to “Lobbyist/Contractor Limitations.”