

STATE OF CONNECTICUT PROCUREMENT NOTICE**Request for Proposals (RFP) # 2024-0907
Cardiovascular Health Learning Collaborative
Technical Advisor**

The Connecticut Department of Public Health (CT DPH or the Department) is seeking proposals for a cardiovascular health learning collaborative technical advisor (TA) to promote health equity and address barriers to care and services for those at risk for heart disease. The selected contractor will facilitate multiple learning collaborative cohorts comprised of health care organizations (HCOs) and community-based organizations (CBOs) to guide them in implementing or expanding evidence-based strategies that address heart disease (specifically hypertension and hypercholesterolemia) and improve health outcomes.

The selected contractor will be expected to collaborate with CT DPH, HCOs, and CBOs statewide that serve populations most at risk for cardiovascular disease (CVD), high blood pressure, and high cholesterol, and support the integration and enhancement of other population health activities. The LC will address HCOs system needs required to support best practice in care and disease prevention, including electronic health records (EHR) improvements to track clinical and social services and support needs and support team-based care, and advance community-clinical linkages, including use of community health workers (CHWs). The LC will facilitate communication and the exchange of ideas among health agencies, leverage technical and financial resources to support improvements in CV health outcomes, and increase awareness of social services and supports that aim to reduce social determinants of health (SDoH)-related barriers to care.

Deliverables include assessment of each HCO's/CBO's project baseline readiness, virtual and in-the-field technical support, and engagement of subject matter experts to develop, support, and enhance work in the following areas: Electronic Health Records/Health Information Technology, SDoH screening, team-based care, implementation of self-monitored blood pressure programs with clinical support, and utilization of CHWs, and will participate with CT DPH in the project's evaluation processes.

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:

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Address: 410 Capitol Avenue, MS# 11HLS,
Hartford, CT 06134
Phone: (860) 509- 7817
E-Mail: Elizabeth.Conklin@ct.gov

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 **Monday, December 11, 2023, at 3:00 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. INTRODUCTION

1. RFP Log # 2024-0907: Cardiovascular Health Learning Collaborative Technical Advisor

2. RFP Summary

The Connecticut Department of Public Health (CT DPH) Heart Disease and Stroke Prevention program is seeking to procure services of a Technical Advisor (TA) to lead a cardiovascular (CV) health learning collaborative addressing health equity and CV disease. The TA will assist health care organizations with team-based care, and linkages to community-based organizations to address social determinants of health (SDoH) and other barriers to care for people at highest risk for CV disease.

3. RFP Purpose.

Heart Disease and Stroke are among the leading causes of death in Connecticut. Early identification and intervention help people with cardiovascular disease (CVD) improve their health and reduce their risk for serious, life-threatening complications. Extensive scientific evidence links non-medical factors with poor health outcomes and increased mortality rates. Factors such as poverty, inadequate housing, poor health care, and other debilitating social conditions, commonly referred to as social determinants of health (SDOH), contribute to long-standing disparities and health inequities. With funding from the Centers for Disease Control and Prevention (CDC), CT DPH will pursue a health equity approach to this work to address the socio-economic barriers, which hinder a population's access, engagement, and ability to follow through with overall health care needs. The populations of focus are those impacted by the high prevalence of CVD, exacerbated by health inequities and disparities and SDOH, such as low incomes, poor health care, and unfair opportunity structures.

The TA contractor will be selected to facilitate and lead a Cardiovascular Health (CVH) Learning Collaborative (LC) and support selected healthcare organizations (HCOs) and community-based organizations (CBOs) in each LC cohort. The TA contractor will provide support for Electronic Health Records/Health Information Technology (EHRs/HIT) modifications, enhancements, and implementation, SDOH screening and referral, Self-Measured Blood Pressure Monitoring (SMBP) implementation, and team-based care training and implementation support. The TA contractor will lead the LC under the guidance of CT DPH staff.

The chosen TA contractor must demonstrate experience in running effective learning collaboratives that include addressing health equity and SDOH models to reduce the impact of health disparities. They must be familiar with community support services in Connecticut to assist the target population and be capable of building a comprehensive resources directory for the LC participants, including speakers and networking. They should be familiar with the Community Health Worker (CHW) model as it relates to chronic disease prevention and clinical-community linkages.

The TA contractor will provide support for: EHR/HIT modifications and enhancements, improved communication, and coordination among care team members, SMBP implementation, and utilization of CHWs for CVH screening and program/service engagement. The TA contractor will have dedicated staff assigned to lead the LC cohorts under the guidance of CT DPH staff.

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

- 85000000: Healthcare Services
- 80000000: Management and Business Professionals and Administrative Services
- 0600: Services (Professional, Support, Consulting and Misc. Services)
- 1000: Health Service Planning
- 2000: Community and Social Services
- 3000: Education and Training

■ B. 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

Address: Connecticut Department of Public Health 410 Capitol Ave, MS# 11HLS
Hartford CT

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, if available, the Agency's RFP Web Page.

- RFP Released: Friday, October 27, 2023
- Letter of Intent Due: Friday, November 3, 2023(not required but recommended)
- Deadline for Questions: Tuesday, November 7, 2023
- Answers Released: Monday, November 13, 2023
- Proposals Due: Monday, December 11, 2023, 3:00pm

5. Contract Awards. The award of any contract pursuant to this RFP is dependent upon the availability of funding to the Agency. The Agency anticipates the following:

- Individual Award Amount: \$1,950,000 (Funding Period 1: \$150,000; Funding Periods 2-5: \$450,000 / year)
- Number of Awards: One (1)
- Contract Cost: Varies
- Contract Term: Start: No earlier than April 1, 2024
End: June 29, 2028 (4 years, 3 months)
- Funding Source: Centers for Disease Control and Prevention RFA-DP-23-0004

6. Eligibility.

Private provider organizations (defined as nonstate entities that are either nonprofit or proprietary corporations or partnerships). Individuals who are not a duly formed business entity are ineligible to participate in this procurement. Applicants with long-standing, significant outstanding unresolved issues on current and/or prior year contracts with the DPH may be removed from consideration for additional or future funding.

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

- Organizational expertise in complex 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.
- Capacity to assign staff with significant experience in or with access to the organization's resources regarding health systems, health information technology, clinical care and public health issues related to heart disease to provide in-the-field, hands-on assessment, planning, implementation and evaluation direction to multiple HCOs and CBOs across the state of Connecticut.

8. Letter of Intent. A Letter of Intent (LOI) is not required by this RFP but is recommended. The LOI is non-binding and does not obligate the sender to submit a proposal. The LOI must be submitted 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. If this RFP requires a Letter of Intent, the Agency reserves the right to answer questions only from those who have submitted such a letter. 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 established in the Procurement Schedule. The Agency will publish any and all amendments to this RFP on the State Contracting Portal and, if available, on the Agency's RFP Web Page.

- 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: Monday, December 11, 2023**
- **Time: 3:00 PM EST**
- Allowable Formats:
 - Electronic copy of the proposal submitted via email to the email address: Elizabeth.Conklin@ct.gov.

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

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: **CVH Learning Collaborative Technical Advisor** - [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 is not an option for this procurement.

- 13. CDC Funding:** This Request for Proposal (RFP) is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$4,730,530 funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

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 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).

■ B. PROGRAM OVERVIEW,

Heart Disease and Stroke are among the leading causes of death in Connecticut. Early identification and intervention including clinically supported self-management, will help people with cardiovascular disease (CVD) improve their health and reduce their risk for serious, life-threatening complications. With [CDC-RFA-DP-23-0004 funding](#), the Connecticut Department of Public Health (CTDPH) proposes to build on previous CVD-related grant activities. The focus will be communities with high burden of cardiovascular disease (CVD),

its risk factors, and related complications to improve access to screening, health care services, and community support that assist overall wellness.

The CDC-RFA-DP-23-0004 funding will enhance and expand established preventive screening, educational classes, support programs, treatment, medication, and screening for and referrals to community support. CT DPH will also continue progress toward developing the state's Community Health Workers (CHWs) infrastructure and cardiovascular disease workforce through trainings and learning collaboratives that support skill and resource awareness needed to promote the wellness of populations at risk for chronic diseases. CTDPH will pursue a health equity approach to this work to address the socio-economic barriers and social determinants of health (SDOH) which hinder a population's access, engagement, and ability to follow through with overall health care needs. 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 cardiovascular burden among priority populations and Connecticut residents statewide.

Outcomes: As a result of the proposed activities, CTDPH expects to achieve the following: Short-Term Outcomes (by 2028):

- Increase the use of Electronic Health Records (EHRs) or Health Information Technology (HIT) to report, monitor, and track clinical and social services and support needs data to improve detection of health care disparities and the identification, management, and treatment of patients at highest risk of CVD, with a focus on hypertension and high cholesterol.
- Increase the use of standardized processes or tools to identify, assess, track, and address the social services and support needs of patient populations at highest risk of CVD.
- Increase the use of EHRs or HIT to support communication and coordination among care team members to monitor and address patients' hypertension and high cholesterol.
- Increase the use of multidisciplinary care teams adhering to evidence-based guidelines to address patients' social services and support needs and improve the management and treatment of hypertensions and high cholesterol.
- Increase multidisciplinary partnerships that address identified barriers to social services and support needs within populations at highest risk of CVD.
- Increase community clinical links to identify and respond to social services and support needs of populations at highest risk of CVD with a focus on hypertension and high cholesterol.
- Increase engagement of CHWs to provide a continuum of care extending clinical interventions and addressing social services and support needs.
- Increase the use of self-measured blood pressure (SMBP) with clinical support within populations at highest risk of hypertension.

Intermediate Term Outcomes:

- Improved blood pressure control among populations within partner health care and community settings.
- Reduced disparities in blood pressure control among populations within partner health care and community settings.
- Increased utilization of social services and support among populations at highest risk of CVD, with a focus on hypertension and high cholesterol.

Long-Term Outcomes:

- Improved cardiovascular health.
- Reduced disparities in cardiovascular health.

■ C. SCOPE OF SERVICE DESCRIPTION

1. Applicant Organizational Requirements and Profile

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 applicant's administrative and operational capabilities.

a. Purpose, Mission, and Vision of Organization

The applicant must provide a brief overview of the history and structure of their organization. The applicant must explain how the proposal will fit into the organization's overall mission with specific detail as to experience and approaches to meet the intent of this RFP, including engaging with health care organizations, integrating non-physician health professionals into the care team, accessing health information technology, evaluating and redirecting clinical workflow, and establishing new referral and patient education approaches. 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 (profit/non-profit, etc.) / Years of Operation / Functional Organization / Governance System

Applicant must indicate entity type, years of operation, organizational function, and governance structure. Proposals will be accepted from public and private organizations (defined as non-state entities that are either nonprofit or proprietary corporations or partnerships). Organizations 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

Applicants must describe what and how services are currently being delivered and how the applicant will meet the additional responsibilities outlined in this RFP (e.g., hiring new staff, reassigning current staff).

d. Accreditation/Certification/Licensure (if applicable)

All applicants must identify and define any relevant organizational accreditations, certifications or licensure.

e. Relevant Experience and Subcontractors' Experience

The applicant must describe the experience the organization and any proposed subcontractors have had with the following:

- Developing and conducting baseline practice assessments in health care systems to identify needs.
- Devising strategies toward achieving objectives and goals based on baseline practice assessments.
- Developing and executing TA plans in health care settings.
- Providing technical assistance to health care organizations that are:
 - Developing/enhancing and implementing evidence-based practices and protocols for cardiovascular care, specifically for hypertension and hypercholesterolemia.
 - Collaborating with a) Community Health Workers; b) community-based organizations addressing client social service needs; and c) local health departments for collaborative public health planning
 - Implementing Self-Monitoring Blood Pressure programs
 - Integrating non-physicians into the health care team including community health workers, nutritionists/registered dietitians, nurses, and social workers.
 - Collaborating with HIT vendors to maximize use of EHRs for patient identification, referral tracking and measuring patient and provider outcomes including quality measures for patients with prediabetes, uncontrolled diabetes, uncontrolled hypertension, undiagnosed hypertension, and high blood cholesterol.
 - Supporting HCOs delivery of culturally competent services, family centered, multidisciplinary, holistic care that meets the needs of individuals with cardiovascular disease.

2. Service Requirements – Scope of Services for Applicant and Any Anticipated Subcontractors

The applicant's response to this RFP must include details as to the applicant's capacity and approach to assessing, planning, implementing, and evaluating the activities outlined below:

a. Lead Cardiovascular Health Learning Collaborative (LC):

The awarded TA contractor will work with CT DPH to create a statewide cardiovascular (CV) health learning collaborative (LC) that invites participation from health care organizations (HCOs) and community-based organizations (CBOs) that engage with populations most at risk for CVD, hypertension, and high cholesterol. The LC will address HCOs' system needs required to support best practice in care and disease prevention, including electronic health records (EHR) improvements to track clinical and social services and support needs, support team-based care, and advance community-clinical linkages, including use of CHWs. The LC will facilitate communication and the exchange of ideas among health agencies, leverage technical and financial resources to support improvements in CV health outcomes, and increase awareness of social services and supports that aim to reduce SDOH-related barriers to care and health promotion.

b. LC Lead:

The selected TA contractor will be required to fund a dedicated 1.0 FTE Learning Collaborative Lead, who will coordinate and facilitate the newly created CV health LC focusing on health inequities and building relationships to decrease health care disparities and advance health equity. The TA contractor will lead the LC under the guidance of CT DPH staff. The chosen TA Contractor must demonstrate experience in running effective learning collaboratives that include addressing health equity and SDOH models to reduce the impact of health disparities.

c. Recruitment:

The TA contractor will work with CT DPH to recruit LC participants through existing partnerships with FQHCs, community partners, university systems, including the University of Connecticut (UConn), local health departments, among other public and private health partnerships. Twelve-month cohorts will be initiated with no more than 10 member organizations (HCOs) represented. The LC Lead will ensure at least 51% of participating collaborators and partners represent approved priority populations of focus. CTDPH will create promotional resources to encourage participating in the LC, including upholding data sharing agreement requirements, and the contractor must be able to issue stipends and other forms of funding support to participating organizations as part of their total budget. CT DPH will consult with the state of [Kentucky Department of Health's Hypertension LC](#) model as CT DPH seeks to replicate their model.

d. Learning Collaborative Structure:

LC cohorts will be designed to group similar healthcare structures (FQHCs, primary care practice groups, health systems) to ensure like-models for group discussion and improvement. The first cohort will be recruited from FQHCs because of their strong engagement history with at-risk populations and identified need for expanded linkages with community-based services and supports. Participants will complete a pre-assessment survey to capture strengths, weaknesses, opportunities, and challenges for TA in the areas of EHR/HIT, SDoH screening, team-based care, implementation of SBMP programs, and utilization of CHWs. Cohort member agencies will be required to provide CT DPH data to evaluate and measure the effectiveness of the LC. CT DPH will request voluntary sharing of their data past their cohort conclusion, throughout the 5 years of the 23-0004 grant cycle to measure success of the LC sustainability efforts.

The TA contractor will be selected to facilitate and lead the CVH LC and support awarded HCOs in each LC cohort. The TA contractor will use data available to CT DPH to create maps visualizing geographic areas in the state with the highest burden from CVD and its risk factors to aid in identifying HCOs to be part of the cohort and consult on:

- 1) EHRs/HIT enhancements and implementation,
- 2) SDoH screening and referral,
- 3) SMBP implementation, and
- 4) Team-based care training and implementation support: Create and enhance community-clinical links to identify SDoH (e.g., inferior housing, lack of transportation, inadequate access to care, and limited community resources) and respond to the social services and support needs of populations at highest risk of CVD with a focus on hypertension and high cholesterol.

HCOs serving populations of greatest need will be invited as Year 1 participants in a yearlong (12 month) cohort. HCOs will be given the option to apply for implementation funds in amounts ranging from \$500 to \$10,000 paid through the TA contractor and contingent upon completion of the 12-month cohort.

Funds can be used to support:

- 1) HIT/ EHR CVD-related updates including to: A.) identify patients with CVD and SDoH needs B.) team-based communication needs C.) communication to CBOs to meet SDoH need of patients D.) SMBP Cuff integration.
- 2) Create at least 1 clinical care team to focus on patients with CVD and SDoH screening / needs. CHW will be required for the team.

- 3) Identify at least 1 staff member to participate in LC.
- 4) Implement a SMBP program for highest need patients.

TA contractor to host a team-based care and SMBP & CVD best practices training for at least 1 multidisciplinary team at each participating HCO. Each team will be required to include a CHW.

To promote the use of standardized processes or tools to identify social services or support needs and monitor and assess the referral and utilization of those services, the TA contractor will lead:

- 1) a bi-monthly topic group discussion and training with the LC members.
- 2) At least one team-based care, SMBP and CVD best practices training with a multidisciplinary team at each LC cohort member organization; CTDPH will participate in cohort group meetings to provide ongoing guidance and monitoring to the TA contractor and to identify training needs.
- 3) Monthly individual TA with each cohort organization according to the needs identified in their preassessment.

An annual end-of-cohort mini-summit to showcase system improvement and best practices efforts as it relates to reaching the targeted population to reduce CVD and track and monitor SDoH measures. The next cohort is to be included in the mini summit.

e. Culturally Competent Services: The applicant must describe how it will support and align its and any subcontractor's activities to meet cultural competency standards.

f. Program Collaboration / Coordination: The applicant must clearly describe in its application:

- 1) how it will coordinate, meet, and plan with DPH. The TA Vendor will be expected to lead high-level project coordination and update meetings with DPH staff as determined by the Department and as the project needs warrant.
- 2) how it will establish successful collaboration with complex HCOs in baseline practice and needs assessments leading to feasible and mutually agreeable plans of action to meet the project goals.
- 3) its approach in guiding the HCOs to conduct workflow analysis and facilitating change:
- 4) to introduce or enhance team-based care incorporating non-physician team members into the healthcare team including CHWs, social workers, nurses, nutritionists.
- 5) to guide the development or enhancement of accessing EHRs for data retrieval and to effectively identify and track patients for self-management referral, and track outcomes through collaboration with each HCO's HIT vendor.
- 6) how it will access and coordinate subject matter experts to support the HCOs in implementing:
 - i. a self-monitored blood pressure program with clinical support,
 - ii. the proposed approach to working with each HCO's HIT vendor tasked with incorporating patient identification, referrals and outcomes into the HIT system and a provider outcome dashboard.

g. Client Consultation / Evaluation/Assessment:

The applicant must describe how it intends to engage with the LC participants to establish and maintain contact and communication with each participating organization, including how it will maintain communication and project momentum in the event of HCO staff turnover during the project. The applicant must describe how it will identify, evaluate and engage prospective subject matter experts to ensure evidence-based expertise is available.

h. Quality Assurance and Quality Improvement:

Applicants must describe their overall quality assurance and quality improvement approach to ensure the quality of services delivered. The selected applicant will be required to submit a detailed plan which explains how it will monitor performance, identify opportunities for improvement and plan effective strategies for improving services.

3. WORK PLAN

A detailed work plan is required. The work plan must describe how the applicant plans to implement all of the required strategies and activities to achieve program outcomes. Strategies are pre-populated on the work plan template in the Appendices. For Years 1 and 2, outline activities in the Work Plan table as indicated on the worksheet in the Appendices section. Outline the continued work for Years 3 through 5 in a narrative format. The entire work plan (Work Plan Table and Narrative) must not exceed 10 pages.

4. Staffing Requirements – Staffing Plan:**a. Staffing Plan Narrative - Key Personnel:**

The selected TA contractor will be required to fund a dedicated 1.0 FTE Learning Collaborative Lead, who will coordinate and facilitate the newly created CVH LC, including focusing on health inequities and building relationships to decrease health care disparities and advance health equity.

The proposal must describe the key personnel assigned to this program, specifically who will provide:

- 1) Direct Implementation: identify the staff who will be dedicated to providing direct technical assistance and serve as the LC Lead. The applicant must indicate that adequate staff and time are allocated to manage the services to be provided.
- 2) Project Supervisor/Manager: identify the staff who will supervise or manage any staff providing direct technical assistance and project implementation and who will serve as the primary contact for the Department.

For each staff person identified include in the narrative:

- i. a brief job description
- ii. description of the individual's role and the extent to which he or she has appropriate training, qualifications, credentials, and experience to perform assigned duties.
- iii. number of hours dedicated to this program per staff person, per week.
- iv. hourly rates for each staff funded through this program.

The applicant must describe how it will have dedicated staff available to:

- 1) attend in-person meetings with the Department and other stakeholders in Connecticut at times and locations at the Department's discretion.
- 2) routinely connect virtually with and visit in-person, each of the selected clinical sites.
- 3) meet with LC participants' clinical staff at such hours that are convenient for that staff (e.g., before or after typical business hours).
- 4) be accessible to DPH staff during regular business hours by phone, email, and in-person.

Attach the following as appendices for each staff assigned to this program: full job descriptions and resumes for all professional staff. The Applicant must complete and attach the Position Schedule 2a provided in the Attachments.

b. Staffing Level and Demographics of Organization Work Force:

The applicant must complete and attach an organizational Work Force Analysis in the Attachments. The applicant must also provide evidence that the applicant will utilize small and minority businesses whenever feasible and appropriate in the purchase of supplies and services.

c. Organizational Chart:

The applicant must include an organizational chart in Proposal Outline Section IV. Appendices.

d. Subcontractors Identification:

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

- i. Legal Name of Agency, Address, FEIN
- ii. Contact Person, Title, Phone, Fax, E-mail
- iii. Services Currently Provided
- iv. Services To Be Provided Under Subcontract
- v. Subcontractor Oversight
- vi. Subcontract Cost and Term
- vii. 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 Attachments Section - Application Forms.)

e. Recruitment, Hiring, Retention and Staff Turnover Plans:

The applicant must describe how new staff is recruited, hired, trained and the process/method to retain current staff including continuing education/staff development. Also describe how staff turnover and contingency plans for any extended leaves of absence will be addressed.

5. Data and Technology Requirements

The applicant must describe its current technology capacity to:

- 1) Collect and secure data
- 2) Host web-based and telephone conferencing
- 3) E-Mail/Internet Capabilities: Applicant must define current capabilities as well as system restrictions.
- 4) 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.
- 5) Records / Data Collection / Storage / Reporting
- 6) 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 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. The applicant must describe its capacity to engage with the CT DPH Contracts Management Section through the CORE-CT web-based contract platform for all aspects of contract development, execution and reporting including budgets and fiscal reporting.

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 (not included in the 15-page limit). A detailed budget is required for each of the five budget periods:

Year 1 – ends 6/29/2024: \$150,000*
 Year 2 – ends 6/29/2025: \$450,000
 Year 3 – ends 6/29/2026: \$450,000
 Year 4 – ends 6/29/2027: \$450,000
 Year 5 – ends 6/29/2028: \$450,000

TOTAL: \$1,950,000

- 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.

*The Department reserves the right to decrease the amount of funding and the timeframe associated with the first funding period (ending 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:

- a. Recipients may not use funds for research.
- b. Recipients may not use funds for clinical care except as allowed by law.
- c. Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- d. Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- e. Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - i. publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body.
 - ii. the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body. See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition.

■ D. PERFORMANCE MEASURES

The selected applicant will be expected to cooperate with the Department and the project evaluation contractor for data reporting and providing clarification as needed, so that data necessary for CDC-directed performance measurement is readily available and meets reporting deadlines.

The following performance metrics highlight key priorities that will be analyzed with providers collaboratively during the life of the contract. This is not an exhaustive list, but rather an indication of significant performance metrics of interest to the Department. The Department looks forward to working with providers to define additional important performance metrics.

Short-Term Outcomes (by 2028) among CVH Learning Collaborative Participants:

- Increase the use of Electronic Health Records (EHRs) or Health Information Technology (HIT) to report, monitor, and track clinical and social services and support needs data to improve detection of health care disparities and the identification, management, and treatment of patients at highest risk of CVD, with a focus on hypertension and high cholesterol.
- Increase the use of standardized processes or tools to identify, assess, track, and address the social services and support needs of patient populations at highest risk of CVD.
- Increase the use of EHRs or HIT to support communication and coordination among care team members to monitor and address patients' hypertension and high cholesterol.
- Increase the use of multidisciplinary care teams adhering to evidence-based guidelines to address patients' social services and support needs and improve the management and treatment of hypertension and high cholesterol.
- Increase multidisciplinary partnerships that address identified barriers to social services and support needs within populations at highest risk of CVD.
- Increase community clinical links to identify and respond to social services and support needs of populations at highest risk of CVD with a focus on hypertension and high cholesterol.

- Increase engagement of CHWs to provide a continuum of care extending clinical interventions and addressing social services and support needs.
- Increase the use of self-measured blood pressure (SMBP) with clinical support within populations at highest risk of hypertension.

■ E. CONTRACT MANAGEMENT/DATA REPORTING

As part of the State's commitment to becoming more outcomes-oriented, the Connecticut 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, the Connecticut Department of Public Health 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.

Cohort member agencies will be required to provide CT DPH data to evaluate and measure the effectiveness of the LC. CT DPH will request voluntary sharing of their data past their cohort conclusion, throughout the 5 years of the 23-0004 grant cycle to measure success of the LC sustainability efforts.

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. *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 the Work Plan or other Attachments and Forms; see Section IV Proposal Outline for more detail)
 - Font Size: No smaller than 12-point throughout the document
 - Font Type: Times New Roman
 - Margins: No less than 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, excluding 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 20-page limit of the proposal 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).
- 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.

4. 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:

Organizational Profile: 10% (10 total points)

The proposer has:	Weight
<ul style="list-style-type: none"> • Described demonstrated successful experience in providing TA to a variety of entities, including health care organizations and community-based organizations. • The Department’s prior experience with the applicant organization, including issues of contract compliance. • The applicant’s history of successful contract fulfillment with State of CT Agencies including the orderly transfer of services following contract termination or conclusion. 	10

Scope of Services: 25% (25 total points)

The proposer has described:	
<ul style="list-style-type: none"> • The extent to which the proposal builds upon existing resources and services. • The extent to which services to be provided are described clearly and demonstrate an effective approach to providing the strategies and activities outlined in the RFP. • The extent to which applicant provided evidence that it will demonstrate cultural competence, address health equity, and the social determinants of health in the design and implementation of the CVH Learning Collaborative. 	25

Staffing Plan and subcontractors: 20% (20 total points)

The proposer has described:	
<ul style="list-style-type: none"> • The extent to which adequate time is allocated to manage the services to be provided. • The extent to which the profile of staff and subcontractors are clear and adequate to manage the services to be provided. • Does the applicant have a qualified Lead responsible for overseeing the Learning Collaborative? • The extent to which the applicant has demonstrated its capability to effectively coordinate, manage, and monitor the efforts of assigned staff, including subcontractors, to ensure that work is effectively completed in a timely manner. 	20

<ul style="list-style-type: none"> • A thorough organizational chart is provided. • The extent to which the applicant will utilize small and minority businesses, whenever feasible and appropriate in the purchase of supplies and services funded through this contract. 	
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Data and Technology: 5% (5 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. 	5

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. • 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) 	20

Budget and Narrative: 15% (15 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. 	15

Appendices: 5% (5 total points)

The proposer includes:	
<ul style="list-style-type: none"> • The extent to which the attachments conform to the requirements of the RFP. 	5

Summary of scoring

- Organization capacity (10%)
- Scope of Services (25%)
- Staffing Plan and subcontractors (20%)
- Data and Technology (5%)
- Work Plan (20%)
- Budget and Budget Narrative (15%)
- Appendices (5%)

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 Department Head. The final selection of a successful proposer is at the discretion of the Commissioner. Any proposer selected will be so notified and awarded an opportunity to negotiate a contract with the Department. 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 at the Department's discretion, about the outcome of the evaluation and proposer selection process. The Department reserves the right to decline to award contracts for activities in which the Commissioner considers there are not adequate respondents.
- 6. Debriefing.** Within ten (10) days of receiving notification from the Department, 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 Department's competitive procurement, including the evaluation and proposer selection process. Any such appeal must be submitted to the Department 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.
- 8. 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 two (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** (and excludes all appendices and other attachments, which should be referred to in section D and then placed in section E. The Review Committee will not read answers longer than 15 pages in this section. The 15-page limit does not include the Work Plan or Attachments and Forms. Please refer to pages 9 through 16 for what is to be included in the main proposal.

E: Attachments

Attachments other than the required attachments identified are not permitted and will not be evaluated. See the Proposal Checklist in Appendix VI 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. ABBREVIATIONS / ACRONYMS / DEFINITIONS

BFO	Best and Final Offer
C.G.S.	Connecticut General Statutes
CHRO	Commission on Human Rights and Opportunity (CT)
CT	Connecticut
DAS	Department of Administrative Services (CT)
EHR	Electronic Health Record (or EMR, Electronic Medical Record)
FOIA	Freedom of Information Act (CT)
HIT	Health Information Technology
IRS	Internal Revenue Service (US)
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

- *At risk*: Individuals who have higher than usual risk of disease due to socio-economic status, poor educational achievement or other risk factors.
- *Baseline Readiness Assessment*: Process to assess how prepared a health care organization is to make needed updates to practices and protocols by answering questions such as: How will the organization assess itself to make these changes and truly impact outcomes? How engaged are clinicians? How prepared is the culture? Is the right data governance in place? Is there an analytics infrastructure in place to identify high-value improvement opportunities and measure the success of improvement efforts? (In this RFP as these policies and practices apply to diabetes and cardiovascular disease).
- *Centers for Disease Control and Prevention (CDC)*: The Federal entity funding the CDC-RFA-DP-23-0004: The National Cardiovascular Health Program cooperative agreement, described in detail here: <https://www.cdc.gov/dhdsp/funding-ops/national-dp-23-0004.htm>.
- *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
- *Health Care Organizations (HCOs)*: Institutions that deliver health care services to meet the health needs of target populations.
- *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 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 blood cholesterol (HBC) also called Hypercholesterolemia*: Cholesterol measurements that are above recommended levels as based on the 10-year risk of heart disease or stroke using the ASCVD algorithm published in 2013 ACC/AHA Guideline on the Assessment of Cardiovascular Risk.
- *High blood pressure (HBP)*: Blood pressure reading equal to or greater than 140 mmHg systolic or 90 mmHg diastolic.
- *High burden*: Areas of the state with worse or significantly worse prevalence of cardiovascular disease, hypertension, and high cholesterol 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
- *Hypertension (HTN)*: Blood pressure readings on two occasions equal to or greater than 140mmHg systolic or 90mmHg diastolic
- *Learning Collaborative (LC)*: A LC is defined as a group of public health entities, health systems, health care providers, and community leaders and their partners with experience working to address and implement evidence-based or evidence-informed practices for chronic disease prevention, detection, control, and management among approved priority populations of focus. A CDC-funded initiative led by the Department under CDC-RFA-23-0004, The National Cardiovascular Health Program, cooperative agreement.
- *proposer*: 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*: 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
- *Self-Measured (or Monitored) Blood Pressure (SMBP) with clinical support*: The regular measurement of blood pressure by the patient outside the clinical setting. SMBP requires the use of a home blood pressure measurement device by the patient to measure blood pressure at different points in time. Self-measured blood pressure readings are shared with clinical providers and considered in the patient's plans of care.
- *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).

- *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 (SME)*: Individual or organization with specialized expertise in and deep understanding of a particular field, task or approach; SMEs in , SMBP, , are specifically referred to in this RFP.
- *Targeted Communities*: See High Burden Areas
- *Uncontrolled Hypertension*: Blood pressure that persists at readings equal to or greater than 140mmHg systolic or 90mmHg diastolic
- *Underserved areas*: Areas or populations designated by the Health Resources and Services Administration (HRSA) as having too few primary care providers, high infant mortality, high poverty or a high elderly population
- *Undiagnosed hypertension*: Condition whereby a patient has had two occasions of a blood pressure reading equal to or greater than 140/90 but the diagnosis of hypertension has not been made; OR Condition whereby a person is unaware that their blood pressure is too high (equal to or greater than 140mmHg systolic or 90mmHg diastolic) and is not receiving treatment to control it. People with undiagnosed hypertension may see their health care providers regularly but remain undiagnosed (“hiding in plain sight”) OR may be in the community and have not had their blood pressure checked.

B. 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

C. 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 (not required)	November 3, 2023
2	Deadline for Questions	November 7, 2023
3	Answers Released	November 13, 2023
4	Proposal Submission Due Date	December 11, 2023
5		
6		

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:
 - o RFP Name or Number
 - o Legal Name
 - o FEIN
 - o Street Address
 - o Town/City/State/Zip
 - o Contact Person
 - o Title
 - o Phone Number
 - o E-Mail Address
 - o Authorized Official
 - o Title
 - o 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):

 - o Staffing plan with FTE status
 - o Agency and program organizational chart detailing reporting structure
 - o Staff resumes and applicable licensures
 - o Work plan describing organization's efforts, progress, or plans to diversify workforce
 - o Detailed plan on cultural competence and humility in service delivery
 - o 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# 2024-0907**

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)

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

A. 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:

c. 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: 5/1/2024 to 9/29/2024

Contract Period: 5/1/2024 to 9/29/2028

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

Budget Justification Schedule B*

Applicant's Organization Name

FUNDING PERIOD 1: 5/1/2024 to 9/29/2024

Contract Period: 5/1/2024 to 9/29/2028

**Budget Justification Schedule B
Program/Site:**

Line Item (Description)	Amount	Justification including Breakdown of Costs

Position Schedule #2a

Applicant's Organization Name

FUNDING PERIOD 1: 5/1/2024 to 9/29/2024

Contract Period: 5/1/2024 to 9/29/2028

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: 5/1/2024 to 9/29/2024

#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

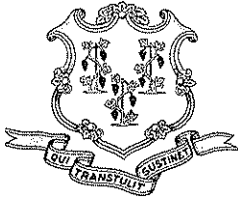
Program:	Name	Total
Fund:		
Line Item(s)		
Total Subcontract Amount:		

Work Plan Form

Years 1 & 2: May 1, 2024 through June 29, 2025

Activities	Staff Responsible	Deliverables	Time Frame (Quarter 1,2,3 or 4)

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	51
2. Nondiscrimination Certification	52
3. False Claims Act Notification	53
4. False Claims Act Policy	54
5. False Claims Act Procedure	57
6. SEEC Form 11.....	60

The remainder of this page is intentionally blank

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 <i>Use FORM B (under \$50,000) or FORM C (\$50,000 or more)</i>
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.

cert.instr. 7/10/09



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.

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

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

CAMPAIGN CONTRIBUTION AND SOLICITATION LIMITATIONS

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

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

On and after January 1, 2011, no state contractor, prospective state contractor, principal of a state contractor or principal of a prospective state contractor, with regard to a state contract or state contract solicitation with or from a state agency in the executive branch or a quasi-public agency or a holder, or principal of a holder of a valid prequalification certificate, shall **knowingly solicit** contributions from the state contractor's or prospective state contractor's employees or from a *subcontractor or principals of the subcontractor* on behalf of (i)

an exploratory committee or candidate committee established by a candidate for nomination or election to the office of Governor, Lieutenant Governor, Attorney General, State Comptroller, Secretary of the State or State Treasurer, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee.

DUTY TO INFORM

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

PENALTIES FOR VIOLATIONS

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

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

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

CONTRACT CONSEQUENCES

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

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

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

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

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