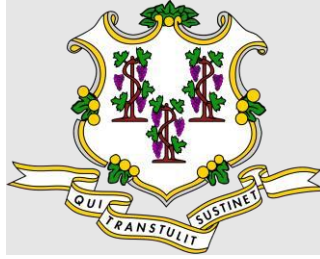


**STATE OF CONNECTICUT PROCUREMENT NOTICE**

**Request for Proposals (RFP)**  
**RFP Log #2024-0903**  
**Comprehensive Integrated HIV/HCV Prevention Services**  
**Issued By: State of Connecticut Department of Public Health**

The Connecticut Department of Public Health (DPH) TB, HIV, STD, and Viral Hepatitis Section previously released RFP#2024-0903 Comprehensive HIV/HCV Prevention Services on February 10, 2023. An objective review committee recommended soliciting additional competitive bids for Region 2, Fairfield and Litchfield Counties. Proposals submitted under the previous RFP are eligible to reapply. This request for proposal (RFP) will include funding for HIV/HCV Testing using a Status Neutral Care Model, and Harm Reduction Services, formerly known as Drug User Health Services for Region 2, Fairfield County and Litchfield County. The CT DPH is seeking proposals from Connecticut community-based agencies, private organizations, CT State agencies, or municipalities to serve as a Lead Contractor to deliver a full range of HIV/HCV Prevention Services. Lead contractors will coordinate services by collaborating and subcontracting with agencies within Fairfield County and Litchfield County.

This request for proposal is a total of up to \$633,000 annually of state funds are available to support these services. Funding is available in the amounts of \$376,000 for state and \$257,000 for state SSP. Funding will be for a five-year period beginning approximately January 1, 2024, through December 31, 2028, subject to the availability of funds and satisfactory program performance. The Request for Proposal is available in electronic format on the State Contracting Portal by filtering by Organization for Department of Public Health <https://portal.ct.gov/DAS/CTSource/BidBoard> or from the Department's Official Contact:

Marianne Buchelli  
Public Health Services Manager  
410 Capitol Avenue, MS#11APV  
Phone: (860) 541-0224  
Fax: (860) 509-7853  
E-Mail: [DPH.HIV\\_Prevention\\_RFP\\_Submission@ct.gov](mailto:DPH.HIV_Prevention_RFP_Submission@ct.gov).

**RESPONSES MUST BE RECEIVED NO LATER THAN**

**Monday August 14, 2023, by 4:00 pm.**

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**GENERAL INFORMATION****■ A. INTRODUCTION**

**Request of Proposal (RFP)**  
**Log #2024- 0903**  
**Comprehensive Integrated HIV/HCV Prevention Services**

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This request for proposal is a total of up to \$633,000 annually of state funds are available to support these services. Funding is available in the amounts of \$376,000 for state and \$257,000 for state SSP. Funding will be for a five-year period beginning approximately January 1, 2024, through December 31, 2028, subject to the availability of funds and satisfactory program performance.

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

- 85000000: Healthcare Services

**■ B. INSTRUCTIONS**

- 1. Official Contact.** The Department 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 Department. Proposers, prospective proposers, and other interested parties are advised that any communication with any other Department employee(s) (including appointed officials) or personnel under contract to the Department about this RFP is strictly prohibited. Proposers or prospective proposers who violate this instruction may risk disqualification from further consideration.

Name: Marianne Buchelli, Public Health Services Manager  
Address: Department of Public Health, HIV/HCV Prevention Services  
410 Capitol Avenue, MS # 11APV  
Hartford, CT 06134-0308

Phone: 860-541-0224  
E-Mail: [DPH.HIV\\_Prevention\\_RFP\\_Submission@ct.gov](mailto:DPH.HIV_Prevention_RFP_Submission@ct.gov)

- 2. Registering with State Contracting Portal.** Respondents must register with the State of CT contracting portal at <https://portal.ct.gov/DAS/CTSource/Registration> 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 Department contact.

- Secretary of State recognition – Click on appropriate response
- Non-profit status, if applicable
- Notification to Bidders, Parts I-V
- Consulting Agreement Affidavit (OPM Ethics Form 5) – Requires Notarization <https://portal.ct.gov/-/media/OPM/OPMForm5ConsultingAgreementAffidavit32814pdf.pdf>
- Affirmation of Receipt of State Ethics Affidavit (OPM Ethics Form 6) – Requires Notarization <https://portal.ct.gov/-/media/OPM/Finance/psa/OPMEthicsForm6Final91511PDFpdf.pdf>
- Iran Certificate (OPM Ethics Form 7) – Requires Notarization <https://portal.ct.gov/-/media/OPM/OPMForm7IranCertification32814pdf.pdf>

**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:

- Department’s RFP Web Page at <http://www.ct.gov/dph> (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 Department 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 Department’s RFP Web Page.

<b>RFP Activity</b>	<b>RFP Timeline</b>
*RFP Release	June 26, 2023
Letter of Intent Due	July 14, 2023
Deadline for Questions	July 14, 2023
RFP Conference	July 20, 2023
Answers Released	July 27, 2023
Proposals Due	August 14, 2023
*Start of Contract	January 1, 2024

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

**Total Funding Available: \$633,000**

**Number of Awards: 1**

**Contract Cost: To be negotiated with successful proposers**

**Contract Term: 5 years**

**Funding Source: Federal and State**

**6. Eligibility.** Private provider organizations (defined as non-state entities that are either nonprofit or proprietary corporations or partnerships), local health districts, local health departments, community health centers, federally qualified health centers (FQHC), and CT State agencies are eligible to submit proposals in response to this RFP. Individuals who are not a duly formed business entity are ineligible to participate in this procurement.

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

- Proposer must be public, nonprofit, or private organizations.
- Proposals must be complete and comply with all requirements specified in the RFP.
- Proposers must be in good standing with the Department and have no longstanding, significant unresolved issues on current or prior contracts with the Department.
- Proposers must have strong collaborations within Fairfield and Litchfield counties by subcontracting with agencies to provide the required services.
- Proposers must subcontract or provide funded services in one or more clinical settings, one or more non-clinical settings, and a harm reduction setting.
- Proposers must have:
  - Knowledge of the community/area(s) to be served including any emerging trends, populations, or service needs/gaps;
  - Demonstrated knowledge of HIV, HCV, sexually transmitted diseases (STDs), substance use disorder (SUD), and provision of services to underserved, or uninsured populations;
  - Documented ability to execute the proposed plan of service delivery, including accounting and financial reporting systems and sound fiscal stability;
  - Sufficient experienced staff, or the ability to hire qualified personnel, and/or subcontract for services; to execute the proposed plan of service delivery; and
  - Demonstrated experience managing and subcontracting services.

Minimum requirements for the system require a workstation with a supported version of one of the following browsers installed:

- Google Chrome latest version (currently 105)
- Mozilla Firefox, latest version (currently 102)
- Microsoft Edge latest version (currently 104)

Additional applications required are as follows:

- One of the following PDF readers:
  - Adobe Acrobat
  - SumatraPDF
  - Foxit Reader

The Operating System should be a supported version of Microsoft Windows with all security updates installed. The current oldest supported version is 10.

**Hardware** Reference <https://support.microsoft.com/en-us/windows/windows-10-system-requirements-6d4e9a79-66bf-7950-467c-795cf0386715> for the minimum hardware requirements for Windows 10.

- Recommended minimum workstation specs:
- 2+ GHz processor
- 1 gigabyte (GB) for 32-bit or 2 GB for 64-bit
- 16 GB for 32-bit OS or 20 GB for 64-bit OS

Any proposal or proposing entity not meeting these minimum requirements shall be removed from further review

**8. Letter of Intent.** A Letter of Intent (LOI) is recommended but not required for this RFP. However, a link to the virtual RFP Conference will be sent to all agencies submit a letter of intent. 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 at [DPH.HIV.Prevention.RFP.Questions@ct.gov](mailto:DPH.HIV.Prevention.RFP.Questions@ct.gov) 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 Department's receipt of the LOI.

**9. Inquiry Procedures.** All questions regarding this RFP or the Department's procurement process must be directed, electronically, (e-mail) to [DPH.HIV.Prevention.RFP.Questions@ct.gov](mailto:DPH.HIV.Prevention.RFP.Questions@ct.gov) 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 Department 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 Department may or may not respond to questions received after the deadline. The Department 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 noted as such.

The agency will release the answers to questions on the date(s) established in the Procurement Schedule. All prospective proposers who submit questions will receive a virtual link to the RFP Conference. The Department will publish any and all amendments to this RFP on the State Contracting Portal and, if available, on the Department's RFP Web Page.

**10. RFP Conference.** The RFP Conference will be held to answer questions from prospective proposers. **The virtual Conference will be held on Thursday July 20, 2023, from 1:00-3:00 PM**

### **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:

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.

### **12. 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 Screening Committee.

The electronic copy of the proposal must be e-mailed to Marianne Buchelli at [DPH.HIV\\_Prevention\\_RFP\\_Submission@ct.gov](mailto:DPH.HIV_Prevention_RFP_Submission@ct.gov) for this procurement. The subject line of the email must read: RFP#2024-0903 Comprehensive Integrated HIV/HCV Prevention Services.

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 Agency's server limitations. Respondents should work to ensure there are not additional IT limitations from the provider side.

**13. Multiple Proposals.** The submission of multiple proposals is not allowed with this procurement.

## II. PURPOSE OF RFP AND SCOPE OF SERVICES

### ■ A. DEPARTMENT OVERVIEW

DPH is the state's leader in public health policy and advocacy, the agency is the center of a comprehensive network of public health services and is a partner to local health departments. The agency provides advocacy, training and certification, technical assistance and consultation, and specialty services such as risk assessment that are not available at the local level. 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 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.

### ■ B. PROGRAM OVERVIEW

The DPH HIV Prevention Program receives federal funding through CDC's Funding Opportunity Announcement (FOA) PS18-1802: Integrated HIV Surveillance and Prevention Programs for Health Departments. The purpose of this FOA is to implement a comprehensive and integrated HIV surveillance and prevention program to prevent new infections; improve health outcomes for persons living with HIV infection, including achieving and sustaining viral suppression; and reducing health disparities in accordance with national prevention goals, the HIV Care Continuum and CDC's High-Impact Prevention (HIP) approach by using quality, timely, and complete surveillance and program data to guide HIV prevention efforts.

The HIV Prevention Program seeks to: 1) prevent HIV infection among individuals at risk for HIV; 2) increase knowledge of status among those who have HIV but are unaware of their infection; 3) through HIV prevention interventions, support collaboration and coordination of services for individuals living with, or at risk for HIV; 4) prevent HCV infection among individuals at risk for HCV; 5) increase knowledge of status among those who have HCV but are unaware of their infection; 6) link people testing positive for HIV or HCV to treatment; and 7) assess and link people to other related services such as screening and treatment for STD or SUD. The HIV Prevention Program contracts with public, private, and community-based organizations to provide services and respond to the everchanging epidemics.

The National HIV/AIDS Strategy (NHAS) guides the nation's HIV prevention and care efforts. <http://www.cdc.gov/hiv/policies/nhas.html>. The NHAS contains four primary goals: 1) reduce the number of people who become infected with HIV; 2) increase access to care and optimize health outcomes for people living with HIV; 3) reduce HIV related health disparities; and 4) achieve a more coordinated response to the epidemic. Along with highlighting the importance of linkage to quality HIV medical care for people living with HIV, NHAS also stresses the need to intensify HIV prevention efforts in communities where HIV is most heavily concentrated.



To advance the goals of NHAS, CDC pursues a High Impact Prevention (HIP) approach designed to maximize the impact of prevention efforts for individuals most at risk for HIV infection, including men who have sex with men (MSM), Black, Indigenous, and People of Color (BIPOC) communities, women, persons who use drugs (PWUDs), transgender persons, and youth. <http://www.cdc.gov/hiv/policies/hip/hip.html>.

This RFP will fund interventions that are consistent with CDC's *Ending the HIV Epidemic in the U.S.* (EHE) initiative. The EHE initiative is scaling up four science-based strategies that can end the epidemic: Diagnose, Treat, Prevent, and Respond. EHE initiatives are part of a bold U.S. Department of Health and Human Services-wide initiative that strives to end the HIV epidemic in the United States by the year 2030. <https://www.cdc.gov/endliv/index.html>

The TB, HIV, STD, and Viral Hepatitis Programs supports a Syndemic approach to ending the HIV Epidemic. The goal of Connecticut's Ending the Syndemic Initiative is for all people living with HIV, HCV, STD's and SUD to have access to the prevention and care services they need to stay healthy. The initiative evolved from previous campaigns to End the HIV Epidemic (Getting to Zero). The scope was expanded to include other epidemics that directly interact with HIV. In order to effectively end the HIV epidemic, CT must eliminate HCV, reduce STD's and address SUD. <https://endthesyndemicct.org/>

The *Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination 2021-2025* guides the fight against viral hepatitis in the United States. Building on three prior National Viral Hepatitis Action Plans over the last 10 years, the Viral Hepatitis National Strategic Plan is the first to aim for elimination of viral hepatitis as a public health threat that puts people who are infected at increased risk for liver disease, liver cancer and death, and affects the quality of life for millions of Americans.

The Viral Hepatitis Plan encompasses strategies towards eliminating hepatitis A, B and C. The main five goals for the next five years are to: 1) Prevent new viral hepatitis infections; 2) Improve viral hepatitis-related health outcomes of people with viral hepatitis; 3) Reduce viral hepatitis-related disparities and health inequities; 4) Improve viral hepatitis surveillance and data use and, 5) to achieve integrated, coordinated efforts that address the viral hepatitis epidemics among all partners and stakeholders. In support of the vision where the United States will be a place where new viral hepatitis infections are prevented; every person knows their status; and every person with viral hepatitis has a high-quality health care and treatment and lives free of stigma and discrimination, there are objectives, strategies, and indicators with measurable targets to monitor progress.

The DPH Viral Hepatitis Programs receives federal funding through CDC's Funding Opportunity Announcement (FOA) PS21-2103. Under this funding, DPH has convened the Connecticut Viral Hepatitis Elimination Technical Advisory Committee (VHETAC) to serve in an advisory and supportive capacity to the Department of Public Health (DPH) HIV/HCV Prevention Program and providers of Hepatitis C Virus (HCV) prevention and care services to create a statewide Viral Hepatitis Elimination Plan that includes prevention, treatment, and support services. This RFP will integrate prevention activities including screening for HCV and HIV.

**Guiding Principles – The following principles provide a framework for delivering comprehensive HIV/HCV services funded under this RFP.**

- 1. Centering on Health Equity** – DPH is committed to promoting health equity by delivering inclusive, people-centered services. 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. Proposers are required to address the extent to which health disparities and health inequities are manifested in their communities. This includes the identification of specific groups which experience a disproportionate burden of disease as supported by data. The proposer must also explain how the proposed services will address these discrepancies as well as any efforts to combat the stigma that is often an underlying cause.
- 2. Fostering Partnerships Through Service Coordination and Collaboration** – Internal and external partnerships are key to achieving greater program impact and sustainability. Using a Syndemic approach to ending the HIV epidemic, the DPH HIV Program coordinates HIV services statewide and collaborates with the Viral Hepatitis Program, the STD Prevention and Control Program and the Injury and Violence Prevention Program to provide information and services to CT residents to help improve the health of people dealing with HIV, STD, SUD and Viral Hepatitis.

DPH is committed to increasing and expanding collaborations within the Department as well as with other programs and organizations focused on SUD such as the Department of Mental Health and Addiction Services (DMHAS). DPH works collaboratively with community-based organizations, other government agencies, community advocates, providers, and PLWH to inform HIV Prevention and Care Planning and service delivery to achieve a more coordinated response to the epidemic. All DPH funded prevention providers are expected to build networks and mechanisms for seamless referral and linkages to other HIV, STD, SUD and Viral Hepatitis services in their region.

Lead contractors funded under this RFP will be required to collaborate and subcontract with other organizations to provide all required interventions under this RFP. Proposers will be required to identify where and how each service or intervention will be delivered and by what agency. The subcontractor detail form is required and must be submitted with the application. The lead contractor will also be required to develop and submit Memorandums of Agreement (MOAs) detailing each subcontractor’s roles and responsibilities for delivering services upon selection.

- 3. Implementing Status Neutral Care Models** – Status Neutral Care facilitates the integration of prevention and treatment services so that both become part of comprehensive primary care and address the needs of the whole person while mitigating HIV related stigma. All persons are treated the same regardless of HIV status as the first step in the care journey is to get an HIV test. People who test negative but are at risk of HIV exposure can access resources to prevent HIV, including condoms and PrEP. People who test positive can stay healthy and prevent transmitting HIV to others by taking medications and using condoms. People at risk of HIV exposure taking daily PrEP and people with HIV who have sustained viral load suppression, do not acquire or transmit HIV. Therefore, proposers must describe how the status neutral care model will be used to test and link people to appropriate services based on their test result. The proposer must explain how status Neutral Care Models will be implemented in the region.
- 4. Using High Impact HIV Prevention Strategies** – CDC and DPH support using a combination of scientifically proven, cost effective and scalable interventions to reduce new HIV and HCV

infections and improve health outcomes of people living with HIV and HCV. Core strategies include, diagnosing new infections early through multiple testing strategies, preventing new infections through proven strategies such as Pre-exposure Prophylaxis (PrEP) and syringe service programs (SSP), timely linkage of newly diagnosed individuals to treat HIV rapidly. High impact prevention aims to deliver services to focus populations and geographic areas most heavily impacted based on data. Proposers will be funded to reduce transmission and acquisition of HIV and HCV among all people in Connecticut but particularly among those at higher risk of acquiring or transmitting HIV or HCV [i.e., HIV positive individuals, men who have sex with men (MSM), persons who use drugs (PWUDs), high-risk heterosexuals, etc.] and therefore must demonstrate experience working with these populations.

- 5. Starting with Community** – Understanding social determinants of health and the context in which people live, work, and recreate is important to effectively engage them in the services outlined in this RFP. The following strategies are required to deliver services that center on people and community:
- 6. Community Mapping** – Community mapping aims to create a visual, geographic representation of a community and its characteristics for the purposes of planning where to focus program resources and outreach efforts. Proposers will be required to describe when and how they conduct community mapping and how the information gathered is used to implement proposed services.
- 7. Outreach** – The purpose of outreach is to bring prevention information and services to people in the community. Outreach activities include, raising awareness of HIV and related issues as well as creating visibility of program and available services. It entails disseminating information on HIV, STD, SUD and Viral Hepatitis and condoms. The primary goal of outreach is to engage people in need of services including point of care testing for HIV and HCV and providing referrals and linkages for screening and treatment for STD and SUD as well as other services to meet basic needs. Outreach can be conducted through a variety of avenues including, the internet and mobile phone applications, street/community outreach, focused advertising and collaborations with other programs that serve at risk populations. In-reach may also be used in organizations that house multiple services, such as clinical settings and other umbrella type agencies. Proposers should clearly describe how, when, and where outreach and/or in-reach will be conducted to engage members of the proposed focus populations.
- 8. Serving Populations of Focus** – Focus populations may vary from region to region however services need to be provided to populations and communities most heavily impacted as supported by the data. Proposers must demonstrate how services will be provided to individuals and groups living with HIV/HCV or those at greatest risk within their designated service area. This information must be based on data from local and statewide Needs Assessments, and/or the State Epidemiologic Profile. Proposers should also include social determinants of health data to identify communities that are disproportionately affected by HIV and HCV and plan activities to reduce or eliminate these disparities. Disparities by race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions such as tribal communities should be considered. Proposers must also describe the impact of social determinants of health on populations to be served and any activities employed to address them.
- 9. Providing Accessible Services – (Location/Hours)** – Understanding the places to find populations that are most affected by HIV and HCV allows DPH to allocate its resources to the geographic areas where they are needed most, while supporting a basic level of education and prevention across the rest of the State. The DPH will support HIV/HCV related prevention

interventions in Fairfield and Litchfield counties. The successful proposer will act as the lead contractor for HIV/HCV Prevention services within this designated region. The lead contractor is responsible for coordinating all HIV/HCV Prevention within the region to deliver accessible services to the appropriate focus populations. Proposers should consider mechanisms for bringing services to clients whether through telehealth or mobile service delivery. **See Attachment 2 for a map of the designated regions.** The lead contractor and sub-contractors providing funded services must use data and annual community mapping to identify where to provide services. Please see [data maps](#) for further information on HIV, HCV, and SSP clients by town.

- 10. Providing Health Education and Awareness** – To address health disparities and inequities, proposers should provide general HIV educational sessions for populations disproportionately impacted by HIV. Health literacy of the population needs to be considered as well as providing information in multiple languages. These education sessions should include general information on HIV, HCV and STDs and SUD as well as condom demonstrations, and skill building activities around safer sex and harm reduction. HIV Education and awareness sessions are a required component for all funded HIV interventions for both HIV negative and HIV positive populations. The goals of health education and awareness are: 1) Increase knowledge of disease transmission and prevention, 2) Increase perception of risk for HIV, HCV, STIs and SUD, 3) Provide individuals or groups with information and tools to reduce transmission and acquisition of communicable infections, and 4) Increase knowledge of available resources and services. Additionally, programs funded for HIV Testing in clinical settings will be required to conduct academic detailing and patient education.
- 11. Condom Distribution** – Structural-level interventions, such as distributing free condoms in diverse venues, social marketing campaigns, or policy change, can address the social, economic, and political environments that shape and constrain individual, community, and societal health outcomes. The purpose of condom distribution is to increase availability, accessibility, and acceptability of condom use. Condom distribution is a required component for funded HIV prevention programs for both HIV negative and HIV positive populations. The goals of condom distribution are to: 1) Integrate condom distribution activities into all HIV prevention interventions; and 2) Increase condom acquisition and use among people who are HIV positive and individuals at high risk of acquiring HIV. Condoms are available free of charge through the Community Distribution Center. In addition, proposers may wish to include a line item for specialty condoms that are not available through the Community Distribution Center. Information on the Community Distribution Center is available at <https://harmreduction-ct.org/ccdcp.html>.
- 12. Emphasizing Quality Improvement** – DPH is committed to providing high quality HIV prevention services across the state that are both responsive and evidence based. Through the tracking and reporting of program performance measures and outcomes, continuous quality improvements can be made to prevention programs and services. Proposers will be responsible for conducting required quality management activities with subcontracted agencies including monitoring through site visits, as well as securing needed training and technical assistance. Proposer must also clearly describe how subcontractor activities will be monitored, as well as how individual and aggregate level data will be collected and reported to DPH. Proposers are required to submit one workplan for the region that includes an overall five-year plan for service delivery as well as a detailed one-year plan for each funded core intervention.

## Background – Connecticut Epidemiological Data

HIV is a reportable disease and has been since the early 1980's. Laboratories are mandated to report results of tests indicative of HIV disease and providers are mandated to report diagnosed cases.

When looking at the impact of HIV in Connecticut, it is necessary to explore data based on people newly diagnosed and living with the disease. Analyzing data on people living with HIV provides insight into care needs while analyzing newly diagnosed data provides insight into prevention needs.

### Connecticut HIV Epi Profile:

#### People living with HIV in Connecticut:

- In 2019, 10,705 people were living with HIV
- 67% male, 33% female
- 30% white, 34% black, 34% Hispanic
- 7% <30 years of age, 12% 30 – 39, 18% 40 – 49, 63% 50+
- Males are living with HIV at a rate 2x that of females.
- Black/African Americans are living with HIV at a rate 11x that of whites. Hispanics are living with HIV at a rate 4x that of whites.
- 26% of people living with HIV had a transmission risk of injection drug use (IDU), 32% men who have sex with men (MSM), 28% heterosexual contact with person know to have HIV or a high-risk partner, 2% MSM/IDU, 2% perinatal.
- As of 2020\*, there were 10,665 people living with HIV.

#### People diagnosed with HIV in 2019:

- 220 HIV cases were diagnosed (a rate of 6.2 per 100,000 people)
- 76% male, 24% female
- 47% black 26% white, 23% Hispanic
- 54% MSM, 21% heterosexual, 6% IDU
- 39% <30 years of age, 23% 30-39, 14% 40-49, 25% 50+
- Of the newly diagnosed cases, 59 (27%) were diagnosed with AIDS within a year of diagnosis.
- In the years 2015-2019, the highest rate of newly diagnosed cases has been in males aged 20-29.
- In the years 2015-2019, the highest risk of transmission has consistently been seen in MSM, with a range of 49% to 55% of the risk being attributed to MSM contact.
- In the years 2015-2019, the highest rate of newly diagnosed cases in females has been in black/African Americans.
- In 2020\*, there were 174 new HIV infections reported to DPH.

For more information on HIV Surveillance go to the following link:

<http://www.ct.gov/dph/cwp/view.asp?a=3135&q=393044>

Note\*= It is recommended that 2020 data be interpreted with caution. The COVID-19 pandemic impacted providers' ability to conduct in-person HIV testing.

#### People diagnosed with HCV in 2021:

- 38 Acute Hepatitis C cases and
- 709 Chronic Hepatitis C Cases

#### Unintentional Drug Overdose Deaths in 2020:

- There were 1,378 confirmed drug overdose deaths for 2020, with an increase of 14.3% compared to 2019.

- In 2020, the average percentage of fentanyl or fentanyl analog involved deaths was at 85%.
- Drug overdose death rates were highest among non-Hispanic Black (52.1/100,000) and non-Hispanic White (39.5/100,000) populations in 2020.
- In 2020, rates of unintentional and undetermined drug overdose-related death were consistently higher among males (58.1/100,000) when compared to females (18.6/100,000).
- For 2020, drug overdose death rates were highest among the 25-34 year age group (68.1/100,000) and 35-44 age group (82.2/100,000).
- In 2020, New Haven County (48.8/100,000) had the highest drug overdose death rate followed by New London County (42.6/100,000) and Windham County (41.1/100,000).
- From January to December 2021, there were 1,508 confirmed drug overdose deaths.

**Information source:** Monthly drug overdose death report -2019-January 2022- Connecticut-Updated on 3-12-2022; Thangada, Shobha, Epidemiologist, CT DPH Opioid Surveillance Team.

**■ C. REGIONAL SERVICES AREAS AND CORE INTERVENTIONS**

**Table 1: Regional Service Areas and Core Interventions to be Provided**

Regional Service Areas	Priority Service Areas	Core Interventions
Region 2: Fairfield and Litchfield Counties	Bridgeport, Norwalk, Stamford, Danbury, Torrington	HIV Testing in Non-Clinical Settings  HIV Testing in Clinical Settings  Harm Reductions Services

**■ D. SCOPE OF SERVICE DESCRIPTION**

**1. Organizational Expectations**

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

**a. Purpose, Mission, Vision, and History of Organization**

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

**b. Entity Type (profit/non-profit, etc.) / Years of Operation**

The proposer must indicate entity type and years of operation. Proposals will be accepted from Connecticut public and private organizations (defined as non-state entities that are either nonprofit or proprietary corporations or partnerships), community-based agencies, CT State agencies and municipalities. Individuals who are not a duly formed business entity are ineligible to participate in this procurement.

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

The proposer must define all locations where services will be provided and hours of operation, including nontraditional locations and hours.

**d. Accreditation / Certification / Licensure (if applicable)**

Please define any organizational accreditations, certifications or licensure.

**2. Service Expectations:**

All proposers must describe and/or comply with the following service qualification specifications and current number and demographics of clients to be served within the regional priority services areas identified.

**a. The proposer must describe and/or comply with the following:**

- General client demographics in the geographical area as detailed by HIV incidence and prevalence provided by the DPH HIV Surveillance Unit. This includes current epidemiological data and HIV Prevention needs, including barriers to care, health disparities, social economic conditions, and culturally/linguistic needs;
- The process for the selection and budget negotiations with sub-contractor(s) within the regional priority service areas;
- Health disparities including: Any significant health disparities related to race/ethnicity, gender, sexual orientation, and age among population, including strategic plans to enroll and engage this population into HIV prevention;
- Expertise and capacity in providing services to increase the health outcomes of individuals living with HIV; and
- Capacity to utilize and ensure that client data is confidentially entered into EvaluationWeb and e2CTPrevention data systems in a timely and accurate manner for programmatic, fiscal, and reporting compliance for the Lead Contractor and all subcontractors.

**b. Experience Providing HIV Services**

The proposer must describe the experience the organization and subcontractors have delivering culturally sensitive services to individuals living with or affected by HIV/HCV/STD. The proposer must also describe experience delivering culturally sensitive services to people who use drugs. The proposer must include a discussion of successes and challenges in serving these populations. The proposer must describe the involvement of community members, particularly those from the proposed focus populations with lived experience, in the governance, staffing and consumer advisory groups, and describe how frontline staff, management and the Board of Directors are reflective of the populations served.

**c. Catchment or Service Area in Which Services are to be Provided**

The proposer must define the HIV and HCV epidemic in the proposer's catchment area, as well as the state of STDs and Substance Use in the communities served. The proposer

must clearly define focus populations to be served (demographics), any existing real or perceived barriers to prevention services, emerging trends and/or populations, service needs or gaps, and the use of community mapping and community resources to be used in addressing needs.

**d. Cultural and Linguistic Capacity**

The proposer must describe cultural and linguistic capacity including diversity, language, sexual orientation, health equity, and health literacy for the population(s) to be served. The proposer must also describe the organization and subcontractor's experience in delivering culturally sensitive services to persons and communities disproportionately impacted HIV, HCV, STDs and SUD, such as LGBTQ+, people of color, MSM, and ethnic/minority populations.

**e. Documentation of Community Needs/Resources/Gaps**

The proposer must describe gaps, and/or barriers to services within their catchment area for the populations to be served including other resources available. Provide, in a table format, an HIV resource inventory that includes funding sources for HIV prevention and care services in the region. Please include direct funding from CDC, as well as funding from SAMSHA, HRSA, and 340B program income and designate if it is through RW, Prevention or STD. Please include the total dollar amount and percentage of the total available funds, and how the resources are being used. Provide a narrative description identifying any needed resources and/or services in the Region that are not being provided and the steps taken to secure them.

**f. Collaborations with Other Service Providers**

The proposer must describe collaborations and or established sub-contracts where funds are exchanged and/or MOU's where no funds are exchanged with the service provider's health clinics, community-based organizations and/or State or local organizations. Describe how clients access services and are linked throughout a network of providers.

**2.1 Scope of Services** – The proposer must predetermine how all core prevention interventions outlined in this RFP will be implemented in Fairfield and Litchfield counties and then provide a detailed narrative in the proposal. Collaborations and plans to subcontract with other agencies must be clearly defined including the specific agencies that will provide services and their capacity to do so. Successful proposers will be required to submit Memorandums of Agreement (MOA) or Memorandums of Understanding (MOU) with each collaborating or subcontracted agency providing services. Additionally, a five-year overall work plan for the contract as well as a more detailed one-year work plan for each intervention will be required.

**Each of the Core Interventions (1, 2, and 3), must be funded and implemented in Bridgeport, Norwalk, Stamford, Danbury, and Torrington:**

**Core Intervention 1: HIV/HCV Testing in Non-Clinical Settings**

Testing in non-clinical settings provides HIV and HCV outreach, testing and linkage to prevention and care services in community settings. The goal of outreach is to engage members of key populations in their own environment, to disseminate prevention information



& condoms, to raise HIV/HCV awareness, to create visibility for the program, to test participants for HIV and HCV, and to make referrals and linkages to other services.

HIV educational sessions are a required activity which can be incorporated with testing or conducted separately. Educational sessions should include information on HIV, HCV, STD and SUD. Community Mapping is a required activity to focus outreach and testing efforts in communities to be served and determine specific populations and geographic locations to serve and should be clearly described in the proposal. Outreach can be conducted through a variety of avenues, including but not limited to; the internet, street/community outreach, targeted advertising, and collaborations with other programs that serve at risk populations. In-reach may also be used in organizations that house multiple services.

HIV/HCV testers are required to refer all newly diagnosed HIV positive cases to CT Disease Intervention Specialists (DIS) in the Partner Services Program and link all newly diagnosed persons to HIV medical care within 7 days of a confirmed positive test result. HIV and HCV testing in outreach settings may be conducted through rapid testing. DPH will pay for supplies for HIV and HCV testing conducted through funded programs and provide a mechanism for ordering kits.

Lead Contractors or subcontractors that provide HIV testing in non-clinical settings, will have the option to participate in the DPH HIV Self-Testing (HIVST) Program (formerly known as CTDPH At-home HIV Self-Testing Initiative). HIVST allows people to take an HIV test and find out their result in their own home or preferred private location. The availability of HIVST may help increase awareness of HIV infection for people who wouldn't otherwise get an HIV test. At-home HIV test kits are available for retail purchase by consumers, and CTDPH will provide HIV self-test kits to funded contractors to reach persons most affected by HIV. DPH will also provide capacity building, training and technical assistance to participating contractors in exchange for data.

The Proposer must describe how they will partner with one or more community-based organizations to provide the following activities related to testing in non-clinical settings:

- 1) HIV Testing in the community through rapid point of care technology using a Status-Neutral Model.
- 2) Confirmatory testing for all persons who test positive for HIV on a rapid test (HIV testing staff will be responsible for either drawing blood and submitting it to the State Lab for a confirmatory test or linking preliminary positive persons to another entity for confirmatory testing based on agency protocol).
- 3) Availability of HIV self-test kits and a mechanism to collect and track required data.
- 4) Education and Awareness Sessions – Basic education to individuals and groups regarding HIV, HCV, STD, and SUD.
- 5) Community Mapping – Community assessments and the use of state and local data to determine the populations (persons of color, MSM, etc.) and geographical locations (hotspots) to be served.
- 6) Outreach and Recruitment (ex. Social Network Strategy)– Specific outreach and recruitment plans that include strategies to engage focus populations in testing events.

- 7) Linkage to Prevention Services (PrEP Services, STD testing and treatment, SUD screening and treatment, Harm Reduction Services including SSP) for those testing negative for HIV.
- 8) PrEP Navigation Services and linkage to PrEP medical services for persons who test negative, report risk factors, and present as eligible.
- 9) Linkage to Care and Treatment for those confirmed positive for HIV (Ryan White Services, Medical Care, Partner Services DIS) and for those testing positive for HCV (Medical Care).
- 10) Collect and report in EvaluationWeb the required HIV Testing Variables per the CDC.
- 11) Collect and report in EvaluationWeb and e2CTPrevention the required PrEP variables.

### **Core Intervention 2: HIV/HCV Testing in Clinical Settings**

Testing in clinical settings seeks to increase awareness of HIV/HCV status by integrating opt-out routine screening into clinical practice. The goal of routine testing is to engage primary health care providers and facilities in routinely screening patients regardless of risk. Routine testing is a vital service for populations with a high prevalence of HIV/HCV such as Black and Latinx individuals and LGBTQ individuals. CDC's [Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care Settings](#) advises routine HIV screening of adults, adolescents, and pregnant women in health care settings in the United States. The recommendations also call for reducing barriers to HIV testing.

CDC recommends that everyone between the ages of 13 and 64 get tested for HIV at least once as part of routine health care and more often for people with identified risk factors. On May 23, 2022, the Governor of CT signed House Bill 5500 into law. The bill calls for Opt-out Routine HIV testing to be offered to all patients over age 13 in Primary Care settings in Connecticut effective January 1, 2023, and in Emergency Room Departments January 1, 2024.

This funding will support routine opt-out testing activities in community health centers, hospital emergency departments and outpatient service clinics including, but not limited to, private offices and urgent care centers. HIV Testing in healthcare settings funded under this RFP must be conducted according to state statute.

### **The Proposer must describe how they will partner or subcontract with one or more health care organizations to provide the following activities:**

- 1) Academic detailing and education to increase provider knowledge of HIV and HCV as well as STD and SUD and expand and integrate testing services. Academic detailing will include outreach education that engages with clinicians in 1-to-1 or small group interactions focused on identifying and addressing clinician's needs and increasing HIV/HCV Testing and PrEP.
- 2) Patient education regarding HIV and HCV, as well as information on STDs and SUD.
- 3) Annual Routine HIV/HCV testing for all persons over age 13, as well as assessment or screening for STD and SUD.
- 4) Linkage to Prevention Services (PrEP Services, STD testing and treatment, SUD Screening and treatment, Harm Reduction Services including SSP) for those testing negative.

- 5) PrEP Navigation Services and linkage to PrEP medical services for persons who test negative, report risk factors, and present as eligible.
- 6) Linkage to Care and Treatment for those who test positive for HIV (Ryan White Services, Medical Care, Partner Services DIS) and for those testing positive for HCV (Medical Care).
- 7) Collect and report on the required HIV Testing Variables into EvaluationWeb.
- 8) Collect and report on the required PrEP variables into EvaluationWeb.

**Note:** For Core Interventions 1 and 2, proposer must explain how they will implement testing using a Status Neutral Model of Care explained below.

### **HIV/HCV Testing Using a Status Neutral Care Model**

HIV/HCV testing must be provided in clinical (healthcare) and non-clinical (community) settings, within the designated region. HIV Self-Testing activities may be coordinated through the DPH At-Home Testing Initiative.

HIV testing remains a critical element of HIV Prevention Programs and a key component of the Status Neutral Care Model by which HIV Testing is provided through this funding. The goal of HIV testing is to diagnose HIV infection in persons who did not previously know their status and to link them with follow-up care, treatment, and prevention services. HIV testing is intended for provider and community-based organization partnerships that provide HIV testing in both clinical and non-clinical settings as well as testing done at home. Funds are available to provide HIV testing for populations at high risk of HIV infection who are HIV negative or of unknown HIV status. Individuals tested through this program should be linked to appropriate services based on their test result. Those testing positive for HIV must be linked to confirmatory testing, medical care, and Partner Services (PS). All persons testing negative for HIV and reporting risk factors must be given PrEP information and screened for eligibility. For persons eligible and interested, PrEP Navigation Services must be provided. These services include, 1) navigating insurance and other payment systems, 2) linkage to a PrEP medical provider, 3) support with obtaining and adhering to PrEP, and 4) identifying, and reducing barriers to care.

### **Core Intervention 3: Harm Reduction Services (Formerly Drug User Health Services)**

Harm Reduction Services seek to reduce the morbidity and mortality associated with HIV, viral hepatitis, and other blood borne infections contracted through injection drug use as well as harm and death associated with non-injection drug use. Funded programs serve populations at risk for HIV, hepatitis C, opioid use, and overdose. The goal of Harm Reduction services is to engage injecting and non-injecting drug using populations and serve as a source of prevention information for harm reduction through behavior change. This can occur through syringe service and overdose prevention programs.

Syringe service programs include, 1) collection of used syringes, 2) primary and secondary distribution of new syringes, 3) home delivery services, 4) and safer injection practices and wound care. Overdose prevention programs include community distribution of naloxone and fentanyl test strips. Referral to drug treatment should be made for all interested program participants. All services should be accessible to the population served and delivered during non-traditional hours such as evenings and weekends. The development of a Community

Advisory Board (CAB) is critical to engaging community stakeholders. Stakeholders must include people with lived experience, law enforcement, local health, and government, and community-based organizations that serve people who use drugs. The purpose of the CAB is to assist in regional SSP implementation and to solicit periodic feedback from active users in improving services. Programs should market services to organizations that work directly and indirectly with people who use drugs (e.g., substance use treatment facilities, hospitals, pharmacies, etc.).

**The Proposer must describe how they will subcontract with one or more community-based organizations to provide the following key services:**

- 1) Community Mapping – Community assessments and the use of state and local data to determine the populations (persons who use drugs) and geographical locations (hotspots) to be served.
- 2) Outreach and Recruitment - Conduct outreach to PWUD to engage and enroll individuals in Harm Reduction Services. Identify and serve hard-to-reach PWUD in urban and rural areas and provide secondary distribution and home delivery services when appropriate.
- 3) Syringe Service Program – Conduct comprehensive assessments with each new SSP client and periodic assessments with returning clients to update their client record in e2CTPrevention. Provide access to clean injection equipment, remove contaminated syringes from circulation, provide health education information and tools to reduce the risk of contracting bloodborne infections. Offer participants ongoing education on the transmission of HIV, hepatitis C and other medical issues associated with injection drug use. Monitor number of syringes distributed and collected.
- 4) HIV/HCV Testing – Facilitate point of care rapid HIV/HCV Testing for all new program participants upon intake then as needed thereafter. Refer all newly diagnosed HIV positive persons to HIV medical care, screening, and treatment of STIs, viral hepatitis, and tuberculous (TB) services as well as SUD treatment.
- 5) PrEP/PEP Education and Navigation Services - Provide information, education and PrEP Navigation as well as linkage to PrEP medical services for persons who test negative, report risk factors, and present as eligible.
- 6) Overdose Prevention, Training and Naloxone Distribution – Provide information and training on how to recognize and reverse an opioid overdose, as well as facilitate access to naloxone and fentanyl test strips.
- 7) Safer Injection Practices and Wound Care – Provide education and information on safer injection practices and how to prevent and treat wounds and abscesses.
- 8) Drug Treatment Advocacy – Assist clients in accessing drug treatment and collaborate with health care facilities, detox centers, rehabilitation programs, and Medication-Assisted Treatment (MAT) services to facilitate timely linkage to screening and treatment when appropriate.
- 9) Collect and report on required Harm Reduction activities in e2CTPrevention.
- 10) Collect and report on required HIV Testing Variables in EvaluationWeb.

11) Collect and report on required PrEP variables in EvaluationWeb.

**Required Core Interventions and Activities**

<b>HIV/HCV Testing in Non-Clinical Settings</b>
HIV/HCV Rapid Point of Care Testing in Community Settings Status Neutral Care Model Community Education and Awareness Sessions Community Mapping Outreach and Recruitment Linkage to Prevention Services Linkage to Care Services
<b>HIV/HCV Testing in Clinical Settings</b>
Routine Opt-Out Testing in Healthcare Settings Status Neutral Care Model Academic Detailing and Education Patient Education Linkage to Prevention Services Linkage to Care Services
<b>Harm Reduction Services</b>
Outreach and Recruitment Syringe Service Programs HIV and HCV Testing Linkage to PrEP/PEP Overdose Prevention Training and Naloxone Distribution Safer Injection Practices and Wound Care Drug Treatment Advocacy

The DPH HIV Prevention Program provides funding for Interventions in four Regions: 1) New Haven County, 2) Fairfield and Litchfield Counties, 3) Hartford, Middlesex, and Tolland Counties, 4) New London and Windham Counties; as well as two Interventions to be delivered Statewide: 1) HIV Testing in Clinical Settings and 2) Harm Reduction Services.

**Funding Distribution**

<b>Service Area</b>	<b>Focus Areas</b>	<b>Funding Allocation</b>
Region 2 Fairfield and Litchfield County	Bridgeport Danbury Litchfield New Milford Norwalk Stamford Torrington Winchester	\$633,000

**Note.**

\* The amount available includes \$257,000 of state syringe service funds and \$376,000 of state HIV Funds.

\* Cities and towns listed as focus areas represent the high incidence areas of the state for HIV, HCV and Overdose as shown in the data maps. However, the lead contractor may also provide services in other towns in Fairfield and Litchfield counties.

**b. Staffing Expectations**

All proposals must address or comply with the following staffing specifications:

**1) Staffing Requirements:**

- For the lead contractor and subcontractors, the proposal must describe the staff assigned to this program. This includes job descriptions, number of hours per week, and hourly rates for all staff funded through this proposal. Resumes must be provided for all professional staff. The profile of staff who will be working in this program must be clear, and adequate time is allocated to manage the services to be provided. It is highly encouraged that staff with lived experience and reflect priority populations are hired for this RFP.

**2) Key Personnel/Managers/Staff Assigned**

- The proposer must describe the administrative structure and oversight for the program. Identify the coordinator/supervisor and the individuals that will comprise the program and the staff assigned, including the extent to which they have the appropriate training and experience to perform assigned duties. The Proposer must complete and attach the Position Schedule 2a, Attachments Section V. A. 6 **(Attach resumes and job descriptions for all staff assigned to this proposal as appendices).**

**3) Staffing Level and Demographics of Organization Work Force**

- The proposer must complete and attach an organizational Work Force Analysis in Attachments Section V. A. 12 Application Forms. The proposer must also provide evidence that the proposer will utilize small and minority businesses whenever feasible and appropriate in the purchase of supplies and services.

**4) Staff Qualifications/Experience**

- The proposer must describe staff qualifications and experience including any credentials or licensure.

**5) Organizational Chart**

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

**6) Subcontractors:**

For subcontractors, specify the following information for each one:

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

**Note.** The proposal must include a completed Subcontractor Schedule A— Detail Form for each subcontractor proposed see Attachments Section V. A. 7. Application Forms)

**Data and Technology Expectations:**

Successful proposers will clearly describe experience in the following criteria:

**1) E-Mail/Internet Capabilities**

Proposer must define current capabilities as well as system restrictions. Proposers 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.

**2) IT Infrastructure / Hardware & Software Quality**

Proposer must describe current operating system, including the indication of any staff assigned to IT management. Such individual's name and contact information must be included. Proposers must have hardware capable of supporting CDC's EvaluationWeb as well as e2CTPrevention and provide staff support for installation, maintenance and updating of the data system.

**3) Data Collection / Storage / Reporting**

Proposer will be required to collect client level data. The proposer will be required to set up and maintain client files as per DPH data collection, reporting and storage confidentiality protocols for EvaluationWeb and e2CTPrevention data collection systems.

## Financial Expectations

The proposer's approach must be addressed as to the extent to which a cost-effective budget correlates to the services provided in each line item and follows eligibility guidelines.

### 1) Financial Controls Procedures

The proposer must have financial control procedures in place, including Cost Allocation Plan, and Time and Effort reporting system to verify the actual work performed by staff charged to this program. The proposer must have a process in place used by program and fiscal staff to ensure adequate reporting, reconciliation, and tracking of program expenditure by funding source. The proposer must have a process for reimbursing subcontractors, from the time an invoice is received to payment.

### 2) Audited Financial Statements

The proposer must also define fiscal stability as indicated in the organization's last two years of most recent annual audited financial statements, this includes auditor management letter and corrective action plan if applicable.

## Budget Expectations

### 1) Fiscal Competitiveness

The proposer must describe how the proposal is fiscally competitive, including how staffing and service delivery costs are competitive with similar organizations to attract and maintain qualified staff and provide services in a cost-efficient manner.

### 2) Budget Narrative and Budget

The proposal must contain an itemized budget with justification for each line item on the budget forms included in the Application.

- a. All costs (travel, printing, supplies, etc.) must be included in the proposal. Competitiveness of the budget will be considered as part of the proposal review process and **HIV Prevention administrative cap is 15%**.
- b. Please complete and attach the budget summary and budget justification forms in Attachments Section V.A.4. and 5. Application Forms. Add pages to the required forms as needed in the format provided.
- c. 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.
- d. 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.
- e. The proposed budget is subject to change during the contract award negotiations based on availability of funds, service allocation recommendations by regional service areas.

## 7. Work Plan

Successful proposers will be required to address the following specifications:



a. The proposal must contain a comprehensive and realistic work plan with SMART objectives, describing the proposed services to be provided, expected outcomes, measures of success and timelines using the work plan form provided. (See Section V. 9. Application Forms). SMART objectives are objectives that are Specific, Measurable, Achievable, Realistic, and Time-bound. The work plan must be consistent with the RFP and the service goals and objectives. The work plan shall include a comprehensive description of the:

- Activities
- Process Measure(s)
- Completion Date
- Number of clients to be served
- Responsible Party
- Overall 5-year plan
- Detailed Year 1 Plan

**The detailed work plan form shall be completed in landscape and provided in the required format (see Forms Section F. g.)**

**■ D. PERFORMANCE MEASURES**

Below are sample CDC and local performance measures that contractors will be required to monitor and report to DPH. The proposer must describe the mechanism used to meet these performance measures. The successful proposer will also be required to utilize DPH data collection systems to document and report all services provided. These systems include e2CTPrevention, CDC database EvaluationWeb and triannual programmatic reporting.

HIV/HCV Testing in Non-Clinical Settings Performance Measures

Performance Measures	Outcomes
Clients who test positive for HIV receive their test results.	95% of clients tested for HIV receive their test results.
Clients who test positive for HIV are referred to and linked to Partner Services within 30 days of positive result.	75% of HIV-positive clients are referred and linked to Partner Services within 30 days of positive result.
Clients who test positive for HIV or HCV and receive their test results are linked to medical care within 7 days.	80% of clients who receive their HIV or HCV positive test results are linked to medical care and attend their first appointment within 7 days of positive result.
Clients who test negative for HIV are screened for PrEP Services.	85% of clients who test negative for HIV are screened for PrEP Services.

Clients who are eligible for PrEP Services are referred.	50% of clients who are eligible for PrEP are referred to PrEP Services.
Clients who are referred to PrEP Services are linked to a PrEP Provider.	85% of clients who test negative for HIV are linked to PrEP Services.

HIV/HCV Testing in Clinical Settings Performance Measures

<b>Performance Measures</b>	<b>Outcomes</b>
Clients who test positive for HIV receive their test results.	95% of clients tested for HIV receive their test results.
Clients who test positive for HIV or HCV and receive their test results are linked to medical care within 7 days.	80% of clients who receive their HIV or HCV positive test results are linked to medical care and attend their first appointment within 7 days of positive result.
Clients who test positive for HIV are referred to and linked to Partner Services within 30 days of positive result.	75% of HIV-positive clients are referred and linked to Partner Services within 30 days of positive result.
Clients who test negative for HIV are screened for PrEP Services.	85% of clients who test negative for HIV are screened for PrEP Services.
Clients who are eligible for PrEP Services are referred.	50% of clients who are eligible for PrEP are referred to PrEP Services.
Clients who are referred to PrEP Services are linked to a PrEP Provider.	85% of clients who test negative for HIV are linked to PrEP Services.

Harm Reduction Services Performance Measures

<b>Performance Measures</b>	<b>Outcomes</b>
Newly enrolled clients are screened for HIV/HCV at intake.	85% of clients enrolled in Harm Reduction Services are screened for HIV and HCV.
Clients who test negative for HIV are referred to PrEP Services.	25% of clients who test negative for HIV are referred to PrEP Services.

Newly enrolled clients are trained in overdose prevention.	95% of newly enrolled clients in Harm Reduction Services are trained in overdose prevention.
Newly enrolled clients who receive an enrollment package of syringes are trained on proper syringe exchange procedures.	85% of newly enrolled clients in Harm Reduction Services receive training on how to properly exchange syringes.
Syringes that were distributed to clients by Harm Reduction Services providers will be collected.	95% of syringes that were distributed to clients by Harm Reduction Services providers will be collected.

**■ E. CONTRACT MANAGEMENT/DATA REPORTING**

Successful proposers will be required to comply with contractual expectations set by DPH, this includes submission of monthly financial expenditure reports with backup documentation, monitoring subcontractor programmatic performance, through annual site visits, and programmatic reporting in collaboration with DPH staff.

**1. Data Reporting**

Successful proposers will be required to collect and submit triannual HIV Prevention Program reports and Data reports to DPH.

**2. Program Monitoring**

Successful proposers will be required to establish policies and procedures to monitor programmatic and fiscal compliance with DPH contract requirements. Successful proposers will be required to implement fiscal, programmatic, and annual comprehensive site visits to subcontractors. (Guidance will be provided).

### 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 DPH in Section V. A. 1 Attachments.
- 3. Table of Contents.** All proposals must include a Table of Contents that conforms with the required proposal outline. (See Section IV).
- 4. Executive Summary.** Proposals must include a high-level summary, not exceeding (1) page, of the main proposal and cost proposal. The summary must also include the organization’s eligibility and qualifications to respond to this RFP. The Executive Summary must include a brief description of the proposed service delivery including needs to be addressed, proposed services, the populations to be served, and the proposed cost.
- 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.** Each Submitted proposals must conform to the following specifications:
  - Binding Type: Unbound
  - Dividers: None specified
  - Paper Size: 8.5” x 11”
  - Page Limit: 1 page limit Executive Summary, 10-page limit Main Proposal Components, this does not include Required Forms and Attachments
  - Print Style: two-sided
  - Font Size: No smaller than 11-point type
  - Font Type: Easily readable (e.g. Arial, Times New Roman, Verdana)
  - 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, including the required Appendices and Forms, must be numbered in the footer.
- 8. Packaging and Labeling Requirements.** All proposals must be e-mailed by 4:00 PM on the submission due date and be addressed to the Official Contact. The RFP Name and Number must be clearly displayed in the subject line. Any received proposal that does not conform to these instructions will be considered general mail. Such a proposal may be accepted by the Department as a clerical function, but it will not be evaluated.

**9. 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 subsection C** 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).

**10. 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 averse 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 Department 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 Department 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 Department 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 Department will designate a Review Committee to evaluate proposals submitted in response to this RFP. The Review Committee will be composed of individuals, Department 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 department 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 Department will reject any proposal that deviates significantly from the requirements of this RFP.

- **Proposers with significant outstanding unresolved issues on current and/or prior year contracts with DPH or other state agencies may be removed from consideration for additional or future funding.**

**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 (5)**
- **Service Expectations (25)**
- **Scope of Services (15)**
- **Staffing Plan (10)**
- **Data and Technology (10)**
- **Work Plan (20)**
- **Financial Profile & Expectations (5)**
- **Budget and Budget Narrative (5)**
- **Appendices (5)**

**DPH reserves the right to adjust the points awarded based on proposer's prior compliance with contractual requirements.**

**Note:**

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

**5. Proposer Selection.** Upon completing its evaluation of proposals, the Review Committee will submit the rankings of all proposals to the Commissioner or Agency Head. The final selection of a successful proposer is at the discretion of the Commissioner or Agency Head. Any proposer selected will be so notified and awarded an opportunity to negotiate a contract with the 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 or U.S. 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 or Agency Head 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 Department 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 Department will schedule and hold the debriefing meeting within fifteen (15) days of the request. The Department 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 Department 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 Department'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 Department website.

## IV. PROPOSAL SUBMISSION OUTLINE AND REQUIREMENTS

This section presents the **required outline** that must be followed when submitting a proposal in response to this RFP. Proposals must include a Table of Contents that exactly conforms with the required proposal outline (below). Proposals must include all the components listed below, in the order specified, using the prescribed lettering and numbering scheme. Incomplete proposals will not be evaluated.

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### A. Cover Sheet (Please place proposal from pages here.)

### B. Table of Contents

### C. Executive Summary (See III. 4. Executive Summary)

### D. Main Proposal (See II, Program Information, C. Scope of Services Components)

### E. Attachments (clearly referenced to summary and main proposal where applicable)

### F. Declaration of Confidential Information (See III, General Information 9. Declaration of Confidential Information)

### G. Conflict of Interest - Disclosure Statement (See III, 10. 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 1 page 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 Questions:**

**\*\*\*Please note the maximum total page length for this section is 10 pages** (all appendices and other attachments should be referred to in section D and then placed in section E. The Department Review Committee will not read answers longer than 10 pages in this section.)

**1. Organizational Requirements Profile (5 points)**

- a. Overview of the history and structure of the organization
  - i. Entity Type / Parent Organization / Years of Operation
  - ii. Location of Offices / Facilities
  - iii. Accreditation / Certification / Licensure
- b. How this proposal will fit into the organization's overall mission and meet the intent of this RFP
- c. History of past affiliation with HIV programs
- d. Name, title, address, telephone, and fax numbers of staff persons responsible for **the completion and submittal of contract and legal documents/forms, program progress reports, and financial expenditure reports.** Please Note that the Form pages one and two will be located under Section A of this proposal outline.
- e. Indicate whether the agency is incorporated, the type of agency applying for funding, the fiscal year for the proposed agency, federal ID number and/or town code and, Medicaid number, and if registered as a Connecticut Minority Business Enterprise and /or Women Business Enterprise

**2. Service Requirements (25 points)**

- a. Overview of the program's client demographics as detailed by the CT DPH HIV Epidemiological Profile for the catchment area (region, towns) in which services are to be provided. Explain how data will be used to conduct community mapping.
- b. Description of health disparities and the impact of social determinants of health on populations to be served and activities to address them.
- c. Description of proposer's and subcontractors experience in providing HIV/HCV and harm reduction services.
- d. Description of how services will be delivered using a Status Neutral Care Model.
- e. Description of the process of determining PrEP eligibility.
- f. Description of selection for proposed collaborations with other service providers where funds are exchanged (subcontracts) or memorandums of understanding (MOU's).

### 3. Scope of Services (15 points)

Proposers must describe how services are currently being delivered in the region including the number and demographics of clients currently being served.

### 4. Staffing Plan (10 points)

- a. Description of the staff assigned to this proposal including job description, number of hours per week, hourly rates, extent to which staff has the appropriate training and experience to perform assigned duties. It is highly encouraged that staff with lived experience and reflect priority populations are hired for this RFP. Resumes must be attached for all staff assigned to this project. Attach resumes and job descriptions for all staff as appendices.
- b. Description of the administrative oversight for the program, including how funds will be administered. Identify the program coordinator/supervisor, fiscal staff and other staff assigned to this project including job description, number of hours per week, hourly rates, extent to which staff has the appropriate training and experience to perform assigned duties. Resumes must be attached for all staff assigned to this project. Attach completed Position Schedule 2a, in Attachments Section V.A.7
- c. Include completed organizational Workforce Analysis in Attachments Section V.A. 13 Application Forms. This is evidence that the proposer will utilize small and minority businesses whenever feasible and appropriate in the purchase of supplies and services.
- d. Description of staff qualifications and experience including any credentials or licensure.
- e. Description of the Program staff's ability to manage risk and take corrective action as necessary for subcontractors. Include an organizational chart in Section IV, Appendices. For subcontractors, specify legal name of agency, address, FEIN, contact person phone, fax, and email address; services currently provided, serves to be provided with subcontract, subcontract or oversight, subcontractor cost and term, and subcontractor qualifications (Please refer to staffing requirements).

**Note:** Include a completed Subcontractor Schedule A- Detail Form for each subcontractor proposed (**see Attachments Section V.A.8 Applications Forms**).

### 5. Data and Technology (10 points)

- a. Demonstration of the ability to collect, store, and report data, and transmission of data electronically to DPH using e2CTPrevention data management system and EvaluationWeb.
- b. Description of agency e-mail, internet capabilities, and system restrictions for the purposes of data collection, reporting, webinar and teleconferences.
- c. Description of computer hardware, software, IT support for installation of data management systems.

### 6. Evaluation/ Work Plan (20 points)

Include a comprehensive and realistic evaluation/work plan with SMART objectives, describing the proposed services for core intervention to be provided, expected outcomes, measures of success and timelines using the work plan form provided.

### E: Attachments (See Application Forms).

**7. Financial Profile & Expectations (5 points)**

- a. Annual Budget and Revenues
- b. Financial Control Procedures
- c. Revenue Generation / Billing / Third Party Reimbursement
- d. History of Violations (financial or programming)
- e. Audited Financial Statements for the last 2 years

**8. Budget Narrative (5 points)**

- a. Include itemized budget. Complete and attach the budget summary and justification forms (See Attachments Section V.A. 5 and 6).
- b. Include subcontractors Cost
- c. Include copies of state set aside certifications for small and/or minority business

**9. Appendices (5 points)**

- a. Job descriptions
- b. Staff / Resumes
- c. Organizational Chart
- d. Three (3) Letters of Support
- e. Memorandum of Understanding(s) and/or Memorandum of Agreement(s)

**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 averse 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 (pg.45).

## 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](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 Department may terminate a resulting contract

if it is determined that gratuities of any kind were either offered or received by any of the 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 Department 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 Department 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 Department 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 Department 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 Department may request and authorize proposers to submit written clarification of their proposals, in a manner or format prescribed by the Department, 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 Department. The Department 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 Department. At its sole discretion, the Department 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 Department, 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 Department 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 Department 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 Department 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 Department 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 Department 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 Department.
- 2. Amending or Canceling RFP.** The Department reserves the right to amend or cancel this RFP on any date and at any time, if the Department 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 Department 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 Department 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 Department may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. The Department 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 Department reserves the right to negotiate or contract for all or any portion of the services contained in this RFP. The Department further reserves the right to contract with one or more proposer for such services. After reviewing the scored criteria, the Department may seek Best and Final Offers (BFO) on cost from proposers. The Department may set parameters on any BFOs received.
- 7. Clerical Errors in Award.** The Department 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 Department is the sole funder of a purchased service, the Department reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The Department also reserves the right to approve replacements for key personnel who have terminated employment. The Department 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 Department.

## ■ 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.** Proposals for State contracts with a value of \$50,000 or more in a calendar or fiscal year, excluding leases and licensing agreements of any value, shall include a consulting agreement affidavit attesting to whether any consulting agreement has been entered into in connection with the proposal. As used herein "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 contract. Consulting agreement does not include any agreements entered into with a consultant who is registered under the provisions of C.G.S. Chapter 10 as of the date such affidavit is submitted in accordance with the provisions of C.G.S. § 4a-81. The Consulting Agreement Affidavit (OPM Ethics Form 5) is available on OPM's website at <https://portal.ct.gov/OPM/Fin-PSA/Forms/Ethics-Forms>  
IMPORTANT NOTE: A proposer must complete and submit OPM Ethics Form 5 to the Department with the proposal.
- 4. Gift and Campaign Contributions, C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8 and No. 7C, Para. 10; C.G.S. § 9612(g)(2).** If a proposer is awarded an opportunity to negotiate a contract with an anticipated value of \$50,000 or more in a calendar or fiscal year, the proposer must fully disclose any gifts or lawful contributions made to campaigns of candidates for statewide public office or the General Assembly. Municipalities and CT State agencies are exempt from this requirement. The gift and campaign contributions certification (OPM Ethics Form 1) is available on OPM's website at <https://portal.ct.gov/OPM/Fin-PSA/Forms/Ethics-Forms>  
IMPORTANT NOTE: The successful proposer must complete and submit OPM Ethics Form 1 to the Department prior to contract execution.
- 5. Nondiscrimination Certification, C.G.S. §§ 4a-60(a)(1) and 4a-60a(a)(1).** If a proposer is awarded an opportunity to negotiate a contract, the proposer must provide the Department with *written representation* or *documentation* that certifies the proposer complies with the State's nondiscrimination agreements and warranties. A 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 nondiscrimination certification forms are available on OPM's website at <https://portal.ct.gov/OPM/Fin-PSA/Forms/Nondiscrimination-Certification>  
IMPORTANT NOTE: The successful proposer must complete and submit the appropriate nondiscrimination certification form to the awarding Department prior to contract execution.



## VI. APPENDICES

### A. ABBREVIATIONS / ACRONYMS / DEFINITIONS

BFO	Best and Final Offer
BIPOC	Black, Indigenous, and People of Color
CAB	Community Advisory Board
CDC	Centers for Disease Control and Prevention
CGS	Connecticut General Statutes
CHRO	Commission on Human Rights and Opportunity
CT	Connecticut
D2C	Data to Care
DAS	Connecticut Department of Administrative Services
DIS	Disease Intervention Specialist
DHHS	Department of Health and Human Services
DMHAS	Department of Mental Health and Addiction Services
DPH	Connecticut Department of Public Health
E2CTP	e2CT Prevention Connecticut HIV Data Collection System
EHE	Ending the HIV Epidemic
EMR	Electronic Medical Record
FDA	Federal Drug Administration
FPL	Federal Poverty Level
FOA	Funding Opportunity Agreement
FOI	Freedom of Information Act (CT)
HCV	Hepatitis C
HBV	Hepatitis B
HIV	Human Immuno-deficiency Virus
HIP	High Impact Prevention
HIVST	HIV Self-Testing
HRSA	Health Resources and Services Administration
HUD	Housing Urban Development
IRS	Internal Revenue Service (US)
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Question, Queer, Intersex, Asexual Community
LOI	Letter of Intent
MAT	Medication-Assisted Treatment
MSM	Men Having Sex with Men
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
NA	Not applicable
NHAS	National HIV/AIDS Strategy
OAG	Office of the Attorney General
OPM	Office of Policy and Management (CT)
OSC	Office of the State Comptroller (CT)
PA	Public Act (CT)
PS	Partner Services
PHS	Public Health Services (US)

PLWH	People Living With HIV
PEP	Post-exposure Prophylaxis
PrEP	Pre-exposure Prophylaxis
PWUD	Persons Who Use Drugs
RFP	Request for Proposal
SEEC	State Elections Enforcement Commission (CT)
SMART	Specific/Measurable/Achievable/Relevant/Time-bound
SSP	Syringe Service Program
STD	Sexually Transmitted Disease
SUD	Substance Use Disorder
U.S.	United States
VHETAC	Viral Hepatitis Elimination Technical Advisory Committee

*Definitions:*

<i>Academic Detailing</i>	<i>Structured visits to health care professionals to provide education, training and technical assistance</i>
<i>Community Advisory Board</i>	<i>Group of individuals and/or organizations committed to promoting the health, dignity, and safety of people who use drugs</i>
<i>Contractor</i>	<i>A private provider organization, CT State agency, or municipality that enters into a POS contract with the Department as a result of this RFP</i>
<i>Drug Treatment Advocacy</i>	<i>Assisting people who use drugs in accessing treatment</i>
<i>e2CTPrevention</i>	<i>A web-based data collection system for harm reduction and PrEP services</i>
<i>EvaluationWeb</i>	<i>A web-based data collection system for HIV testing</i>
<i>Focus Areas</i>	<i>Cities and towns with high incidence/prevalence of HIV, HCV and Drug Overdose based on current data maps and where services must be prioritized</i>
<i>Harm Reduction</i>	<i>A set of strategies and interventions that seek to reduce the harms associated with drug use</i>
<i>High Impact Prevention</i>	<i>Public Health approach using proven cost effective and scalable interventions to avert infections</i>
<i>Lead Agency</i>	<i>A private provider organization, ST State agency or municipality that enters into a POS contract with the Department as a result of this RFP and coordinates all services under the RFP by providing direct service or subcontracting with other organizations</i>
<i>Post-exposure Prophylaxis (PEP)</i>	<i>Medication taken after an exposure to prevent HIV</i>
<i>Pre-exposure Prophylaxis (PrEP)</i>	<i>Medication taken before an exposure to prevent HIV</i>
<i>Proposer</i>	<i>A private provider organization, CT State agency, or municipality that has submitted a proposal to the Department in response to this RFP</i>
<i>Prospective proposer</i>	<i>A private provider organization, CT State agency, or municipality that may submit a proposal to the Department in response to this RFP, but has not as of yet</i>
<i>Social Network Strategy</i>	<i>An evidence-supported approach to engage and motivate a person to accept HIV testing</i>

<i>Status Neutral Care Model</i>	<i>All people regardless of HIV status are provided HIV services. People testing positive are linked to medical care and partner services. People testing negative are linked to Prevention Services.</i>
<i>Subcontractor</i>	<i>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 Department as a result of this RFP</i>
<i>Substance Use Disorder</i>	<i>A mental disorder that affects a person's brain and behavior, leading to a person's inability to control their use of substances such as legal or illegal drugs, alcohol, or medications</i>
<i>Syndemic</i>	<i>Two or more epidemics in a population that interact and increase disease burden</i>

**B. STATEMENT OF ASSURANCES**

Department of Public Health

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 Department the cost proposed in the RFP and within the timeframes therein.
- c. The Respondent will seek prior approval from the Department 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

## 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

<b>Procurement Timetable</b>		
The Department reserves the right to modify these dates at its sole discretion.		
Item	Action	Date
1	RFP Released	June 26, 2023
2	Letter of Intent	July 14, 2023
3	Deadline for Questions	July 14, 2023
4	RFP Conference	July 20, 2023
5	Answers Released	July 27, 2023
6	Proposals Due	August 14, 2023
7	Start of Contract	January 1, 2024

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

- Register at: <https://portal.ct.gov/DAS/CTSource/Registration> •  
Submit required forms:
  - Consulting Agreement Affidavit (OPM Ethics Form 5) – Requires Notarization; available at: <https://portal.ct.gov/-/media/OPM/OPMForm5ConsultingAgreementAffidavit32814pdf.pdf>
  - Affirmation of Receipt of State Ethics Affidavit (OPM Ethics Form 6) – Requires Notarization; available at: <https://portal.ct.gov//media/OPM/Finance/psa/OPMEthicsForm6Final91511PDFpdf.pdf>
  - Iran Certificate (OPM Ethics Form 7) – Requires Notarization; available at: <https://portal.ct.gov/-/media/OPM/OPMForm7IranCertification32814pdf.pdf>

### **Proposal Content Checklist**

- Cover Sheet** including required information:
  - RFP Name or Number
  - Legal Name
  - FEIN
  - Street Address
  - Town/City/State/Zip
  - Contact Person
  - Title
  - Phone Number
  - E-Mail Address
  - Authorized Official
  - Title
  - Signature

**Table of Contents** **Executive Summary:** high-level summary of proposal and cost **Main proposal body answering all questions with relevant attachments.**

*Proposers should use their discretion to determine whether certain required information is sufficiently captured in the body of their proposal or requires additional attachments for clarification. Additional attachments may include:*

- Budget Summary (Position Schedule 2a) ○ Budget Justification Schedule B ○ Budget Summary ○ Budget Justification Schedule B Form
- Position Schedule 2a ○ Subcontractor Schedule A-Detail ○ Agency and program organizational chart detailing reporting structure ○ Staff resumes and applicable licensures
- Work plan Form
- Detailed plan on cultural competence and humility in service delivery
  - Memoranda of Agreement/Understanding with referral partners
  - OPM Consulting Agreement
  - Affirmative Action Contract Compliance Policy Statement
  - Notification to Bidders
  - Workforce analysis
  - Informational Attachments

**Informational Attachments** ○ Nondiscrimination

- Certification ○ Nondiscrimination Certification Affidavit Form C
- False Claims ACT Compliance Notification ○ False Claims Act Policy
- False Claims Act Procedure
- Campaign Contributions and Solicitation Limitations SEEC Form 11

 **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 (10 page)**?
- Is the proposal in **11-point, Ariel, Times New Roman, Verdana 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)?

**VII. ATTACHMENTS DPH**

*Reserved for Department use. Section V is not standard and will vary by RFP, depending of the Department's procurement requirements.*

**■ A. APPLICATION FORMS:** *The following forms must be completed and included in the proposal submission as applicable and directed.*

1. Cover Sheet/Proposer Information . . . . .	49
2. Proposer Information Form (continuation) . . . . .	50
3. Budget Summary Instructions Position Schedule 2a . . . . .	51
4. Budget Justification Schedule B . . . . .	52
5. Budget Summary . . . . .	53
6. Budget Justification Schedule B Form . . . . .	54
7. Position Schedule 2a . . . . .	55
8. Subcontractor Schedule A-Detail . . . . .	56
9. Combined Evaluation/Work Plan Form . . . . .	57
10. HIV Prevention Regional Map. . . . .	64
11. OPM Consulting Agreement . . . . .	65
12. Affirmative Action Contract Compliance Policy Statement . . . . .	66
13. Notification to Bidders . . . . .	67
14. Workforce Analysis . . . . .	68

**■ B. INFORMATIONAL ATTACHMENTS:** *The following attachments are for your information only. These attachments will be used for proposers awarded funding and will be requested during the contract development process.*

1. Nondiscrimination Certification Instructions . . . . .	69
2. Nondiscrimination Certification Affidavit Form C . . . . .	70
3. False Claims Act Compliance Notification . . . . .	71
4. False Claims Act Policy . . . . .	72
5. False Claims Act Procedure . . . . .	75
6. Campaign Contribution and Solicitation Limitations SEEC Form 11 . . . . .	78

**VIII. FORMS**

**CONNECTICUT DEPARTMENT OF PUBLIC HEALTH  
STD, TB, HIV, & Viral Hepatitis Section  
COVER SHEET  
Comprehensive Integrated HIV/HCV Prevention Services  
DPH RFP Log # 2024-0903 REQUEST FOR PROPOSAL**

**Proposer Information**

Proposer 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 proposer, the proposer has the legal authority to apply for this funding, the proposer will comply with applicable state and federal laws and regulations, and that I am a duly authorized signatory for the proposer.

\_\_\_\_\_  
Signature of Authorizing Official: Date

\_\_\_\_\_  
Typed Name and Title

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

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

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



**Proposer 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 please add the Part B service categories and any other types of expense that do not fit into the categories listed.

### **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, and 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](http://www.opm.state.ct.us/finance/pos_standards/coststandards.htm). **Note: Administrative cost is capped at 15%.**
- 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, 340B program income, RW Parts A, C and D 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
<b>Travel</b>	\$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**

**a)** 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 Syringe Services Program and an HIV Testing Program and Subcontractor "A" is providing services to both program there must be a separate budget for Subcontractor "A" for each.

**b)** Detail of Each Subcontractor:

**i)** 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 **ii)** Choose whether the subcontractor is a minority or woman owned a business:

**iii)** MBE  WBE

Neither

**iv)** 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.

**Enter the Legal Name of the Contractor, Log # 2024-0903**  
**Contract Period:    to**  
**Budget Summary**

<b>Program:</b>	<b>Name</b>		<b>Name</b>		<b>Total</b>
<b>Fund:</b>	<b>SID 1</b>	<b>SID 2</b>	<b>SID 3</b>	<b>SID 4</b>	
<b>1. Salaries &amp; Wages</b>					
<b>2. Fringe Benefits</b>					
<b>3. Travel</b>					
<b>4. Staff Training</b>					
<b>5. Office Supplies</b>					
<b>6. Telephone</b>					
<b>7. Contractual (Sub-Contracts)**</b>					
<b>8. Other Expenses (list)</b>					
<b>a.</b>					
<b>b.</b>					
<b>c.</b>					
<b>d.</b>					
<b>e.</b>					
<b>f.</b>					
<b>g.</b>					
<b>h.</b>					
<b>i.</b>					
<b>j.</b>					
<b>k.</b>					
<b>l.</b>					
<b>m.</b>					
<b>12. **Administrative and General Costs</b>					
<b>Total DPH Grant</b>					
<b>Other Program Income</b>					

\*Complete Sub-contractor Schedule A

\*\* **Administrative and General Costs shall not exceed 15% of the direct service costs.**

**Enter the Legal Name of the Contractor Log # 2024-0309**

**Contract Period: [redacted] to [redacted] Budget**

**Justification [redacted] Schedule B**

**Program/Site: [redacted]**

<b>Line Item (Description)</b>	<b>Amount</b>	<b>Justification including Breakdown of Costs</b>

**Enter the Legal Name of the Contractor Log #2024-0903**

**Contract Period: to**

**Position Schedule #2a**

**Program/Fund**

<b>Position Description and Staff Person Assigned</b>	<b>Site/ Location</b>	<b>Hours wk/ wks per Year</b>	<b>Hourly Rate</b>	<b>Total Salary Charged</b>	<b>Fringe Benefit Rate %</b>	<b>Total Fringe Benefits</b>
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:		/			%	
<b>Totals</b>						

State of Connecticut

DPH RFP Log # 2022-0904

Comprehensive Integrated HIV/HCV Prevention Services

8/9/2021

### Subcontractor Schedule A-Detail

**Enter the Legal Name of the Contractor Log#2024-0903**

**#1** Subcontractor Name:

Address:

Telephone: (        ) (        -        )

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

Indicate One:     MBE     WBE     Neither

Line Item(s)	Program:	Name		Name		Total
	Fund:	SID 1	SID 2	SID 1	SID 2	
<b>Total Subcontract Amount:</b>						

**#2**

Subcontractor Name:

Address:

Telephone: (        ) (        -        )

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

Indicate One:     MBE     WBE     Neither

Line Item(s)	Program:	Name		Name		Total
	Fund:	SID 1	SID 2	SID 1	SID 2	
<b>Total Subcontract Amount:</b>						

**Sample Year 1 Work Plan (make as many blank pages as needed) Must complete a workplan for each intervention (HIV/HCV Testing in Non-Clinical Settings, HIV/HCV Testing in Clinical Settings, Harm Reduction Services)**

#2023-XXXX Comprehensive HIV Prevention Services: AGENCY

Combined Evaluation and Work Plan- Year 1 [Required Activities](#)

**Core Intervention 1: Implement HIV/HCV Testing in Non-Clinical Settings**

**Overall 5-year plan:** Support a Status Neutral Care Model to maximize access to testing, treatment, and prevention services.

**Detailed Year 1 plan:** Increase community-based HIV and HCV outreach, testing, and linkage services across Region #. By the end of Year 1, ABC Agency will conduct Community Mapping to determine where to implement testing to reach populations of focus. By the end of Year 1, ABC Agency will have a mechanism in place to conduct outreach, testing, and linkage in communities most impacted by HIV/HCV.

Goal/Outcome 1.1.a: Increased HIV/HCV Testing in Non-clinical Settings. (Please add additional goal/outcomes as needed, i.e., 1.1.b, 1.1.c, etc)

Year 1 Activities	Process Measure(s)	Lead Agency or Subcontractor	Completion Date
-------------------	--------------------	------------------------------	-----------------



<p>1. Implement Outreach and HIV and HCV screening and testing in Non-clinical Settings.</p>	<p># of outreach encounters                  # of HIV /HCV testing events in non-clinical settings (describe the venues for conducting outreach in these settings and the # of HIV and HCV tests that will be conducted in each venue).                  # of PrEP Screenings                  # of Referrals to Care and Prevention Services</p>		
--	---	--	--

Year 1 Activities	Process Measure(s)	Lead Agency or Subcontractor	Completion Date
<p>2. Community Education and Awareness Sessions</p> <p>2.a. Community Mapping</p>	<p># of Trainings, educational/awareness/focus group sessions in the community.</p> <p># of Community Mapping events conducted to assess the need for HIV/HCV testing in venues across the region annually.</p>		
<p>3. Linkage to Prevention Services</p> <p>3.a. PEP Services</p> <p>3.b. Partner Services</p> <p>3.c. SSPs</p> <p>3.d. SUD Tx Services</p> <p>3.e. Sexually Transmitted Diseases (STD) Services</p>	<p># of Screenings</p> <p># of Referrals</p> <p># of Linkages</p>		

4. Linkage to HIV Care Services	# of Screenings		
4.a Linkage to HCV Care, Treatment, Cure Services	# of Referrals		
	# of Linkages		

**Core Intervention 2: Implement HIV/HCV Testing in Clinical Settings.**

<p><b>Overall 5-year plan:</b> Support a Status Neutral Care Model to maximize access to testing, treatment, and prevention services.</p>
<p><b>Detailed Year 1 plan:</b> Increase routine HIV and HCV testing sites across Region #. By the end of Year 1, ABC Agency will conduct agency assessment to determine where to implement and or expand routine HIV testing healthcare settings. By the end of Year 1, ABC Agency will have a mechanism in place to conduct routine HIV and HCV screening, testing, and linkage to care and prevention services.</p>

Goal/Outcome 2.1.a: Increased HIV and HCV Testing in Clinical Settings- (Please add additional goals/outcome as needed)

Year 1 Activities	Process Measure(s)	Lead Agency or Subcontractor	Completion Date
1. Implement Routine Opt-out Testing for HIV/HCV.	# of HIV testing events in clinical settings (describe the venues for conducting outreach in these settings and the # of HIV and HCV tests that will be conducted in each venue).		
2. Academic Detailing and Education 2.a. Patient Education	# of academic detailing sessions # of providers reached # of materials disseminated  # of patient educational sessions		

3. Linkage to Prevention Services 3.a. PrEP Services 3.B. PEP Services 3.b. Partner Services 3.c. SUD Tx Services 3.d. Sexually Transmitted Diseases (STD) Services	# of screenings # of referrals # of linkages		
4. Linkage to HIV Care Services 4.a Linkage to HCV Care, Treatment, Cure Services	# of screenings # of referrals # of linkages		

**Core Intervention 3: Implement Harm Reduction Services.**

<p><b>Overall 5-year plan: Support access to Harm Reduction Services to maximize access to syringes, testing, SUD treatment, and overdose prevention services.</b></p>
<p><b>Detailed Year 1 plan:</b> Increase access to harm reduction services sites across Region #. By the end of Year 1, ABC Agency will conduct community assessment to determine where to implement and or expand harm reduction services. By the end of Year 1, ABC Agency will have a mechanism in place to increase access to SSPs, HIV and HCV screening, testing, and linkage to care and overdose prevention</p>

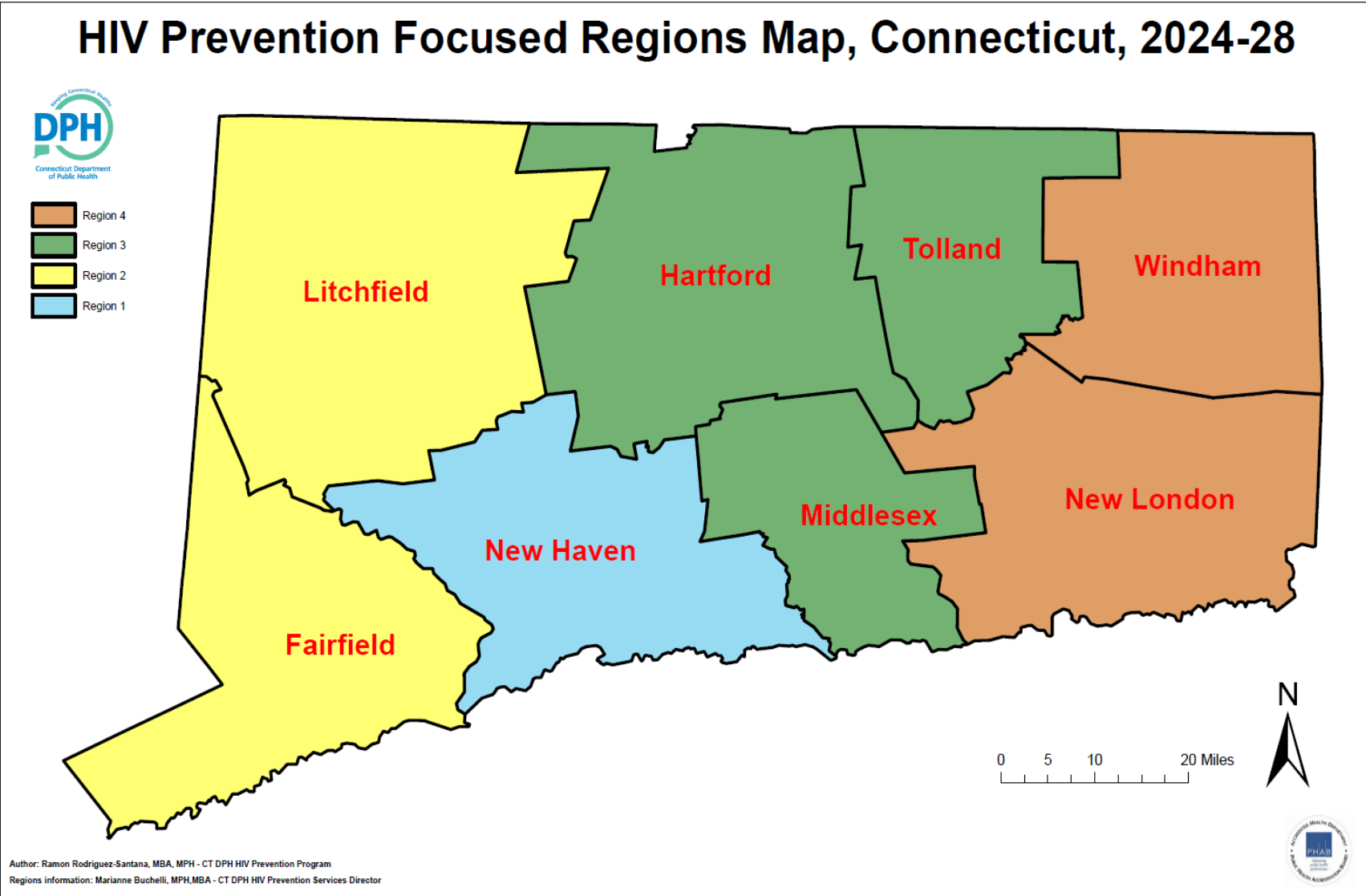
Goal/Outcome 3.1.a: Implement Harm Reduction Services in Non-clinical settings. (Please add additional goal/outcome as needed)

Year 1 Activities	Process Measure(s)	Lead Agency or Subcontractor	Completion Date
-------------------	--------------------	------------------------------	-----------------

<p>1. Outreach and Enrollment</p>	<p># of outreach encounters (describe the locations/venues for conducting outreach and the # of outreach encounters and persons recruited will be conducted in each location/venue). # of new enrolled persons # of total enrollments # of transactions ( visits)</p>		
<p>2. Syringe Service Programs 2.a. Syringes distributed and collected 2.b. Safer Injection Practices and Wound Care 2.c. Drug Treatment Advocacy 2.d. Overdose Prevention Training 2.e. Naloxone Distribution</p>	<p>Syringe Exchange Rate: # of syringes distributed # of syringes collected  # of educational sessions on safer injection practices and wound care # of screenings for SUD Tx Services # of referrals for SUD Tx Services # of linkages for SUD Tx Services  # of community level OD prevention trainings # of Naloxone kits distributed # of Naloxone kits replaced # of ODs Reversed</p>		
<p>3. Implement HIV and HCV Testing</p>	<p># of SSP clients screened for HIV/HCV testing upon enrollment # of HIV/HCV testing events # of newly diagnosed HIV positive results # of hepatitis c confirmed positive results</p>		

4. Linkage to Prevention Services 4.a. PrEP Services 4.b. Partner Services 4.c. SUD Tx Services 4.d. Sexually Transmitted Diseases (STD) Services 4.e. Vaccinations for Hepatitis A and B	# of screenings    # of referrals    # of linkages    # of persons vaccinated		
--	---	--	--

HIV Prevention Regional Map





**STATE OF CONNECTICUT  
CONSULTING AGREEMENT AFFIDAVIT**

*Affidavit to accompany a State contract for the purchase of goods and services with a value of \$50,000 or more in a calendar or fiscal year, pursuant to Connecticut General Statutes §§ 4a-81(a) and 4a-81(b)*

**INSTRUCTIONS:**

**If the bidder or vendor has entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1):** Complete all sections of the form. If the bidder or vendor has entered into more than one such consulting agreement, use a separate form for each agreement. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public. **If the bidder or vendor has not entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1):** Complete only the shaded section of the form. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public.

Submit completed form to the awarding State agency with bid or proposal. For a sole source award, submit completed form to the awarding State agency at the time of contract execution.

This affidavit must be amended if the contractor enters into any new consulting agreement(s) during the term of the State contract.

**AFFIDAVIT:** [Number of Affidavits Sworn and Subscribed On This Day: \_\_\_\_\_ ]

I, the undersigned, hereby swear that I am the chief official of the bidder or vendor awarded a contract, as described in Connecticut General Statutes § 4a-81(a), or that I am the individual awarded such a contract who is authorized to execute such contract. I further swear that I have not entered into any consulting agreement in connection with such contract, **except for the agreement listed below:**

\_\_\_\_\_  
Consultant's Name and Title Name of Firm (if applicable)

\_\_\_\_\_  
Start Date End Date Cost

Description of Services Provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the consultant a former State employee or former public official?  YES  NO

If YES: \_\_\_\_\_  
Name of Former State Agency Termination Date of Employment

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

Printed Name of Bidder or Vendor	<b>Signature of Chief Official or Individual</b>	<b>Date</b>
Agency	Printed Name (of above)	Awarding State

**Sworn and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**  
**Commissioner of the Superior Court or Notary Public**

Department



**NOTIFICATION TO BIDDERS**

The contract to be awarded is subject to contract compliance requirements mandated by Section 4-114a of the Connecticut General Statutes; and, when the awarding agency is the state, Section 46a-71(d) of the Connecticut General Statutes. There are Contract Compliance Regulations codified at Section 4-114a et. seq. of the Regulations of Connecticut State Agencies which establish a procedure for the awarding of all contracts covered by Sections 4-114a and 46a-71(d) of the Connecticut General Statutes.

According to Section 4-114a-3(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 4-114a 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 4-114a-1 (10) 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-68-17 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 it’s work force is at or near parity when compared to the racial and sexual composition of the work force 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 4-114a-3 (10) of the Contract Compliance Regulations.

INSTRUCTION: Bidder must sign acknowledgment form below and return signed page to Awarding Agency along with bid proposal. Please retain a copy for your files.

The undersigned acknowledged receiving and reading a copy of the “Notification to Bidders” form.

---

Signature Date

on behalf of:

\_\_\_\_\_  
\_\_\_\_\_

Contract No.: #  
Letter of Award: \_\_\_\_\_

## 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

**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.

<b>Individual</b>  Use FORM A	<b>Corporation, Company or Entity</b>  <i>Use FORM B (under \$50,000) or FORM C ( \$50,000 or more)</i>
<b>For an individual, enter your full legal name and address of residence.</b>	<b>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.</b>  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.
<b>This does not apply for contracts with individuals.</b>	Enter Corporation / Contractor Name with <b>no</b> abbreviations unless it is legally abbreviated in the charter if not already included on the form. Exception: Corp. is a legal abbreviation.
<b>This does not apply for contracts with individuals.</b>	Enter State or Commonwealth of Incorporation where required if not already included on the form
Enter the <u>Day, Month, Year</u> on which the certification is signed. This date <u>must be the same or later</u> than the date the Contract is signed	Enter the <u>Day, Month, Year</u> on which the certification is signed. This date <u>must be the same or later</u> than the date the Contract is signed
Enter the Signer's Signature.	Enter the Signer's Signature.

**IMPORTANT**

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

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

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

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

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

\*\*\* We can supply additional forms if necessary.

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



STATE OF CONNECTICUT
NONDISCRIMINATION CERTIFICATION - Affidavit By Entity
For Contracts Valued at \$50,000 or More

Form C
7/8/09

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 \_\_\_\_\_, 20\_\_\_\_\_.

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**

APPROVAL SIGNATURES		DATE
Jewel Mullen, MD, MPH, MPA. (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



## False Claims Act (Policy)

**PL-CGMS C-001**  
**Revision: 1.0**  
**Effective Date:**  
**05/21/2010**

### 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.



## False Claims Act (Policy)

**PL-CGMS C-001**  
**Revision: 1.0**  
**Effective Date:**  
**05/21/2010**

### 4.0 Compliance

#### 4.1 False Claim Act

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

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

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

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

#### 4.2 State False Claim Related Acts

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

#### 4.3 Compliance Reporting

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





**False Claims Act (Procedure)**

**PL-CGMS C-001**  
**Revision: 1.0**  
**Effective Date:**  
**05/21/2010**

APPROVAL SIGNATURES		DATE
Jewel Mullen, MD, MPH, MPA. (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	
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The Deficit Reduction Act (“Act”) of 2005	Section 6032
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Connecticut General Statutes (C.G.S.)	Section 31-51m Blacklisting
Connecticut General Statutes (C.G.S.)	Section 17b-127 General Assistance



## False Claims Act (Procedure)

**PL-CGMS C-001**  
**Revision: 1.0**  
**Effective Date:**  
**05/21/2010**

### 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.



## False Claims Act (Procedure)

**PL-CGMS C-001**  
**Revision: 1.0**  
**Effective Date:**  
**05/21/2010**

### 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 (f) (2) and is for the purpose of informing state contractors and prospective state contractors of the following law (italicized words are defined on the reverse side of this page).

### **CAMPAIGN CONTRIBUTION AND SOLICITATION LIMITATIONS**

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

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

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

### **DUTY TO INFORM**

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

### **PENALTIES FOR VIOLATIONS**

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

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

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

### **CONTRACT CONSEQUENCES**

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

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

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

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

## DEFINITIONS

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

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

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

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

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

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

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

“Solicit” means (A) requesting that a contribution be made, (B) participating in any fundraising 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, serving on the committee that is hosting a fundraising event, introducing the candidate or making other public remarks at a fundraising event, being honored or otherwise recognized at a fundraising event, 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.