
PROCUREMENT NOTICE

LEGAL NOTICE**REQUEST FOR PROPOSAL (RFP)****RFP # 2019-0908 for Technical Assistance to Health Care Organizations**

The State of Connecticut, Department of Public Health (DPH or the Department), is seeking proposals for a contractor to act as Technical Assistance vendor (TA vendor) to guide 4 health care organizations (HCOs) selected through a separate RFP in implementing or expanding evidence-based strategies that address heart disease (specifically hypertension and hypercholesterolemia) and Type 2 diabetes and improve health outcomes, and integrate and enhance other population health activities. The selected vendor will collaborate with HCOs located in identified areas serving populations at higher than usual risk for heart disease and diabetes. Deliverables include assessment of each HCO's project baseline readiness, in-the-field technical support to the HCOs, engaging subject matter experts for the HCOs to develop or enhance self-monitored blood pressure programs with clinical support, diabetes/pre-diabetes education programming and Medication Therapy Management. The TA vendor will also support each HCOs' Health Information Technology (HIT) vendor to meet the HIT goals of the grant and will participate with the Department in the project's evaluation processes.

The Request for Proposal is available in electronic format on the State Contracting Portal at https://biznet.ct.gov/SCP_Search/Default.aspx?AccLast=2 OR the Department's website at the Department's RFP Web page: <http://www.ct.gov/dph/rfp>

A printed copy of the RFP can be obtained from the Official Contact upon request.

Department's Official Contact:

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Deadline for submission of proposals is April 8, 2019 at 3:30PM EST.

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I. GENERAL INFORMATION

■ A. INTRODUCTION

1. **RFP Name or Number#** DPH2019-0908 RFP for Technical Assistance to Health Care Organizations.
2. **Summary.** The State of Connecticut, Department of Public Health (DPH or the Department), is seeking proposals for a contractor to act as Technical Assistance vendor (TA vendor) to guide 4 health care organizations (HCOs) in implementing or expanding evidence based strategies that address heart disease (specifically hypertension and hypercholesterolemia) and Type 2 diabetes and improve health outcomes, and integrate and enhance the HCOs' other population health activities. The selected vendor will collaborate with HCOs located in identified areas serving populations at higher than usual risk for heart disease and diabetes. Deliverables include assessment of each HCO's baseline implementation readiness, in-the-field technical support to the HCOs, engaging subject matter experts for the HCOs to develop or enhance self-monitored blood pressure programs with clinical support, diabetes/pre-diabetes education programming and Medication Therapy Management. The TA vendor will also support each HCOs' Health Information Technology (HIT) vendor to meet the HIT goals of the grant and will participate with the Department in the project's evaluation processes.
3. **Commodity Codes.** The services that the Department wishes to procure through this RFP are as follows:
 - 0600: Services (Professional, Support, Consulting and Misc. Services)
 - 3000: Education and Training
 - 0098: Health Care Management and Consulting Services

■ B. ABBREVIATIONS / ACRONYMS / DEFINITIONS

A1c	Lab value that measures blood glucose control over the last 3 months
AADE	American Association of Diabetes Educators
ADA	American Diabetic Association
Applicant	A private provider organization, CT State agency, or municipality that has submitted a proposal to the Department in response to this RFP
At risk	Individuals who have higher than usual risk of disease due to socio-economic status, poor educational achievement or other risk factors.
Baseline Readiness Assessment	Process to assess how prepared a health care organization is to make needed updates to practices and protocols by answering questions such as: How will the organization assess itself to make these changes and truly impact outcomes? How engaged are

	clinicians? How prepared is the culture? Is the right data governance in place? Is there an analytics infrastructure in place to identify high-value improvement opportunities and measure the success of improvement efforts? (In this RFP as these policies and practices apply to diabetes and cardiovascular disease).
BFO	Best and Final Offer
C.G.S.	Connecticut General Statutes
CDC	Centers for Disease Control and Prevention, the Federal entity funding the 1815 cooperative agreement.
CDC-recognized Lifestyle Change Programs (LCP)	Programs that have applied to and are listed on the CDC National Diabetes Prevention Recognition Program website (https://nccd.cdc.gov/DDT_DPRP/Registry.aspx). This may be with pending, preliminary or full CDC recognition. These Programs teach participants to make lasting lifestyle changes, like eating healthier, adding physical activity into their daily routine, and improving coping skills to achieve 5% weight loss.
CHRO	Commission on Human Rights and Opportunity (CT)
Collaborative Practice Agreements (CPA)	CPAs establish formal relationships between pharmacists and physicians that allow for expanded services the pharmacist can provide to patients and the healthcare team: as per Connecticut General Statutes pharmacists may enter into a written protocol-based collaborative drug therapy management agreement with physicians to manage the drug therapy of individual patients. Each patient's collaborative drug therapy management shall be governed by a written protocol specific to that patient established by the treating physician in consultation with the pharmacist. A CPA may authorize a pharmacist to implement, modify or discontinue a drug therapy that has been prescribed for a patient, order associated laboratory tests and administer drugs, all in accordance with a patient-specific written protocol. Each protocol developed shall contain detailed direction concerning the actions that the pharmacist may perform for that patient. Complete statute language is available at: https://www.cga.ct.gov/current/pub/chap_400j.htm#sec_20-631
Contractor	a private provider organization, CT State agency, or municipality that enters into a POS contract with the Department as a result of this RFP
CT	Connecticut
DAS	Department of Administrative Services (CT)
Dashboard	Tool for visualizing and communicating health care data
Diabetes self-management education and support (DSME/S)-	An American Diabetes Association recognized or an American Association of Diabetes Educators accredited program. For listing see: https://www.diabeteseducator.org/living-with-diabetes/find-an-education-program These programs are guided by evidence based standards to assist people with diabetes to acquire the knowledge, skills and abilities necessary for diabetes self-care
Diabetes Self-Management Program (DSMP)	Community- based diabetes management program. DSMP was developed at Stanford University and is now housed at the Self-Management Resource Center. In CT this program is known as Live Well with Diabetes For more see: www.cthealthyliving.org
DPH	Department of Public Health (CT)
EHR or EMR	Electronic Health Record or Electronic Medical Record
FOIA	Freedom of Information Act (CT)
Health Care Organizations	Institutions that deliver health care services to meet the health

(HCOs)-	needs of target populations.
High blood cholesterol (HBC) also called Hypercholesterolemia:	Cholesterol measurements that are above recommended levels as based on the 10-year risk of heart disease or stroke using the ASCVD algorithm published in 2013 ACC/AHA Guideline on the Assessment of Cardiovascular Risk .
High blood pressure (HBP)	Blood pressure reading equal to or greater than 140 mmHg systolic or 90 mmHg diastolic.
High burden	Areas of the state with worse or significantly worse prevalence of cardiovascular disease, diabetes or healthy weight (as proxy for pre-diabetes) according to CT Behavioral Risk Factor Surveillance Survey data available at CT DPH website at https://portal.ct.gov/-/media/Departments-and-agencies/DPH/BRFSS/BRFSSCTLocalAnalysis20112015pdf.pdf?la=en
High risk	Living in high burden areas
Health Information Technology (HIT)	Information technology applied to health and health care. It supports health information management across computerized systems and the secure exchange of health information between consumers, providers, payers, and quality monitors
Hypertension (HTN)	Blood pressure readings on two occasions equal to or greater than 140mmHg systolic or 90mmHg diastolic
IRS	Internal Revenue Service
LOI	Letter of Intent
Medication Therapy Management (MTM)	A process whereby trained pharmacists work directly with patients to address medication appropriateness, effectiveness, safety, and patient adherence.
Mutually reinforcing	Activities that address cardiovascular disease and diabetes in the same at-risk population served by each HCO.
National Diabetes Prevention Program	A partnership of public and private organizations working to prevent or delay type 2 diabetes. The partners work to make it easier for people with prediabetes to participate in evidence-based, affordable, and high-quality lifestyle change programs to reduce their risk of type 2 diabetes and improve their overall health. See CDC-Recognized Lifestyle Change Programs (LCP)
National Quality Forum (NQF) 18	Standardized measure of blood pressure control for patients between 18 and 75 years of age with hypertension and whose blood pressure was adequately controlled (< 140/90 mmHg) during the measurement period
National Quality Forum (NQF) 59	Standardized measure of poor control of diabetes for patients between 18 and 75 years of age who were diagnosed with type 1 or type 2 diabetes and who demonstrated poor blood sugar control as evidenced by A1c level higher than 9 percent
OAG	Office of the Attorney General (CT)
OPM	Office of Policy and Management (CT)
OSC	Office of the State Comptroller (CT)
P.A.	Public Act (CT)
POS	Purchase of Service
Pre-diabetes	A condition where blood sugars are elevated but not yet to the level of diabetes
Prospective applicant:	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 yet done so

PSA	Personal Services Agreement
RFP	Request for Proposal
SEEC	State Elections Enforcement Commission (CT)
Subject Matter Expert (SME)	Individual or organization with specialized expertise in and deep understanding of a particular field, task or approach; SMEs in MTM, SMBP, LCP, DSME/S or DSMP are specifically referred to in this RFP.
Self- Monitored Blood Pressure (SMBP-) with clinical support.	The regular measurement of blood pressure by the patient outside the clinical setting. SMBP requires the use of a home blood pressure measurement device by the patient to measure blood pressure at different points in time. Self-measured blood pressure readings are shared with clinical providers and considered in the patient's plans of care.
Self-Management Resource Center (SMRC)	The Self-Management Resource Center is the administrator of the Diabetes Self-Management program originally developed at Stanford University.
Subcontractor:	As a result of this RFP, 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 contract with the Department
Targeted Communities	See High Burden Areas
U.S.	United States
Uncontrolled Diabetes	Persistent A1c blood lab value greater than 9% (NQF 59)
Uncontrolled Hypertension	Blood pressure that persists at readings equal to or greater than 140mmHg systolic or 90mmHg diastolic
Underserved areas	Areas or populations designated by the Health Resources and Services Administration (HRSA) as having too few primary care providers, high infant mortality, high poverty or a high elderly population
Undiagnosed hypertension	Condition whereby a patient has had two occasions of a blood pressure reading equal to or greater than 140/90 but the diagnosis of hypertension has not been made; OR Condition whereby a person is unaware that their blood pressure is too high (equal to or greater than 140mmHg systolic or 90mmHg diastolic) and is not receiving treatment to control it. People with undiagnosed hypertension may see their health care providers regularly but remain undiagnosed ("hiding in plain sight") OR may be in the community and have not had their blood pressure checked. .

■ C. 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. Applicants, prospective applicants, 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. Applicants or prospective applicants who violate this instruction may risk disqualification from further consideration.

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

2. **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
<http://www.ct.gov/dph/rfp>
- State Contracting Portal
https://biznet.ct.gov/SCP_Search/Default.aspx?Acclast=2

It is strongly recommended that any applicant or prospective applicant interested in this procurement subscribe to receive e-mail alerts from the State Contracting Portal. Subscribers will receive a daily e-mail announcing procurements and 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.

Printed copies of all documents are also available from the Official Contact upon request.

3. **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: \$1,393,664.00 over 4 years (6/30/2019-6/29/2023)
- Number of Awards: 1
- Contract Cost: \$348,416 per year
- Contract Term: June 30, 2019 through June 29, 2023

4. **Eligibility.** Private provider organizations (defined as nonstate entities that are either nonprofit or proprietary corporations or partnerships). Individuals who are not a duly formed business entity are ineligible to participate in this procurement. Applicants with long-standing, significant outstanding

unresolved issues on current and/or prior year contracts with the DPH may be removed from consideration for additional or future funding.

5. Minimum Qualifications of Applicants. To qualify for a contract award, an applicant must have the following minimum qualifications:

- Organizational expertise in complex project management in health care systems and health information technology, clinical care and public health issues and planning, and in providing collaborative technical assistance in those areas.
- Capacity to assign staff with significant experience in or with access to the organization's resources regarding health systems, health information technology, clinical care and public health issues related to heart disease and diabetes in order to provide in-the-field, hands-on assessment, planning, implementation and evaluation direction to four health care organization sites across the state of Connecticut.

6. Procurement Schedule. See below. Dates after the due date for proposals ("Proposals Due") are target dates only (*). The Department may amend the schedule, as needed. Any change 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.

- RFP Released: February 13, 2019
- Letter of Intent Due: March 6, 2019
- Deadline for Questions: March 20, 2019
- Answers Released: March 22, 2019
- Proposals Due: April 8, 2019
- (*) Applicant Selection: April 15, 2019
- (*) Start of Contract Negotiations: April 22, 2019
- (*) Start of Contract: June 30, 2019

7. Letter of Intent. A Letter of Intent (LOI) is strongly recommended by this RFP and is due March 6, 2019. 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 US mail or e-mail by the deadline established in the Procurement Schedule. The LOI must clearly identify the sender, including name, postal address, telephone number, fax number, and e-mail address.

8. Inquiry Procedures. All questions regarding this RFP or the Department's procurement process must be directed, in writing, to the Official Contact before the deadline specified in the Procurement Schedule. Questions submitted via e-mail must indicate in the subject line: RFP # 2019-0908. 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 duly noted as such. The agency will release the answers to questions on the date established in the Procurement Schedule. 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. At its discretion, the Department may distribute any amendments to this RFP to prospective applicants who submitted a Letter of Intent.

9. RFP Conference. An RFP conference will not be held.

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

- Due Date: April 8, 2019
- Time: 3:30 p.m. EST

Faxed or e-mailed proposals will not be evaluated. When hand-delivering proposals by courier or in person, allow extra time due to building security procedures. The Department will not accept a postmark date as the basis for meeting the submission due date and time. Proposals received after the due date and time may be accepted by DPH as a clerical function, but late proposals will not be evaluated. At the discretion of the Department, late proposals may be destroyed or retained for pick up by the submitters.

An acceptable submission must include the following:

- one (1) original proposal AND
- five (5) conforming copies of the original proposal OR
- one (1) conforming electronic copy of the original proposal.

The original proposal must carry original signatures and be clearly marked on the cover as "Original." Unsigned proposals will not be evaluated. The original proposal and each conforming copy of 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 compatible with *Microsoft Office Word 2013*. For the electronic copy, required forms and appendices may be scanned and submitted in Portable Document Format (PDF) file format. The applicant has the responsibility to confirm with the Official Contact the delivery and receipt of application materials.

11. Multiple Proposals. The submission of multiple proposals is not an option with this procurement.

12. Declaration of Confidential Information. Applicants 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 an applicant deems that certain information required by this RFP is confidential, the applicant must label such information as CONFIDENTIAL. In Section C of the proposal submission, the applicant must reference where the information labeled CONFIDENTIAL is located in the proposal. *EXAMPLE: Section G.1.a.* For each subsection so referenced, the applicant 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 applicant 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).

13. Conflict of Interest - Disclosure Statement. Applicants 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 applicant and a public official (including an elected official) or State employee that may interfere with fair competition or may be adverse to the interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. A conflict of interest may, however, become a legal matter if an applicant 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 applicant 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, an applicant must affirm such in the disclosure statement. *Example: "[name of applicant] 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."*

■ D. PROPOSAL FORMAT

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. **Applicants must complete and use the Cover Sheet form provided by DPH in Section V. A. 1. Attachments.**

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 applicant to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto.

3. **Table of Contents.** All proposals must include a Table of Contents that conforms to the required proposal outline. (See Section IV.)
4. **Executive Summary.** Proposals must include a high-level summary, not exceeding 2 pages, of the main proposal and a high-level budget cost proposal. This summary is not included in the narrative page limit.

The Executive Summary must include a brief description of the proposed service delivery including bulleted list of how the applicant will approach:

- Overall project management including staffing pattern.
- Effectively providing simultaneous services to four health care organizations in different locations across the state.
- Supporting HCOs in development and implementation of mutually reinforcing and sustainable activities for diabetes and heart disease prevention and management.
- Engaging subject matter experts for SMBP, MTM and in developing in-house or referrals to community-based LCP and DSME/S or DSMP for each health care organization as per their need and capacity.
- Maintaining timely and comprehensive communication with health care organizations, subject matter experts (SMEs), and with the Department for the duration of the project.

5. **Attachments.** Attachments other than the required Appendices or Forms identified in Section IV 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.** Submitted proposals must conform to the following specifications:
- Binding Type: Unbound, but fastened with binder clips
 - Dividers: None specified
 - Paper Size: 8.5" x 11"
 - Page Limit: Maximum of **20 page** (*ten 2-sided sheets*) narrative limit not including: Executive Summary (two page, one 2-sided sheet, maximum), the Work Plan (ten page, five 2-sided sheets, maximum), Budget and required forms and attachments
 - Print Style: 2-sided
 - Font Size: No smaller than 12 throughout the document including tables
 - Font Type: Times New Roman
 - Margins: No less than 0.5" top, bottom, left and right margins
 - Line Spacing: 1.5 line spacing
7. **Pagination.** The applicant'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 submitted in sealed envelopes or packages and be addressed to the Official Contact, Cindy Kozak.
 - The Legal Name and Address of the applicant must appear in the upper left corner of the envelope or package.
 - The RFP Name or Number must be clearly displayed on the envelope or package.

Any received proposal that does not conform to these packaging or labeling instructions will be opened as general mail. Such a proposal may be accepted by DPH as a clerical function, but it will not be evaluated. At the discretion of the Department, such a proposal may be destroyed or retained for pick up by the submitters.

■ E. 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 applicants, and awarding contracts, the Department will conform with its written procedures for POS 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).
2. **Screening Committee.** The Department will designate a Screening Committee to evaluate proposals submitted in response to this RFP. The contents of all submitted proposals, including any confidential information, will be shared with the Screening 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. Attempts by any applicant (or representative of any applicant) to contact or influence any member of the Screening Committee may result in disqualification of the applicant.
3. **Minimum Submission Requirements.** All proposals must comply with the requirements specified in this RFP. 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) follow the required Proposal Outline; and (4) 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.

- 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 Screening Committee will use to evaluate the technical merits of the proposals. Only the criteria listed below will be used to evaluate proposals. The criteria are weighted according to their relative importance. The weights are disclosed below:

Required Components	Weighted Value
Organizational Requirements and Profile including Financial Profile	10
Service Requirements and Scope of Services including any services to be performed by subcontractors	20
Staffing Plan	20
Data and Technology	5
Work Plan	25
Budget and Budget Narrative	15
Appendices	5

Note:

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

- 5. Applicant Selection.** Upon completing its evaluation of proposals, the Screening Committee will submit the rankings of all proposals to the Department head. The final selection of a successful applicant is at the discretion of the Department head. Any applicant 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. Pursuant to Governor M. Jodi Rell's Executive Order No. 3, any resulting contract will be posted on the State Contracting Portal. All unsuccessful applicants will be notified by e-mail or U.S. mail, at the Department's discretion, about the outcome of the evaluation and applicant selection process.
- 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 proposal 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.

II. MANDATORY PROVISIONS

This section of the RFP provides information about the State's mandatory procurement and contracting requirements, including, applicant assurances, the terms and conditions of this RFP, the rights reserved to the State, and compliance with statutes and regulations. The Department is solely responsible for rendering decisions in matters of interpretation of all mandatory provisions. Section II is standard for all RFPs and the content does not vary.

■ A. PERSONAL SERVICES AGREEMENT (PSA)

By submitting a proposal in response to this RFP, the applicant implicitly agrees to comply with the following applicable provisions:

A standard template for Personal Services Agreements is maintained by the Department and will include the scope of services, contract performance, reports, terms of payment, budget, and other program-specific provisions of any resulting PSA. The template also includes mandatory terms and conditions.

Note:

Included in the standard template 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 an applicant 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 applicant must inform the applicant's principals of the contents of the SEEC notice.

The PSA may be amended by means of a written instrument signed by the Department, the selected applicant (contractor), and, if required, the Office of Policy and Management and the Attorney General's Office.

■ B. ASSURANCES

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

- 1. Collusion.** The applicant represents and warrants that the applicant 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 applicant further represents and warrants that no agent, representative, or employee of the State participated directly in the preparation of the applicant's proposal. The applicant 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 applicant 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 aforementioned officials or employees from the applicant, contractor, or its agents or employees.
- 3. Competitors.** The applicant 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 applicant to induce any other organization or competitor to submit, or not submit, a proposal for the purpose of restricting competition. The applicant 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 applicant knowingly disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor.

4. **Validity of Proposal.** The applicant 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 applicant.
5. **Press Releases.** The applicant 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, an applicant 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 an applicant 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. Applicants 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 applicants to submit written clarification of their proposals, in a manner or format prescribed by the Department, and at the applicant'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 an applicant 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 applicants invited to make such a demonstration, interview, or oral presentation and may limit the number of attendees per applicant.

7. **Presentation of Supporting Evidence.** If requested by the Department, an applicant 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 an applicant to evaluate further the applicant'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 applicant.
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 applicant unless and until a contract is fully executed by the necessary parties. The contract document will represent the entire agreement between the applicant 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 applicant or for payment of services under the terms of the contract until the successful applicant 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, an applicant 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 applicant 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 applicant for such services. After reviewing the scored criteria, the Department may seek Best and Final Offers (BFO) on cost from applicants. 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 an applicant and subsequently awarding the contract to another applicant. 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 applicant is deemed to be void *ab initio* and of no effect as if no contract ever existed between the State and the applicant.
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 applicant'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 applicant 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). Applicants are generally advised not to include in their proposals any confidential information. If the applicant 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 applicant has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While an applicant 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 insure 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 http://www.ct.gov/opm/fin/ethics_forms

IMPORTANT NOTE: An applicant 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. § 9-612(g)(2).** If an applicant is awarded an opportunity to negotiate a contract with an anticipated value of \$50,000 or more in a calendar or fiscal year, the applicant 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 http://www.ct.gov/opm/fin/ethics_forms
IMPORTANT NOTE: The successful applicant 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 an applicant is awarded an opportunity to negotiate a contract, the applicant must provide the Department with *written representation* or *documentation* that certifies the applicant 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 http://www.ct.gov/opm/fin/nondiscrim_forms
IMPORTANT NOTE: The successful applicant must complete and submit the appropriate nondiscrimination certification form to the awarding Department prior to contract execution.

III. PROGRAM INFORMATION

■ A. DEPARTMENT OVERVIEW

The Connecticut Department of Public Health (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.

In March 2017, the CT DPH was awarded the Public Health Accreditation by Public Health Accreditation Board (PHAB). National accreditation provides standards that health departments can seek to meet in order to ensure that they are continuously improving as they work to keep their communities healthy. Our accreditation will drive the department to continuously improve the quality of our public health practice and their performance.

DPH is committed to the elimination of health inequities. Racial and ethnic minorities and Connecticut's disadvantaged residents experience health inequities and therefore do not have the same opportunities as other groups to achieve healthy outcomes.

Within the CTDPH Public Health Initiatives Branch is the Community, Family Health and Prevention Section (CFHPS) that works to improve the health of the overall population across the lifespan, especially mothers, infants, children, adolescents and other vulnerable groups, by establishing opportunities that support healthy living habits through education, early detection, access to care and chronic disease prevention. The CFHPS is comprised of six (6) program units including the Chronic Disease Unit which houses the Diabetes Prevention and Control Program and Heart Disease and Stroke Prevention.

A. Diabetes Prevention and Control Program

The mission of the Connecticut Diabetes Prevention and Control Program (DPCP) is to create a comprehensive system of care for the prevention and treatment of diabetes, with the goal of reducing the incidence or delaying the onset of diabetes and its complications and enhancing the quality of life for people affected by diabetes. The overarching goals are based on priorities established by the CDC and include:

- a. Promote awareness of and programs for pre-diabetes among people at high risk for type 2 diabetes.
- b. Promote participation in American Diabetes Association (ADA) recognized or American of Diabetes Educators (AADE) accredited and/or Self-Management Resource Center licensed diabetes self-management program (DSMP) programs.

B. Heart Disease and Stroke Prevention

The Heart Disease and Stroke Prevention (HDSP) efforts are directed toward reducing the burden of heart disease and stroke among Connecticut residents. Heart disease and stroke are, respectively, the first and fifth leading causes of death in Connecticut. In 2016, it is estimated that cardiovascular disease cost to Connecticut residents is \$2.8 billion in hospital charges (2016 CHIME data). The HDSP priorities and strategies are to reduce the incidence of death and disability from heart disease and stroke. The HDSP works to improve cardiovascular health through public health strategies and policies that promote:

- a. Identifying patients at risk for cardiovascular disease
- b. Disease self-management approaches such as self-monitored blood pressure (SMBP) and comprehensive Medication Therapy Management (MTM).

■ B. PROGRAM OVERVIEW

Program Background:

Heart disease and stroke are the 1st and 4th leading causes of death in CT. Cardiovascular Disease (CVD) accounts for >9,000, or about 1 in 3, deaths/year. In 2016, there were over 46,000 CVD hospitalizations with \$2.8 billion in hospital charges. High blood pressure (HBP) and high blood cholesterol (HBC) are primary risk factors for CVD. An estimated 30.4% of Connecticut adults have diagnosed HBP and 37.4% have HBC. With diagnosis and support people can control their HBP and HBC and reduce their risk for heart attack and stroke.

Diabetes is the 9th leading cause of death in CT, and leads to a significant number of complications. For example, in 2016, there were 1,263 diabetes-related non-traumatic lower-extremity amputations. Also, about 18% of CT adults with diabetes have been told that diabetes has affected their eyes. Despite evidence that diabetes self-management education and support (DSMES) reduces complications, only 55% of CT adults with diabetes ever attended a self-management class.

Prediabetes, a precursor to Type 2 diabetes, is also an important health challenge to address; with education and lifestyle changes, people with prediabetes may prevent or delay the onset of Type 2 diabetes. About 33.9% of U.S. adults have prediabetes which translates to 950,000 CT adults. However, only 8.9% of CT adults are aware that they have prediabetes.

Because diabetes and heart disease/stroke disproportionately affect certain populations, addressing health disparities is incorporated into all programming. Examples of documented health disparities include data that demonstrates that Black and Hispanic adults are more likely to have diabetes and HBP compared with White adults. Also, Connecticut adults with annual household incomes less than \$25,000 are more likely to have HBP, diabetes, and HBC compared to adults with annual household incomes of \$75,000 or more.

Focus of this grant:

In September 2018, the Connecticut DPH was awarded the CDC18-1815 grant, *Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke* (available at: <https://www.cdc.gov/rfa-dp18-1815/index.html>). The five (5) year funding will provide continued advancement of long-standing efforts and the implementation of new, mutually reinforcing initiatives toward the prevention and management of diabetes (Category A) and cardiovascular (heart) disease (Category B). Because diabetes and heart disease disproportionately affect certain populations addressing the health disparities are incorporated into all grant activities.

The successful TA Vendor applicant to this RFP will work directly with four health care organizations (HCOs) selected via a separate RFP to provide hands-on, in-the-field guidance as each HCO strives towards successful implementation of the activities listed below. The HCO RFP is available in electronic format on the State Contracting Portal or the Department's website at the Department's RFP Web page.

NOTE: The following information is provided for contextual purposes only. Applicants are not to respond to these activities.

The HCOs will be tasked with improving patient access to and participation in American Diabetes Association (ADA) recognized or American Association of Diabetes Educators (AADE) accredited diabetes education self-management and support by developing a referral system to existing program(s) **or** creating their own in-house DSME/S; the HCOs will have the option to also develop referral systems to a SMRC Diabetes Self-Management Program, as available, in the community or develop an in-house SMRC DSMP. For their patients with pre-diabetes, the HCOs will be tasked with improving access to and participation in CDC recognized lifestyle change programs (LCP) for Type 2 diabetes, including virtual programs; alternately, HCOs may establish their own LCP to which they can refer. The HCOs will engage pharmacists in the provision of Medication Therapy Management (MTM) for people with diabetes, high blood pressure or high cholesterol and participate in the development of collaborative practice agreements between HCO physicians and clinic or community-based pharmacists. The awarded HCOs will work with their HIT vendors to adopt and use electronic health records (EHRs) and HIT to identify and track:

- patients with:
 - Prediabetes, undiagnosed or uncontrolled diabetes
 - Undiagnosed or uncontrolled hypertension
 - Hypercholesterolemia
- referrals to self-management supports (e.g., LCP, DSME/S, DSMP, SMBP and MTM) and related outcomes for patients with diabetes and heart disease and
- aggregated provider outcomes via dashboard measures for patients with diabetes, hypertension and hypercholesterolemia.

Engaging non-physician team members, including community health workers, in diabetes, hypertension and cholesterol management in their clinical settings will be another task of the HCOs. Also, the HCOs will assess resources and implement plans for a self-measured blood pressure monitoring program with clinical support, including training and evaluation. The SMBP would be coordinated with MTM when appropriate. HCOs will also work toward integrating behavioral health and familial support into care for patients with diabetes and or heart disease.

TA Vendor Specific Activities

The successful applicant (TA Vendor) will contract with DPH and provide the following:

- In-the-field, hands-on technical assistance to each of the four (4) health care organizations (HCOs) selected to implement Category A and B strategies for CDC18-1815 *as outlined above* in the HCO tasks.
- A baseline practice assessment tool for selected HCOs to evaluate each HCO's practice baseline to implement strategies and work toward CDC18-1815 objectives and goals.
- A technical assistance plan for each HCO based on baseline practice assessment.
- Active hands-on, in-the-field support to each HCO in accordance with their individual TA plans.
- Access to in-house or procured Subject matter expertise in the implementation of SMBP, MTM, DSME/S, DSMP and LCP
- Coordination of SMEs in accordance with each HCO's TA plan to:
 - 1) Implement comprehensive MTM for patients with diabetes, hypertension and/or high blood cholesterol including establishing collaborative practice agreements,
 - 2) Implement of SMBP protocols,

3) Develop strategies for sustainability for DSME/S (or DSMP) and LCP, SMBP and MTM.

- Assistance as needed to HCOs to engage with their EHR/HIT vendor to establish or enhance retrieval, management and utilization of data from the HCO's EHRs to improve patient identification, referral tracking, patient health outcomes and measuring provider outcomes for patients with prediabetes, uncontrolled diabetes, uncontrolled or undiagnosed hypertension or high blood cholesterol.
- Provide technical assistance with:
 - 1) establishing an in-house or effective referral processes to CDC-recognized Lifestyle Change Programs and an ADA/AADE Diabetes Self-Management Education/Support program as per each HCO's plan.
 - 2) establishing an in-house SMRC DSMP or developing a referral process to such a program in the community for any of the HCOs that chose to also pursue this option.

■ **C. MAIN PROPOSAL COMPONENTS (20 page maximum)**

1. Applicant Organizational Requirements and Profile (Weighted value = 10 points)

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

- a. Purpose, Mission, Vision, and History of Organization
The applicant must provide a brief overview of the history and structure of their organization. The applicant must explain how the proposal will fit into the organization's overall mission with specific detail as to experience and approaches to engaging with health care organizations, integrating non-physician health professionals into the care team, *accessing health information technology*, evaluating and redirecting clinical work flow and establishing new referral and patient education approaches.
- b. Entity Type (profit/non-profit, etc.) / Years of Operation
Applicant must indicate entity type and years of operation. Proposals will be accepted public and private organizations (defined as non-state entities that are either nonprofit or proprietary corporations or partnerships). Organizations who are not a duly formed business entity are ineligible to participate in this procurement.
- c. Current Scope of Services
Applicants must describe what and how services are *currently* being delivered and how the applicant will meet the additional responsibilities outlined in this RFP (e.g., hiring new staff, reassigning current staff).
- d. Accreditation/Certification/Licensure (if applicable)
All applicants must identify and define any relevant organizational accreditations, certifications or licensure.
- e. Organization's Experience and Subcontractors' Experience
The applicant must describe the experience the organization and any proposed subcontractors have had with the following:

- Developing and conducting baseline practice assessments in health care systems to identify needs
- Devising strategies toward achieving objectives and goals based on baseline practice assessments
- Developing and executing TA plans in health care settings.
- Providing technical assistance to health care organizations that are:
 - Developing/enhancing and implementing evidence based practices and protocols for diabetes and cardiovascular care, specifically for hypertension and hypercholesterolemia.
 - Improving patient access to and participation in American Diabetes Association (ADA) recognized or American Association of Diabetes Educators (AADE) accredited diabetes education self-management and support or SMRC DSMP by developing referral system to existing program(s) or creating their own in-house program
 - Collaborating with: a) pharmacists conducting MTM including developing collaborative practice agreements, b) Community Health Workers, and c) local health departments for collaborative public health planning
 - Implementing Self-Monitoring Blood Pressure programs
 - Integrating non-physicians into the health care team including community health workers, nutritionists/registered dietitians, nurses, and social workers.
 - Collaborating with HIT vendors to maximize use of EHRs for patient identification, referral tracking and measuring patient and provider outcomes including quality measures for patients with prediabetes, uncontrolled diabetes, uncontrolled hypertension, undiagnosed hypertension and high blood cholesterol.
 - Supporting HCOs delivery of culturally competent services, family centered, multidisciplinary, holistic care that meets the needs of individuals with diabetes/cardiovascular disease.
 - Integrating behavioral health care and/or familial support approaches into chronic disease management.

g. Completion of Cover Sheet and Applicant Information Form (See Sect V.A.)

2. Service Requirements – Scope of Services for Applicant and Any Anticipated Subcontractors (Weighted Value = 20 points)

The applicant will be providing in-the-field technical assistance for four health care organizations contracted with the Department to meet project goals in high-risk areas with populations at risk for diabetes and heart disease, specifically hypertension and high blood cholesterol, and their related complications. The selected organization will be expected to cooperate with the Department and the project evaluation contractor in data reporting and providing clarification as needed, so that data necessary for CDC-directed performance measurement is readily available and meets reporting deadlines.

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

Providing Service in Multiple Areas of CT: The applicant must describe how it will provide simultaneous delivery of effective services to four health care organizations in four distinct areas within the state of Connecticut; the specific locales will be dependent on the service locations of the four health care

organizations selected in a separate RFP. The selected HCOs will serve high-risk populations; however, the number of clients each HCO will serve is not known at this time. The Department aims to reach urban and rural areas of the state.

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

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

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

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

- how it will coordinate, meet and plan with DPH. The TA Vendor will be expected to lead high-level project coordination and update meetings with DPH staff as determined by the Department and as project needs warrant.
- how it will establish successful collaboration with complex HCOs in baseline practice and needs assessments leading to feasible and mutually agreeable plans of action to meet the project goals.
- its approach in guiding the HCOs to conduct work flow analysis and facilitating change:
 - to introduce or enhance team based care incorporating non-physician team members into the healthcare team including CHWs, social workers, nurses, nutritionists.
 - to guide the development or enhancement of accessing EHRs for data retrieval and to effectively identify and track patients for self-management referral, and track outcomes through collaboration with each HCO's HIT vendor.
- how it will access and coordinate subject matter experts to support the HCOs in implementing:
 - in-house or effective referral mechanisms to diabetes prevention programs and diabetes self-management education,
 - a self-monitored blood pressure program with clinical support,
 - medication therapy management (MTM) including establishing collaborative practice agreements between health care organization's physicians and pharmacists serving the patient population.
- the proposed approach to working with each HCO's HIT vendor tasked with incorporating patient identification, referrals and outcomes into the HIT system and a provider outcome dashboard.
- how it will support the HCOs opting to establish in-house Type 2 diabetes prevention life style change program and/or DSME/S or DSMP programs.
- detail how it would support any HCO opting to develop or enhance behavioral health integration or familial support programming for patients with diabetes or hypertension or hypercholesterolemia.

Client Consultation / Evaluation/Assessment

- The applicant must describe how it intends to engage with the DPH-contracted HCOs to establish and maintain contact and communication with each HCO including how it will maintain communication and project momentum in the event of HCO staff turnover during the project.

- The applicant must describe how it will identify, evaluate and engage prospective subject matter experts to ensure evidence-based expertise is available to each HCO.

Quality Assurance and Quality Improvement-

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

3. Staffing Requirements – Staffing Plan: (Weighted Value = 20 points)

a. Staffing Plan Narrative - Key Personnel: The proposal must describe the key personnel assigned to this program, specifically who will provide:

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

For each staff person identified include in the narrative:

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

Attach the following as appendices for each staff assigned to this program:

- full job descriptions
- resumes for all professional staff

The Applicant must complete and attach the Position Schedule 2a, Attachments Section V. A. 6

b. Staffing Level and Demographics of Organization Work Force:

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

c. Organizational Chart:

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

d. Subcontractors Identification:

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

- 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 (If known at application time, otherwise, will be required to submit during contract negotiations; **see Attachments Section V. A. 7. Application Forms**)

e. Recruitment, Hiring, Retention and Staff Turnover Plans

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

4. Data and Technology Requirements *Weighted Value = 5 points*

a. The applicant must describe its current technology capacity to:

- Collect and secure data
- Host web-based and telephone conferencing

b. E-Mail/Internet Capabilities

Applicant must define current capabilities as well as system restrictions. Applicants must have access to and be able to access email and the internet for the purposes of data collection and record reporting, as well as for any required or recommended DPH webinars and teleconferences.

c. Records / Data Collection / Storage / Reporting

The applicant must describe how project related records and data will be securely collected, shared and stored to ensure compliance with applicable confidentiality laws and regulations.

5. Work Plan (*Weighted Value = 25 points*) No more than 10 pages (5 sheets – 2-sided). Not included in Main Proposal page limit.

A detailed work plan is required. The work plan must describe how the applicant plans to implement all of the required strategies and activities to achieve program outcomes. Strategies are pre-populated on the work plan template in the Appendices. For Year 1, outline activities in the Work Plan table as indicated on the worksheet in the Appendices section. Outline the continued work for Years 2 through 4 in a narrative format. The entire work plan (Work Plan Table and Narrative) *must not exceed 10 pages*. The selected TA Vendor will work with the selected HCOs to submit detailed work plans as a post-award requirement. These work plans must be updated at least annually as a contingency to receive continued funding. Please see **Appendices for Work Plan Table**.

■ **D. COST PROPOSAL COMPONENT**

1. Financial Requirements - Profile

Funding for these prospective services are from the CDC18-1815 Cooperative Agreement which has been awarded to the CT DPH. The project period for the TA vendor will be four years, July 1, 2019 through June 29, 2023. Anticipated Budgets for Services requested in this RFP for each year of the project *as funding is available* are as follows:

Year 1 – ends 6/29/2020: \$348,416
 Year 2 – ends 6/29/2021: \$348,416
 Year 3 – ends 6/29/2022: \$348,416
 Year 4 – ends 6/29/2023: \$348,416

TOTAL: \$1,393,664

Financial Management Systems: The applicant must describe its capacity to engage with CT DPH Grants and Contracts Management Unit through the CORE-CT web-based contract platform for all aspects of contract development, execution and reporting including budgets and fiscal reporting.

2. Budget Requirements – Budget and Budget Narrative (Weighted Value = 15 points); Not included in 20-page limit.

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

- a. The narrative explaining all line item costs (personnel, travel, printing, supplies, subcontractor costs, cost standards, etc.) must be included in the proposal. Competitiveness of the budget will be considered as part of the proposal review process (Please note: lower levels of Administrative and General Costs will be looked upon more favorably during the proposal evaluation process.)
- 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.

Appendices weighted value 5 points

IV. PROPOSAL OUTLINE

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 to 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. While the proposal outline is standard, the information requested from applicants will vary by RFP, depending of the Department's procurement requirements per Section III.

	Page
A. Cover Sheet	1
1. Applicant Information Form (continued)	
B. Table of Contents	2
C. Declaration of Confidential Information (Per instructions: Section I. C.12.) Etc.	
D. Conflict of Interest - Disclosure Statement (Per instructions: Section I. C.13.)	
E. Executive Summary (Per instructions: Section I. D. 4.)	
F. Main Proposal.	
1. Organizational Profile Including Financial Profile	
2. Service Requirements and Scope of Services and Services to Be Provided by Subcontractors	
3. Staffing Plan	
a. Narrative	
b. Position Schedule #2a	
4. Data and Technology	
5. Subcontractors	
6. Work Plan (Not to Exceed 10 Pages Total)	
a. Narrative	
b. Work Plan Form	
G. Cost Proposal	
1. Budget and Budget Narrative	
a. Narrative	
b. Budget Summary Form	
c. Budget Justification Schedule B	
H. Appendices	
a. Job Descriptions	
b. Resumes	
I. Forms (Not Included in Total Page Limits)	
a. Workforce Analysis	
b. Acknowledgment of Contract Compliance.	
c. Notification to Bidders (CHRO)	
d. Consulting Agreement Affidavit (OPM Ethics Form 5)	
e. Subcontractor Schedule A Detail Form	

V. ATTACHMENTS

■ **A. APPLICATION FORMS:** *The information and forms included in this section are required for submission of a proposal. The included forms must be completed and included in the proposal submission as applicable and directed however item numbers 9 and 12 may be submitted to the State of Connecticut Department of Administrative Services (DAS) Document Vault in accordance with existing procedures and within the statutorily required timeframes. If valid forms have been previously submitted they need not be submitted again but the proposal must clearly state that the electronic documents are available for viewing within the DAS Document Vault.*

1. Cover Sheet	30
2. Applicant Information Form (continuation)	31
3. Budget Summary Instructions	32
4. Budget Summary Form.	34
5. Budget Justification Schedule B Form	35
6. Position Schedule #2a Form	36
7. Subcontractor Schedule A Detail Form	37
8. Work Plan Form	38
9. OPM Consulting Agreement Affidavit	41
10. Contract Compliance Policy Statement	42
11. Notification to Bidders	43
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The remainder of this page is intentionally blank

VI. APPLICATION FORMS

COVER SHEET

REQUEST FOR PROPOSAL RFP DPH Log# DPH2019-0908 RFP D/HDSP

CDC DP 18-1815 Improving Health of Americans through the Prevention and Management of Diabetes, Heart Disease and Stroke CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

Applicant Information

Applicant Agency: _____

Legal Name

Address

City/Town

State

Zip Code

Telephone No.

FAX No.

Email Address

Contact Person: _____ Title: _____

Telephone No: _____

TOTAL PROGRAM COST: \$ _____

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

Signature of Authorizing Official:

Date

Typed Name and Title

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

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

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

Applicant Information Form (continuation)

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

Contract and Legal Documents/Forms:

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

Program Progress Reports:

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

Financial Expenditure Reporting Forms:

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

Incorporated: YES NO

Agency Fiscal Year:

Type of Agency: Public Private Other, Explain: _____ Profit Non-ProfitFederal Employer I.D.
Number:

Town Code No:

Medicaid Provider Status: YES NO

Medicaid Number:

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

A. Budget Summary Instructions

1. **Position Schedule #2a**
 - a. Complete the schedule for all positions to be funded even if currently vacant.
 - b. Complete one Position Schedule #2a for each Program/Fund to be included in the Budget.
2. **Personnel** (lines #1 - #2)
 - a. Line #1 **Salary and Wages**: Enter the total salary charged, as listed on Position Schedule 2a.
 - b. Line #2 **Fringe Benefits Line**: Enter the total fringe benefits charged, as listed on Position Schedule 2a.
3. Line #8 **Contractual (Subcontracts)**: Provide the total of all subcontracts and complete Subcontractor Schedule.
4. Lines #3 - #7, #9, and #10: Complete categories as appropriate,
5. Line #11: Other Expenses are any other types of expense that do not fit into the categories listed.
For example: Equipment. Please note that the state's definition of equipment is tangible personal property with a normal useful life of at least one year and a value of at least \$5,000 or more.
6. **Audit Costs**: The cost of audits made in accordance with OMB Circular A133 (Federal Single Audit) are allowable charges to Federal awards. The cost of State Single Audits (CGS 4-23 to 4-236) are allowable charges to State awards. Audit costs are allowable to the extent that they represent a pro-rata share of the cost of such audit. Audit costs charged to Department of Public Health contracts **must be budgeted, reported and justified as an audit cost line item within the Administrative and General Cost category.**
7. **Administrative and General Costs, Line Item #12**
 - a. Are defined as those costs that have been incurred for the overall executive and administrative offices of the organization or other expenses of a general nature that do not relate solely to any major cost objective of the overall organization. Examples of A&G costs include salaries of executive directors, administrative & financial personnel, accounting, auditing, management information systems, proportional office costs such as building occupancy, telephone, equipment, and office supplies. Please review the OPM website on Cost Standards for more information at: http://www.opm.state.ct.us/finance/pos_standards/coststandards.htm.
 - b. **Administrative and General Costs** must be itemized on the Budget Justification Schedule. Costs that have a separate line item in the Budget Summary may not be duplicated as an Administrative and General Cost. For example, if the Budget Summary includes an amount for telephone costs, this cannot also be included as an Administrative and General Cost.
8. **Other Program Income** list any other program income, if appropriate, such as in-kind contributions, fees collected, or other funding sources and include brief explanation on Budget Justification.
9. **Multiple Funding Period Contracts**: Please complete a full budget for each Funding Period of the contract, clearly indicating the Period on each form. Absent other instructions, assume level funding for the second year.

B. Budget Justification Schedule B

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

Line Item (Description)	Amount	Justification - Breakdown of Costs
Travel	\$730	1,659 miles @ .44 = \$730.00 outreach

		workers going to meetings and site visits.
--	--	--

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

C. Subcontractor Schedule A--Detail

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

2. Detail of Each Subcontractor:

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

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

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

c. MBE WBE Neither

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

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

Contractor Name, Contract Number**FUNDING PERIOD: 99/99/9999 to 99/99/9999****Contract Period: Contract Start Date to Contract End Date
Budget Summary**

Program:	Name	Total
Fund:	22907	
1. Salaries & Wages		
2. Fringe Benefits		
3. Travel		
4. Training		
5. Educational Materials		
6. Office Supplies		
7. Medical Materials		
8. Contractual (Sub-Contracts) **		
9. Telephone		
10. Advertising		
11. Other Expenses (list)		
a.		
b.		
c.		
d.		
e.		
f.		
g.		
h.		
12. Administrative and General Costs		
Total DPH Grant		
Other Program Income		

**Complete Sub-contractor Schedule A

Contractor Name, Contract Number**FUNDING PERIOD: 99/99/9999 to 99/99/9999****Contract Period: Contract Start Date to Contract End Date
Position Schedule #2a
Program/Fund**

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

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

**Subcontractor Schedule A-Detail
Contractor Name, Contract Number**

BUDGET PERIOD: 99/99/9999 to 99/99/9999

Contract Period: Contract Start Date to Contract End

#1

Subcontractor Name:

Address:

Telephone: () (-)

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

Indicate One: MBE WBE Neither

	Program:	Name		Name		Total
	Fund:	SID 1	SID 2	SID 1	SID 2	
Line Item(s)						
Total Subcontract Amount:						

#2

Subcontractor Name:

Address:

Telephone: () (-)

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

Indicate One: MBE WBE Neither

	Program:	Name		Name		Total
	Fund:	SID 1	SID 2	SID 1	SID 2	
Line Item(s)						
Total Subcontract Amount:						

#3

Subcontractor Name:

Address:

Telephone: () (-)

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

Indicate One: MBE WBE Neither

	Program:	Name		Name		Total
	Fund:	SID 1	SID 2	SID 1	SID 2	
Line Item(s)						
Total Subcontract Amount:						

WORK PLAN Table Year 1: July 1 2019 - June 29, 2020 Make additional copies as needed;**NOTE:** MAXIMUM pages total for work plan table for Year 1 AND Narrative for Years 2 through 4 = 10 pages.

Services to be Provided (See Section III: Service Requirements)	Activities	Staff Responsible	Deliverables	Time Frame Quarter 1,2,3, or 4
In-the-field, hands-on technical assistance to each of the four (4) health care organizations (HCOs) selected to implement Category A and B strategies for CDC18-1815 as outlined above in the HCO tasks				
A baseline practice assessment tool for selected HCOs to evaluate each HCO's practice baseline to implement strategies and work toward CDC18-1815 objectives and goals.				
A technical assistance plan for each HCO based on baseline practice assessment.				
Active hands-on, in the field support to each HCO in accordance with their individual TA plans				

<p>Access to in-house or procured Subject matter expertise in the implementation of SMBP, MTM, DSME/S, DSMP and LCPLCP</p>				
<p>Coordination of SMEs in accordance with each HCOs TA plan to:</p> <ol style="list-style-type: none"> 1) Implement comprehensive MTM for patients with diabetes, hypertension and/or high blood cholesterol including establishing collaborative practice agreements, 2) Implement of SMBP protocols and programming 3) Develop strategies for sustainability for DSME/S (or DSMP) and Lifestyle Change Program, SMBP and MTM. 				
<p>Assistance as needed to HCOs to engage with their EHR/HIT vendor to establish or enhance retrieval, management and utilization of data from the HCO's EHRs to improve</p>				

patient identification, referral tracking, patient health outcomes and measuring provider outcomes for patients with prediabetes, uncontrolled diabetes, uncontrolled or undiagnosed hypertension or high blood cholesterol.				
Provide the HCOs needed technical assistance with: 1) establishing in-house or effective referral processes to CDC-recognized Lifestyle Change Programs. 2) establishing in-house or effective referral processes to ADA/AADE Diabetes Self-Management Education/Support program <i>*3) establishing an in house SMRC DSMP or effective referral process to such a program in the community.</i> <i>*for those HCOs opting for this additional activity</i>				



**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 contractor 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 contractor 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 there is any change in the information contained in the most recently filed affidavit not later than (i) thirty days after the effective date of any such change or (ii) upon the submittal of any new bid or proposal, whichever is earlier.

AFFIDAVIT: [Number of Affidavits Sworn and Subscribed On This Day: _____]

I, the undersigned, hereby swear that I am a principal or key personnel of the bidder or contractor awarded a contract, as described in Connecticut General Statutes § 4a-81(b), 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	Signature of Chief Official or Individual	Date
	_____	Dept. of Public Health
	Printed Name (of above)	Awarding State Agency

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

Commissioner of the Superior Court or Notary Public



Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

AFFIRMATIVE ACTION
CONTRACT COMPLIANCE POLICY STATEMENT

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

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

DPH considers bidders success in these factors in reviewing the bidder's qualifications under the Contract Compliance requirements. Accordingly, any individual or organization that desires to do business with DPH shall not:

- Discriminate or permit discrimination against any protected class person or protected group in the performance of contracts'
- Engage in discriminatory practices or permit discriminatory practices in their workplace;

And shall:

- Cooperate with the Connecticut Commission on Human Rights and Opportunities in all activities
- In all contract solicitations or advertisements state that they are an "affirmative action-equal opportunity employer"
- Sign a Notification to Bidders Form, and complete a workforce analysis questionnaire necessary for the contract award process

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


Raul Pino, MD, MPH
Commissioner, Department of Public Health


DATE

Rev. 7/2017

NOTIFICATION TO BIDDERS

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

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

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

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

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

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

Signature

Date

On behalf of:

WORKFORCE ANALYSIS

Contractor Name:
Address:

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

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

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

- Have you successfully implemented an Affirmative Action Plan? YES NO
Date of implementation: _____ If the answer is "No", explain.
- a) Do you promise to develop and implement a successful Affirmative Action?
 YES NO Not Applicable Explanation:
- 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:
- 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:
- If you plan to subcontract, will you set aside a portion of the contract for legitimate minority business enterprises?
 YES NO Explanation:

Contractor's Authorized Signature

Date

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

1. Nondiscrimination Certification Instructions	46
2. Nondiscrimination Certification	47
3. False Claims Act Notification	48
4. False Claims Act Policy	49
5. False Claims Act Procedure	52
6. SEEC Form 11	55

The remainder of this page is intentionally blank

Nondiscrimination Certification Instructions

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

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

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

IMPORTANT

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

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

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

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

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

*** We can supply additional forms if necessary.


cert.instr. 7/10/09

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
J. Robert Galvin, M.D., M.P.H. (original signature on file)	Commissioner of Public Health	05/21/2010

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

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

	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

<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

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.

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4.0 Compliance

4.1 False Claim Act

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

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

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


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

4.2 State False Claim Related Acts

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

4.3 Compliance Reporting


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

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APPROVAL SIGNATURES		DATE
J. Robert Galvin, M.D., M.P.H. (original signature on file)	Commissioner of Public Health	05/21/2010

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

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

 <p>Keeping Connecticut Healthy DPH Connecticut Department of Public Health</p>	<p>False Claims Act (Procedure)</p>	<p>PR-CGMS C-001 Revision: 1.0 Effective Date: 05/21/2010</p>
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1.0 Purpose

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

2.0 Scope

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

3.0 Definitions and Acronyms

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

3.1 Acronyms

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

3.2 Definitions

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

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


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

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

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

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

Subcontractor – See "Contractor or Agent" above.

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4.0 Process

4.1 Dissemination to the Department's New Employees

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

4.2 Dissemination to the Department's Existing Employees

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

4.3 Dissemination to Contractors and Qualified Providers

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

5.0 Records

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

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

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

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

CAMPAIGN CONTRIBUTION AND SOLICITATION LIMITATIONS

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

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

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

DUTY TO INFORM

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

PENALTIES FOR VIOLATIONS

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

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

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

CONTRACT CONSEQUENCES

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

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

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

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

DEFINITIONS

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

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

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

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

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

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

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

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

"Subcontractor" means any person, business entity or nonprofit organization that contracts to perform part or all of the obligations of a state contractor's state contract. Such person, business entity or nonprofit organization shall be deemed to be a subcontractor until December thirty first of the year in which the subcontract terminates. "Subcontractor" does not include (i) a municipality or any other political subdivision of the state, including any entities or associations duly created by

the municipality or political subdivision exclusively amongst themselves to further any purpose authorized by statute or charter, or (ii) an employee in the executive or legislative branch of state government or a quasi-public agency, whether in the classified or unclassified service and full or part-time, and only in such person's capacity as a state or quasi-public agency employee.

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