

PROCUREMENT NOTICE

LEGAL NOTICE
Request for Proposal (RFP)
RFP #2022-0903
Connecticut HIV Planning Consortium (CHPC)

The Connecticut Department of Public Health (DPH), TB, HIV, STD and Viral Hepatitis Section is seeking proposals from Connecticut public and private organizations and community-based agencies to coordinate and facilitate the activities of the Connecticut HIV Planning Consortium (CHPC), a public health planning body initiative.

An anticipated total of approximately \$250,000 annually of state HIV Prevention funds (\$220,000), and federal Health Resource Services Administration (HRSA) HIV Health Care and Support Service funds (\$30,000) are available to support this project. Funding will be for a five-year period beginning approximately January 1, 2022 through December 31, 2026, subject to the continued availability of funds.

The Request for Proposals (RFP) is available in electronic format on the State Contracting Portal at: <http://portal.ct.gov/Services/Working-with-the-State/State-Contracting-Portal> or from the Department's Official Contact:

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The RFP is also available on the Department's website at <http://www.ct.gov/dph/rfp> (Request for Proposals). A printed copy of the RFP can be obtained from the Official Contact upon request.

Deadline for submission of proposals to the DPH is:
Friday August 13, 2021 by 4:00 p.m.

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I. GENERAL INFORMATION

■ A. INTRODUCTION

RFP# 2022-0903 Connecticut HIV Planning Consortium (CHPC)

The Department of Public Health (DPH) TB, HIV, STD, and Viral Hepatitis Program is seeking a Connecticut contractor to coordinate, facilitate and evaluate the activities of the Connecticut HIV Planning Consortium (CHPC). The Department is federally mandated by the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) to convene a statewide HIV Planning Group (HPG) to develop a comprehensive and integrated plan for HIV care and prevention service delivery that meets the needs of people living with HIV and those most at risk for acquiring it. The Integrated Plan will be expanded beyond HIV to include Hepatitis Elimination and STD Control.

- 3. Synopsis.** Applicants must submit an **original proposal, five copies and an electronic copy.**
- 4. Commodity Codes.** The services that the Department wishes to procure through this RFP are as follows:
2000: Community and Social Services
0600: Services (Professional, Support, Consulting, and Misc. Services)

■ B. ABBREVIATIONS / ACRONYMS / DEFINITIONS

ABBREVIATIONS / ACRONYMS / DEFINITIONS

ADA	Americans with Disabilities Act of 1990
APR	Annual Progress Report
CAETC	Connecticut AIDS Education and Training Center
CDC	Centers for Disease Control and Prevention
C.G.S.	Connecticut General Statutes
CHE	Commission on Health Equity
CHPC	Connecticut HIV Planning Consortium
CHRO	Commission on Human Rights and Opportunity (CT)
CT	Connecticut
DAC	Data and Assessment Committee
DAS	Department of Administrative Services (CT)
DIS	Disease Intervention Specialist
DPH	Department of Public Health
DMHAS	Department of Mental Health and Addiction Services
ETE	Ending the Epidemic
FPL	Federal Poverty Level
FOIA	Freedom of Information Act (CT)
G2Z	Getting to Zero
HAV	Hepatitis A Virus
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HCSS	Health Care and Support Services
HIP	High Impact Prevention

HIV	Human Immunodeficiency Virus
HRSA	Health Resources and Services Administration
IDU	Injection Drug User
IPR	Interim Progress Report
IRS	Internal Revenue Service (US)
Latinx	Person of Latin descent
LGBT	Lesbian, Gay, Bisexual, and Transgender
LOI	Letter of Intent
MAC	Membership and Awareness Committee
MOA	Memorandum of Agreement
MSM	Men Who Have Sex with Men
NAP	Needs Assessment Project Team
NHAS	National HIV/AIDS Strategy
nPEP	Non-Occupational Post Exposure Prophylaxis
OAG	Office of the Attorney General
OPM	Office of Policy and Management (CT)
OSC	Office of the State Comptroller (CT)
P.A.	Public Act (CT)
PrEP	Pre-Exposure Prophylaxis
PHAB	Public Health Accreditation Bureau
PHS	Public Health Services (US)
PII	Personally identifiable information
PLWHA	People Living With HIV/AIDS
PPCT	Positive Prevention CT
PWID	Persons Who Inject Drugs
PWP	Prevention with Positives
POS	Purchase of Service
PS	Partner Services
QPM	Quality Performance Measures Team
RFP	Request for Proposal
RW	Ryan White
RWHAP	Ryan White HIV/AIDS Program
SCSN	Statewide Coordinated Statement of Need
SEEC	State Elections Enforcement Commission (CT)
SMART	Specific/Measurable/Achievable/Realistic/Time-bound
SSP	Syringe Service Programs
STD	Sexually Transmitted Disease
TB	Tuberculosis
U.S.	United States
VHETAC	Viral Hepatitis Elimination Technical Advisory Committee

- *applicant*: a private provider organization, CT State agency, or municipality that has submitted a proposal to the Department in response to this RFP.
- *contractor*: a private provider organization, CT State agency, or municipality that enters a POS contract with the Department because of this RFP.
- *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.
- *subcontractor*: an individual (other than an employee of the contractor) or business entity hired by a contractor to provide a specific health or human service as part of a POS contract with the Department because of this RFP.
- *syndemic*: a set of linked health conditions involving two or more afflictions interacting synergistically contributing excess burden of disease in a population.

■ 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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E-Mail: marianne.buchelli@ct.gov

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
<http://portal.ct.gov/Services/Working-with-the-State/State-Contracting-Portal>

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 Federal and State funding to the Department of Public Health. The Department anticipates the following:

- Total Funding Available: \$250,000 per year (\$1,250,000 total for five years).
- Number of Awards: 1
- Contract Cost: Confidential, to be negotiated with successful proposer
- Contract Term: January 1, 2022 through December 31, 2026

- 4. Eligibility.** Proposals will be accepted from CT public and private organizations (defined as non-state entities that are either nonprofit or proprietary corporations or

partnerships), community-based agencies, CT State agencies and municipalities. Individuals who are not a duly formed business entity are ineligible to participate in this procurement.

- 5. Minimum Qualifications of Proposers.** To qualify for a contract award, a proposer must have the following minimum qualifications:
(Note: The contractor will be evaluated on these qualifications, but it is not necessary for each staff member on the project to possess them all individually)

- Master's Degree in Public Health, Health Policy Administration or a related field or significant experience with public health issues and planning.
- Ability to interpret and communicate HIV epidemiologic data.
- Working knowledge of MS Word, Outlook, EXCEL, ACCESS, Power Point and Publisher or equivalent programs.
- Working knowledge of multiple online platforms to host virtual meetings.
- Ability to develop survey instruments, and to analyze and report findings.
- Ability to monitor and evaluate planning process and outcomes.
- Ability to conduct focus groups and listening sessions and compile information.
- Ability to schedule and manage meetings in-person or on a virtual platform.
- Ability to plan, prepare and publish agendas and meeting materials.
- Ability to maintain an electronic database/listserv of CHPC membership and public participants and share information on a regular basis.
- Ability and ease of public speaking and presentation (e.g. communicate data of interest to the CHPC membership at meetings), including the development of handouts, power point presentations, and the ability to facilitate and direct discussion.
- Proficiency in writing and disseminating state plans or other large public health related documents.
- Proficiency in report writing (e.g. planning documents, final reports, DPH triannual reports, etc.)

- 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 Planning Start Date: | September 22, 2020 |
| • RFP Released: | June 30, 2021 |
| • Letter of Intent (LOI) Due: | July 15, 2021 Recommended but not required |
| • Deadline for Questions: | July 16, 2021 |
| • Answers Released: | July 23, 2021 |
| • Proposals Due: | August 13, 2021 |
| • (*) Proposer Selection: | August 27, 2021 |
| • (*) Start of Contract Negotiations: | September 1, 2021 |
| • (*) Start of Contract: | January 1, 2022 |

- 7. Letter of Intent.** A Letter of Intent (LOI) is recommended, but not required by this RFP. 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, fax, or e-mail by the deadline established in the Procurement Schedule (**Friday July 15, by 4:00 p.m.**). The LOI must clearly identify the sender, including name, postal address, telephone number, fax number, and e-mail address. It is the sender's responsibility to confirm the Department's receipt of the LOI.

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. The early submission of questions is encouraged. Questions will not be accepted or answered verbally – neither in person nor over the telephone. All questions received before the deadline(s) will be answered. However, the Department will not answer questions when the source is unknown (i.e., nuisance or anonymous questions). Questions deemed unrelated to the RFP or the procurement process will not be answered. At its discretion, the Department may or may not respond to questions received after the deadline. The Department may combine similar questions and give only one answer. All questions and answers will be compiled into a written amendment to this RFP. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the amendment and noted as such. The agency will release the answers to questions on the date(s) established in the Procurement Schedule. The Department will publish 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 proposers 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: **Friday August 13, 2021**
- Time: **4:00 pm**

Proposals hand-delivered, faxed or e-mailed will not be evaluated. DPH will only accept mailed proposals and 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 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;
- five (5) conforming copies of the original proposal; and
- 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, contain page numbers, be 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 2010. For the electronic copy, required forms and appendices may be scanned and submitted in Portable Document Format (PDF) or similar file format and saved on USB flash drive/memory stick.

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

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. Proposers 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 here to.
 - RFP Name or Number:
 - Legal Name:
 - FEIN:
 - Street Address:
 - Town/City/State/Zip:
 - Contact Person:

- Title:
 - Phone Number:
 - FAX Number:
 - E-Mail Address:
 - Authorized Official:
 - Title:
 - Signature:
- 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 cost proposal. This summary is not included in the narrative page limit(s). The Executive Summary must include a brief description of the proposed service delivery including needs to be addressed, proposed services, the populations to be served, and the proposed cost.
- Executive summary style requirements:
- Font Size : No smaller than 11-point type
 - Font Type: Easily readable (e.g. Arial or Verdana)
 - Margins: 0.5" on top, bottom, left and right,
 - Line spacing: 1.5 line spacing
- 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.** Each submitted proposal must conform to the following specifications (See Executive Summary style requirements in #4 above):
- Binding Type: Unbound, but fastened with binder clips
 - Dividers: None specified
 - Paper Size: 8.5" x 11"
 - Page Limit: Maximum 10-page narrative limit not including Executive Summary and Required Forms and Attachments
 - Print Style: Single-sided
 - Font Size: No smaller than 11-point type
 - Font Type: Easily readable (e.g. Arial or Verdana)
 - 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 by the due date. 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 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 within 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 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 (Total of 100):**

- **Organizational Profile (5)**
- **Scope of Services (30)**
- **Staffing Plan (10) (see note)**
- **Data and Technology (5)**
- **Subcontractors (0): not applicable (included in Budget)**
- **Work Plan (30)**
- **Financial Profile (5)**
- **Budget and Budget Narrative (10)**
- **Appendices and Attachments (5)**

Note: As part of its evaluation of the Staffing Plan, the Screening Committee will consider the proposer'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 applicants may contact the Official Contact and request information about the evaluation and applicant 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 applicants 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 because of any debriefing meeting.
- 7. Appeal Process.** Applicants may appeal any aspect the Department's competitive procurement, including the evaluation and applicant selection process. Any such appeal must be submitted to the Department head. An applicant may file an appeal at any time after the proposal due date, but not later than thirty (30) days after an agency notifies unsuccessful applicants about the outcome of the evaluation and applicant 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 because of this RFP is subject to the Department's contracting procedures, which may include approval by the OAG.

II. MANDATORY PROVISIONS

■ A. POS STANDARD CONTRACT, PARTS I AND II

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

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

Part II of the standard contract is maintained by OPM and includes the mandatory terms and conditions of the POS contract. Part II is available on OPM's website at:

http://www.ct.gov/opm/fin/standard_contract

Note:

Included in Part II of the standard contract is the State Elections Enforcement Commission's notice (pursuant to C.G.S. § 9-612(g)(2)) advising executive branch State contractors and prospective State contractors of the ban on campaign contributions and solicitations. If 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.

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

■ B. ASSURANCES

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

- 1. Collusion.** The 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 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 proposer.
- 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 proposers 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, and 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, a proposer implicitly accepts that the following rights are reserved to the State:

- 1. Timing Sequence.** The timing and sequence of events associated with this RFP shall ultimately be determined by the Department.
- 2. Amending or Canceling RFP.** The Department reserves the right to amend or cancel this RFP on any date and at any time, if the Department deems it to be necessary, appropriate, or otherwise in the best interests of the State.
- 3. No Acceptable Proposals.** In the event that no acceptable proposals are submitted in response to this RFP, the Department may reopen the procurement process, if it is determined to be in the best interests of the State.
- 4. Award and Rejection of Proposals.** The Department reserves the right to award in part, to reject any and all proposals in whole or in part, for misrepresentation or if the proposal limits or modifies any of the terms, conditions, or specifications of this RFP. The Department may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. The Department reserves the right to reject the proposal of any 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, except for 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 proposer implicitly agrees to comply with all applicable State and federal laws and regulations, including, but not limited to, the following:

- 1. Freedom of Information, C.G.S. § 1-210(b).** The Freedom of Information Act (FOIA) generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). 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 ensure that State agencies do not enter 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 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.

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- 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 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 a regulator focused on health outcomes, maintaining a balance between assuring quality and administrative burden on the personnel, facilities and programs regulated. The mission of the Connecticut Department of Public Health is:

To protect and improve the health and safety of the people of Connecticut by:

- Assuring the conditions in which people can be healthy;
- Promoting physical and mental health, and
- Preventing disease, injury, and disability.

The DPH's TB, HIV, STD, and Viral Hepatitis Section is the lead entity for the coordination of HIV prevention and care services statewide. The HIV Program is comprised of three programs: (1) Health Care and Support Services (HCSS), oversees Ryan White Part B services for people living with HIV (PLWH), including the administration of the Connecticut AIDS Drug Assistance Program (CADAP); (2) HIV Prevention, oversees prevention services including structural, biomedical and effective behavioral interventions for people living with or at risk of acquiring HIV, and (3) HIV Surveillance, monitors data collected on HIV/AIDS, monitors trends, emerging needs, and populations and produces the state's HIV Epidemiological Profile.

DPH's Viral Hepatitis Program collaborates with the STD Control, HIV Prevention, HIV Care, and HIV Surveillance programs to reduce the number of residents who become infected with Hepatitis A, B, or C with the eventual goal of hepatitis elimination. The program supports the reduction of health disparities and disease burden and improving the health of those infected. The program promotes community awareness, education, prevention, screening, testing, and linkage to care. The program also seeks to improve access to medical care and treatment for persons infected with viral hepatitis and to reduce stigma and discrimination.

The mission of the Sexually Transmitted Diseases (STD) Control Program is to reduce the occurrence of STDs through disease surveillance, case and outbreak investigation, screening, preventive therapy, outreach, diagnosis, case management, and education. The Department mandates reporting of 5 STDs; syphilis, gonorrhea, chlamydia, neonatal herpes, and chancroid. Surveillance activities are conducted on the 3 most common STDs; syphilis, gonorrhea, and chlamydia, all of which can be cured with proper treatment. Disease Intervention Specialists (DIS) follow up with newly diagnosed cases of STD and HIV and use a Data to Care Model to follow up with individuals lost to care.

The mission of the Tuberculosis (TB) Control Program is to interrupt and prevent transmission of TB, prevent emergence of drug-resistant TB, and reduce and prevent death, disability, illness, emotional trauma, family disruption, and social stigma caused by TB.

Tuberculosis is a potentially fatal disease transmitted through the air but is fully treatable and preventable. It particularly affects persons living in crowded conditions and in poverty (e.g., homeless) and persons who have HIV infection (e.g., injection drug users). The TB Control Program (Program) works in collaboration with health care providers and municipal health departments to

conduct surveillance for TB disease and latent TB infection, screening, treatment, and containment activities.

All the Programs within the TB, HIV, STD, and Viral Hepatitis Program work collaboratively to address the intersectionality of these often-co-occurring conditions to effectively address the syndemic.

The Connecticut HIV Planning Consortium (CHPC) is supported by the HIV Prevention Program and the HCSS Program. It was formed in 2007 to maximize resources and integrate HIV prevention and care planning. The CHPC's mission is to create a statewide system in which new HIV infections are reduced and those living with and affected by HIV have access to services. The charge of the CHPC is to develop a five-year Integrated Plan for addressing the HIV epidemic in CT, and then assess and report on progress to DPH, CDC and HRSA. Connecticut's 2017-2021 Plan aligns with the goals of the National HIV/AIDS Strategy: 1) Reduce new HIV infections, 2) Increase access to care and improve health outcomes for PLWH, 3) Reduce HIV-related health disparities, and 4) Achieve a more coordinated response to the epidemic.

Connecticut's 2022-2027 Integrated Plan will serve as Connecticut's, Ending the HIV Epidemic Plan, Viral Hepatitis Elimination Plan and STD Control Plan. SMART (Specific, Measurable, Achievable, Realistic and Time Tabled) goals and objectives for each will be developed for reaching designated benchmarks toward ending and or controlling the epidemics. Plans will focus on specific interventions needed to address and eradicate conditions. Each epidemic included in the Integrated Plan will have goals and objectives that align with national and local strategies and initiatives. TB will not have a separate section in the Integrated Plan. However, the plan must include information for the control and elimination of TB, and any information related to co-infection that is available.

Integrated HIV Prevention and Care Planning is a required component in CDC's PS18-1802 HIV Prevention funding opportunity announcement, and a legislative requirement of the Health Resources Services Administration's (HRSA), Ryan White HIV/AIDS Program (RWHAP). It is DPH's intention to expand the scope of the Integrated Plan and planning process to include Hepatitis A, B, C and STDs, specifically Syphilis, Gonorrhea and Chlamydia. This request for proposal (RFP) is being released to solicit applications to support the CT DPH in the implementation of the community planning process that is federally required. Additionally, a contractor is needed to assist with developing and monitoring one plan that encompasses all required components of an Integrated Plan, an Ending the HIV Epidemic Plan, a Hepatitis Elimination Plan, and a STD Control Plan.

The Integrated Plan must align with the Federal Initiative, Ending the Epidemic: A Plan for America. The framework for the Integrated Plan will be based on the four pillars; Diagnose, Prevent, Treat, and Respond with inclusion of the unofficial fifth pillar of Workforce. <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview>

The Integrated Plan must align with the HIV National Strategic Plan for 2021-2025 (HIV Plan) goals, objectives, and strategies for ending the HIV epidemic in the United States by 2030. The plan must include strategies to prevent new infections, treat people with HIV to improve health outcomes, reduce HIV-related disparities for ending the HIV epidemic in Connecticut. The plan must include a process to integrate and coordinate the efforts of all partners, establish indicators to measure progress with quantitative targets for each indicator, and designates priority populations and key areas of focus.

The HIV portion of the plan must align with the federal plan as well as Connecticut's getting to Zero recommendations from Connecticut's Getting to Zero Commission's Report released in 2018. <https://gettingtozeroct.org/wp-content/uploads/2019/01/Getting-To-Zero-CT-Report.pdf> It should also include information on Connecticut's forthcoming, In It to End It: A Plan to End the HIV Epidemic, in Connecticut's five cities with the highest incidence of HIV (Hartford, Bridgeport, New Haven, Waterbury and Stamford).

The Hepatitis portion of the plan must align with guidance from The Division of Viral Hepatitis (DVH) as outlined in its 2025 Strategic Plan with strategies that support four goals:

1. Reduce new viral hepatitis infections.
2. Reduce viral hepatitis-related morbidity and mortality.
3. Reduce viral hepatitis-related disparities.
4. Establish comprehensive national viral hepatitis surveillance.

The division's strategic planning process results include new outcome measures to track national progress toward these goals. These measures are included in the 2020 National Viral Hepatitis Progress Report available online. The report shares trends in viral hepatitis disease incidence and mortality in the United States informed by 2018 data.

The STD portion of the plan must align with STI National Strategic Plan for 2021-2025 (STD Plan), goals, objectives and strategies. The plan must support the vision of the STD Plan that the United States will be a place where sexually transmitted infections are prevented and where every person has high-quality STI prevention, care and treatment while living free from stigma and discrimination. The plan must include strategies that prevent new STDs, improve the health of people by reversing adverse health outcomes for STIs, reduce STI-related health disparities and health inequities and achieve an integrated and coordinated approach to addressing the STI epidemic. Specific groups that are impacted more by STDs than others must be included in these strategies:

1. Adolescents and young adults
2. Men who have sex with men (MSM)
3. Pregnant women.

The Integrated Plan as a whole must align with guidance from CDC's National Center for HIV, Viral Hepatitis, STD, and TB Prevention's (NCHHSTP) Strategic Plan Through 2020 which articulates a vision, guiding principle, and overarching goals and strategies to influence and enhance programs. The three overarching goals highlighted in this plan are to decrease:

- incidence of infection,
- morbidity and mortality, and
- health disparities.

<https://www.cdc.gov/nchhstp/strategicpriorities/dashboard.html>

■ B. PROGRAM OVERVIEW

Purpose

The purpose of this RFP is to contract with an organization to coordinate and facilitate the CHPC's community planning process which includes developing and monitoring one Statewide Integrated Plan to address HIV, Viral Hepatitis and STDs. The Process and the development of the Integrated Plan must be conducted in accordance with guidance on developing integrated plans provided by the CDC and HRSA. The Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026 is available upon request through CT DPH.

The selected applicant will manage the community planning process by convening monthly CHPC and CHPC Committee meetings in person and/or virtually to engage providers, consumers and other

partners and stakeholders in an open process to develop and monitor an Integrated Plan that addresses HIV, Hepatitis and STDs in Connecticut. The CHPC and the CHPC Committees meet monthly to conduct planning business and are open to the public. The Funders Group, comprised of the Program Administrators of HIV services, also meets monthly to conduct higher level planning and to guide and support the planning process and development and coordination of required planning documents.

CHPC membership and participation must be diverse and representative of the communities most heavily impacted by these conditions. The purpose of the CHPC is to assess the needs of people living with HIV, Hepatitis and STD's in Connecticut to identify gaps in services and resources in the community, as well as to make recommendations for addressing them. Additionally, the CHPC monitors quality of services delivered and health outcomes of people living with HIV, Hepatitis and STD's by setting statewide indicators, monitoring performance measures, and highlighting opportunities for continuous quality improvement (CQI). The CHPC also serves as a conduit for information and data sharing across Ryan White Parts, HIV Prevention, Viral Hepatitis and STD Control and Prevention regarding best practices for implementing effective programs and services and conducting quality management.

The applicant must describe how they will implement the following components of an integrated community planning process:

Integrated Planning Process

- Work with the DPH Co-chair, the CHPC Community Co-chairs and the CHPC Executive Committee to implement an annual community planning process in accordance with HRSA RWHAP and CDC joint guidance for HIV Planning Groups.
- Engage DPH TB, HIV, STD, and Viral Hepatitis program staff, to participate in the planning process and present data and information to the CHPC as needed.
- Facilitate the development of a Five Year Statewide Integrated Plan framed around the National Ending the Epidemic Pillars of Diagnose, Prevent, Treat, Respond and Workforce, and the goals, objectives and strategies of the HIV National Strategic Plan for ending the HIV epidemic.
- Facilitate a process for CHPC members to review, update and approve the plan annually.
- Develop a mechanism for coordinating the development of all required planning documents for the Integrated Plan (i.e. Needs Assessment and Statewide Coordinated Statement of Need, Gap Analysis, Financial and Human Resource Inventory, HIV/HCV/STD Workforce Analysis, etc.).
- Prepare and disseminate a formal report of the Statewide Coordinated Statement of Need (SCSN) survey report and develop a mechanism for the CHPC members to review and provide input.
- Develop and implement a process to monitor and evaluate the plan on an annual basis and report the progress on the implementation of Integrated HIV Prevention and Care Plans as required by the Health Resource Services Administration (HRSA) Ryan White Part B Program.
- Prepare a formal report for DPH, CDC, HRSA and CHPC members of the outcomes and recommendations of the five-year plan.

Community and Stakeholder Engagement

- Coordinate the engagement of all required partners and stakeholders such as:
 - Ryan White Parts A-F
 - CT AIDS Education and Training Center (CAETC)

- HIV Prevention and Care Providers and Consumers
 - Subject Matter Experts and Clinical Providers in the fields of TB, HIV, Viral Hepatitis and STDs
 - Community Members with Lived Experience
 - Representatives from Connecticut's Getting to Zero Cities (Hartford, New Haven, Bridgeport, Waterbury, and Stamford).
 - State Partner Agencies (DMHAS, DOC, DSS, HUD/HOPWA, etc.)
 - Representatives from community-based organizations, faith-based organizations, and harm reduction coalitions.
 - Representatives from AIDS Research, Implementation Science, and Academic Institutions
- Facilitate the development of a Viral Hepatitis Elimination Technical Advisory Committee (VHETAC).
 - Assist DPH TB, HIV, STD & Viral Hepatitis Programs staff and CHPC in forming new collaborative partnerships by facilitating relationships within and across service delivery systems, such as state agencies, and local community-based organizations.
 - Coordinate Stakeholder Focus Groups to engage nontraditional partners with subject matter expertise to expand the scope of the Integrated Plan.
 - Assist in the development of a formal mechanism for PLWH and Hepatitis to use their lived experience to advise the CHPC on all matters pertaining to planning, delivering, and assessing HIV and Hepatitis services and activities.
 - Engage CHPC members, partners and members of the public in discussions of social determinants of health and their impact on disease transmission and acquisition among vulnerable populations in order to address health equity and health disparities as they relate to HIV prevention and care, Hepatitis and STDs. Include information in the plan on how health disparities and inequities impact service provision and how service providers address them.
 - Develop a mechanism for engaging clinical providers to provide feedback on the Integrated Plan with or without attending formal meetings.
 - Document the engagement process and how it informs the development and monitoring of the Integrated Plan.

Communications and Awareness

- Develop and implement a communications plan that includes the use of multiple sources for information sharing with members and partners.
- Maintain member database and email listserv for sharing pertinent information with members and partners.
- Develop and maintain social media presence, including managing the CHPC Facebook Page, CHPC website and CHPC newsletters, Getting to Zero (G2Z), and Positive Prevention CT websites.

- Coordinate the work of the CHPC Membership and Awareness Committee (MAC) and the Positive Prevention workgroup to develop a process for the committee to give input on the development and distribution of HIV/Viral Hepatitis, and STD prevention and care messaging statewide.

Meeting Logistics

- Coordinate and provide staff support for the following meetings. Using a hybrid model of virtual and in-person meetings, arrange 8-12 meetings annually for the following:
 - **CHPC Co-chair Meetings:** Assist Co-chairs in planning all CHPC meetings, arranging or developing CHPC presentations and setting planning task timelines.
 - **CHPC Executive Committee Meetings:** Assist CHPC leadership in guiding and reviewing the CHPC and CHPC committee processes. Assist Executive Committee in fostering leadership.
 - **CHPC Meetings:** Assist in facilitating a data driven and results oriented planning process. Focus meetings on soliciting input for the development, implementation, and monitoring of the Integrated Plan.
 - **CHPC Committee Meetings:** Assist the following committees to conduct planning business focused on required planning tasks; Getting to Zero (G2Z), Data and Assessment: Needs Assessment Project Team (NAP), Data and Assessment: Quality Performance Measures Team (QPM), and Membership and Awareness Committee (MAC). Provide staff support to each existing committee and assist the CHPC in restructuring or adding committees as needed.
 - **Positive Prevention CT (PPCT) Workgroup:** Assist DPH in coordinating and facilitating monthly Positive Prevention meetings and aligning work with the CHPC MAC Committee.
 - **Viral Hepatitis Elimination Technical Advisory Committee:** Assist DPH in coordinating and facilitating monthly meetings of the Viral Hepatitis Elimination Technical Advisory Committee (VHETAC) that will be responsible for the development and integration of an Elimination Plan that will include the activities outlined in the Integrated Viral Hepatitis funding opportunity announcement and workplans.
 - **Funders Group Meetings:** Coordinate and facilitate meetings for funders of services to conduct higher level planning discussions and make decisions to better coordinate services statewide and to guide, support and monitor the work of the CHPC.
- Coordinate and facilitate the following additional planning activities or meetings convened by CHPC and DPH TB, HIV, STD & Viral Hepatitis Programs staff:
 - Annual new member orientation
 - Annual Quality Summit
 - Mentor/mentee meetings
 - Community forums, listening sessions, and focus groups
 - Webinars and virtual meetings/trainings
 - Ad hoc or pilot committees
- Develop protocols for arranging and managing in person and virtual meetings.
- Handle in-person and virtual meeting logistics including securing meeting dates, space, technology, virtual platforms and accounts, and amenities.

- Coordinate member supports such as transportation, stipends, and reimbursements for eligible members.
- Work with the DPH Co-chair and the Community Co-chairs to develop meeting materials (i.e. agendas, minutes, handouts, feedback forms, etc.).
- Prepare and disseminate all materials developed for CHPC or submitted for circulation to DPH co-chair for final review and approval prior to distribution.
- Prepare and disseminate all DPH approved meeting materials before and after meetings.
- Develop, implement, and evaluate meeting satisfaction surveys for all in-person and virtual meetings and summarize findings to be shared with DPH and CHPC. Create dashboards of meeting satisfaction to report to DPH and CHPC. Assist leadership in using meeting feedback to evaluate and improve the planning process.

Integrated Plan Development

- Coordinate the development of one Integrated Plan that focuses on the intersectionality of HIV, Viral Hepatitis and STDs and the impact they have on affected individuals and communities.
- Organize the Integrated Plan around the National Ending the Epidemic Pillars (Diagnose, Treat, Prevent, Respond and Workforce) established by Health and Human Services (HHS), Viral Hepatitis Elimination Plan, and the Sexually Transmitted Infections National Strategic Plans supported by CDC and HRSA RWHAP.
- Engage Subject Matter Experts and People with Lived Experience to give input into the sections of the plan focused on Ending the HIV Epidemic, Eliminating Viral Hepatitis and Controlling STDs. Each section must have narrative describing the current epidemic, specific strategies for addressing the conditions and the services that will be provided to have the greatest impact.
- Coordinate the development of separate Work Plans with SMART Goals and Objectives for eliminating or controlling the epidemics (HIV, Viral Hepatitis, and STD) by 2030.
- Assist the CHPC and DPH in developing a new plan every five years in accordance with CDC and HRSA RWHAP guidance. The contractor must develop a process for evaluating and updating the plan annually.

Coordination of Assessments

- Design and implement a mechanism for developing and analyzing multiple assessments. All assessments should integrate questions regarding HIV, Hepatitis and STDs to help identify needs and gaps in services and inform plans.
- Demonstrate that staff have the epidemiological skills and experience to conduct primary analysis of findings. Applicant staff will be expected to work with DPH designated data/surveillance staff to review all findings. Additionally, applicant staff will be responsible for submitting final reports on all assessments to CHPC, DPH HIV prevention and care program staff and Funders Group members for review prior to CHPC member review and inclusion in the Integrated Plan and distribution to partners.

- Demonstrate ability to coordinate required assessments:
 - **Technology Access** - Develop and implement a tool to identify the needs (devices, internet access, etc.) of CHPC members and their capacity to use technology to participate in the CHPC process and meetings. The applicant must also demonstrate the ability to use technologies to conduct quality virtual events.
 - **Statewide Needs Assessment of PLWH** - Coordinate a process to develop, implement and analyze a survey to identify needed HIV prevention and care services. The survey must also assess ancillary needs that may serve as a barrier to people accessing HIV services. A Statewide Coordinated Statement of Need must be developed and published that includes identified needs, barriers to service access and how they will be addressed statewide.
 - **Financial and Human Resource Inventory** - Coordinate a process to develop an inventory of all HIV prevention and care services that are funded statewide. Solicit information from all Ryan White Parts, HIV Prevention and other entities receiving funding to provide HIV services in the jurisdiction.
 - **Gap Analysis** – Coordinate a process to identify unmet need after comparing Needs Assessment findings with the Financial and Human Resources Inventory. Publish and disseminate findings in a Statewide Coordinated Statement of Need.
 - **Prevention Needs Assessment** – Develop a mechanism for the development and implementation of a survey to identify needed HIV, Viral Hepatitis, and STD prevention services. Conduct data collection, preliminary analysis of findings and recommendations as part of a published final report.
 - **Focus Groups/Listening Sessions** – Develop a process and format to collect anecdotal information to support needs assessment findings or ask communities additional questions. Provide staff support in terms of facilitation, note taking, information analysis and sharing.
 - **Work Force Analysis** – Coordinate the development of a process and tool to analyze the profile of the HIV/Viral Hepatitis/STD workforce and identify training and capacity needs. A summary of findings must be developed that includes a response plan for increasing workforce capacity.

Quality Improvement, Plan Monitoring and Evaluation

- Develop a mechanism for evaluating the SMART goals and objectives in the Integrated Plan for HIV, Hepatitis and STD activities as well as any other CHPC indicators set by the QPM Team. Develop a dashboard or other mechanism for tracking and reporting Connecticut's progress in eliminating HIV and Viral Hepatitis as well as controlling STDs. Prepare a formal progress report for DPH and CHPC review on an annual basis.
- Develop a mechanism for drafting all planning documents that includes a process for collecting feedback prior to drafting final reports. Develop timelines and protocols for compiling information from planning partners and writing documents for review by DPH HIV prevention and care program staff, Funders Group and CHPC members. Successful applicant must also edit and distribute all final documents and reports.
- Implement a Concurrence Process according to CDC guidance for the CHPC to approve the five-year Integrated Plan and submit to CDC and HRSA RWHAP when required. Devise a plan for CHPC to develop and review annual updates of the Integrated Plan.
- Develop a plan for the Monitoring and Evaluation of the CHPC Planning process that includes continuous feedback from CHPC members and partners. Feedback should be solicited at all in-

person and virtual CHPC related meetings including the committees and the Funders Group. Feedback must be analyzed and reported to CHPC and DPH HIV prevention and care program staff in the form of a dashboard for transparency and used to improve the planning process.

- Prepare tri-annual reports on CHPC activities per contract requirements. Assist DPH Co-chair in reporting on activities to CDC and HRSA RWHAP through required Annual Progress Reports (APR) and Interim Progress Reports (IPR) and assist with preparation for presentations made regarding planning activities at site visits and conferences.

Deliverables (Final Reports):

- Final Needs Assessment Report: Documents needs assessment process, findings, and recommendations to key stakeholders
- Statewide Coordinated Statement of Need: Documents identified state and local needs
- Human and Financial Resource Inventory: Documents funded resources and programs
- Gap Analysis: Documents unmet need and recommendations for meeting the needs
- Work Force Analysis: Documents workforce profile, capacity, and training needs
- Five Year Integrated Plan: Documents how partners will coordinate, monitor, and evaluate the HIV Prevention and Care, Viral Hepatitis and STDs services in CT
- Annual Integrated Plan Updates: Documents progress in addressing HIV Prevention and Care, Hepatitis and STDs
- Quality Management Report: Documents progress in meeting Integrated Plan Goals and Objectives, meeting statewide indicators, and efficacy of the planning process

Special Considerations:

The applicant must demonstrate knowledge of the following:

- Knowledge of infectious diseases; specifically, TB, HIV, STDs, and Viral Hepatitis.
- Knowledge of social determinants of health and how they impact life outcomes.
- Understanding of the Public Health Model to reduce illness/social problems in vulnerable populations.
- Understanding of health equity/disparity and how it impacts vulnerable populations.
- Understanding of the impact of social issues such as social injustice, racial injustice, stigma, and discrimination on vulnerable populations.

The applicant must demonstrate experience with the following:

- Working with vulnerable and underserved populations (i.e. Chronically ill or disabled individuals, Racial and ethnic minorities, LGBTQ individuals, Individuals with mental health or substance use disorders, low income, homeless individuals, and sex workers etc.).
- Working with diverse groups of people on a statewide project or initiative. Describe how diversity and inclusion was cultivated.

Connecticut Epidemiological Data

Over the past ten years, new HIV diagnoses and HIV age-adjusted mortality rates have declined in Connecticut. Over the past five years, linkage-to-care and viral suppression rates for people living with HIV (PLWH) have improved.

From 2010 to 2019, 2,968 cases of HIV were diagnosed, and 1,997 deaths were reported. Of the 10,705 PLWH in Connecticut, 63% were aged 50 years and older. Unlike people living with HIV, people newly diagnosed with HIV tended to be younger (age 20-29) and represent the highest percentage increase in new diagnoses over the past decade (23% in 2010 to 32% in 2019).

Gay or bisexual men (MSM) represented the largest proportion of cases among PLWH (32%), followed by high-risk heterosexual contact (28%) and people who inject drugs (PWID) (26%). These transmission categories reflect trends seen in new diagnoses in the last five years. Between 2015 and 2019, 68% of HIV-positive men reported "sex with men" and 81% of HIV-positive women reported "heterosexual sex" as risk factors for HIV transmission.

Trends in race and ethnicity are relatively stable, however HIV prevalence and new diagnoses are disproportionately distributed in Connecticut. In 2019, the rate of Black/African American males and Hispanic/Latino males living with HIV was approximately 5.5 and 3.5 times higher than white males, respectively. Similarly, the rate of Black/African American females and Hispanic/Latina females living with HIV was 12 and 7 times higher than white females, respectively.

In 2019, 220 people were diagnosed with HIV in Connecticut, an overall rate of 6.2 per 100,000 population. The rate of HIV diagnoses in Black/African American males was 9 times higher than in white males. For Hispanic/Latino males, the rate was approximately 3.5 times that of white males. Racial disparity among females was also significant with 52% of newly diagnosed females reported as Black/African American.

A 2019 systematic review and meta-analysis estimated that 14% of transwomen have HIV in the United States.¹ In 2019, there were 83 HIV-positive persons living in Connecticut that identified as transgender: 71 transwomen, 9 transmen, and 3 persons with "other" gender identity; predominantly reported race/ethnicity groups were Hispanic (43%) and Black/African American (32%); and 57% of transgender persons were aged 50+. These data are most likely underreported due to reporting limitations and include people identified as transgender at any time by self-report, medical provider, chart review, or ongoing data collection.

Geographically, Connecticut cities continue to have both the highest number of PLWH and newly diagnosed HIV. In 2019, Hartford, New Haven, Bridgeport, Waterbury, and New London had rates of over 580 for per 100,000 people living with HIV (range 583-1,142). During 2015-2019, Hartford, New Haven, West Haven, Bridgeport, Waterbury, East Hartford, Bloomfield, New Britain, Stamford, and New London had the highest rates of new HIV infections diagnosed (range 9-28 per 100,000 people based on 2010 census). For more detailed information regarding geographic data or other HIV epidemiology, please visit www.ct.gov/dph/HIVsurveillance.

As highlighted by these data, there are greater disparities in new HIV diagnoses among MSM, younger age groups, Black/African American males and females, and urban settings.

As with HIV, hepatitis C (HCV) and hepatitis B (HBV) are blood borne pathogens transmitted primarily through exposure to infectious blood or body fluids. An estimated 2.4 million people are living with HCV in the US². Newly diagnosed chronic HCV cases have decreased in Connecticut. This downward trend should be interpreted with caution as it is most likely due to the revised CDC case definition which now requires detectable hepatitis C viral load. This change was made to assist health departments' efforts to provide people with current HCV infection appropriate care and treatment.

Unlike HBV, there is no vaccine to prevent hepatitis C. Treatment is recommended for all patients with acute or chronic HCV infection, except those with a short life expectancy that cannot be remediated by HCV therapy, liver transplantation, or another directed therapy. Patients with a short life expectancy owing to liver disease should be managed in consultation with an expert. HCV Guidance: Recommendations for testing, managing, and treating Hepatitis C, IDSA, AASLD. However, people with acute HCV require medical follow-up to ensure spontaneous clearance or consider treatment if the infection becomes chronic. Over 90% of chronic HCV-infected persons can be cured with 8-12 weeks of oral therapy.

In Connecticut, between 2016 and 2019, 6,271 people were reported with chronic HCV. Males were being diagnosed with chronic HCV infection almost twice the rate of females (55 vs 33 per 100,000 person-years). Recently, the highest rate of chronic HCV infection occurred in males aged 30-39 followed by males aged 20-29. Unlike males, HCV was more likely to be diagnosed in females aged 20-29 years followed by 30-39 years. Unlike HIV, people diagnosed with chronic HCV lived in both urban and rural settings. During 2016 -2019, Winchester, Windham, Torrington, Putnam, New London, Hartford, Waterbury, Norwich, Killingly, and Bristol had the highest rates of chronic HCV diagnosed (range 77-113 per 100,000 person years) In addition, people newly diagnosed with chronic HCV in Connecticut tend to male and younger. For more detailed information regarding geographic data or other HCV epidemiology, please visit www.ct.gov/dph/hepatitis.

Sexually transmitted diseases (STDs) are some of the most reported diseases in America and are currently at an all-time high. They can have serious health consequences if left untreated and while STDs are preventable and treatable if diagnosed early, new data estimates that on any given day in 2018, 1 in 5 people had an STD. People with these infections do not always experience disease symptoms, but, if left untreated, some STIs can increase the risk of HIV infection, or can cause chronic pelvic pain, pelvic inflammatory disease, infertility, and/or severe pregnancy and newborn complications.

In Connecticut, STDs have increased significantly in recent years. Infections caused by gonorrhea bacteria have increased 111% since 2015 and those caused by syphilis have increased by 97% during the same time. In 2019, there were 369 cases of early syphilis (primary, secondary and early latent) reported and 4,418 cases of gonorrhea reported. Chlamydia, the most reported disease in 2019, had 15,290 cases reported.

Congenital syphilis, which occurs when a pregnant woman with syphilis passes the infection to her unborn child and can cause stillbirth, miscarriage, neurological problems, and deformities has increased by 200% since 2015. Congenital Syphilis is entirely preventable and although Connecticut has laws in place which require testing for syphilis in the first and third trimesters, some women do not seek prenatal care, do not receive the appropriate blood tests or become re-infected prior to delivery. Between 2015 and 2019, CT saw 5 confirmed congenital syphilis cases, with one of those resulting in a still born infant in 2018.

In 2019, cases of primary and secondary syphilis were higher in men (90%) than in women (9%) in CT, and as with HIV, men who have sex with men (78%) represents a larger proportion than their heterosexual (21%) counterparts. Of the 4,418 gonorrhea cases reported in 2019, 57% were male and 43% were women.

Women, who are more likely to be diagnosed with chlamydia than men, likely in part due to routine screening and the higher frequency of symptoms in women. Currently, men do not undergo routine screening for chlamydia. Of the 15,290 chlamydia cases reported in 2019, 66% were in women vs 33% in men.

The incidence and prevalence of STDs is higher in adolescents and young adults, where we see higher rates of gonorrhea and chlamydia in those aged 15 to 29, whereas those aged 20-34 represent a higher proportion of syphilis cases than the other age groups in CT. As with HIV, we see disparities in STDs among Connecticut's cities, with Hartford, Bridgeport, New Haven and Waterbury having higher rates of STDs than other cities in the state.

1 Jeffrey S. Becasen, Christa L. Denard, Mary M. Mullins, Darrel H. Higa, and Theresa Ann Sipe, 2019: Estimating the Prevalence of HIV and Sexual Behaviors Among the US Transgender Population: A Systematic Review and Meta-Analysis, 2006–2017, American Journal of Public Health 109, e1_e8, <https://doi.org/10.2105/AJPH.2018.304727> 2 Hofmesiter MG, Rosenthal EM, Barker LK, Rosenberg ES, Barranco MA, Hall EW, Edlin BR, Mermin J, Ward JW, Ryerson AB. Estimating prevalence of hepatitis C Virus Infection in the United States, 2013-2016. Hepatology. 3 Council for State and Territorial Epidemiologists. <https://wwwn.cdc.gov/nndss/conditions/search/hepatitis+c/> 4 American Association for the Study of Liver Diseases (AASLD) and the Infectious Diseases Society of America (IDSA). Recommendations for testing, management, and treating hepatitis C. HCV testing and linkage to care. Available at: <https://www.hcvguidelines.org>

Availability of Funding

A total of up to \$250,000 annually of state HIV prevention funds, HRSA HIV health care and support services (HCSS) funds will be available, subject to the availability of funds. The contract will be for a five (5) year period.

Special Considerations

Applicants should be aware of the following special considerations related to the RFP and DPH funding requirements:

- The amount of HIV funding allocated in this RFP (\$250,000 per year) is an estimate based on current funding levels. Final budgets and invoices will be developed according to DPH guidance.
- Funding received by a contractor under the HIV Program during any previous funding process (RFP) is not a guarantee of future funding under the Program or through the State. Funding is granted through an open competitive bidding process.
- A variety of resources about the HIV Prevention Program, HIV/AIDS, HCSS, STDs, Viral Hepatitis, TB, the Statewide Plan for HIV for HIV Care and Prevention, and HIV/AIDS Surveillance are available at the following websites:

www.ct.gov/dph
www.cdc.gov
www.hrsa.gov

- Each proposal must be submitted on the attached DPH application Forms and include all required DPH and OPM documents and forms (e.g. Cover pages, Work plan, Budget Summary, etc.). All requirements of this RFP must be met, including page limits.
- The Cover Page must contain the official name, address, email address and phone number of the applicant, the principal contact person for the application, and the name and signature of the person (or persons) authorized to execute the contract. The Cover Page must be signed by an authorized official of the applicant organization. Information about contractor staff responsible for certain contractual functions must also be included in the Cover Pages. Please provide the name, title, address, telephone, email address and FAX number of staff responsible for the completion and submittal of:
 1. Contract and legal documents/forms
 2. Program progress reports
 3. Financial expenditure reports.

Proposer must indicate whether or not the agency is incorporated, the type of agency applying for funding, the fiscal year for the applicant agency, the agency's federal employer ID number and/or

town code number, the applicant's Medicaid provider status and Medicaid number, if any, and if the applicant agency is registered as a Connecticut Minority Business Enterprise and/or Women Business Enterprise.

- Proposals submitted in response to this RFP will be reviewed in two steps; first, to determine whether the Proposer Minimum Requirements Checklist has been met (See Section V. Attachments), and, second to determine the technical merit of the proposal and the extent to which it meets the goals and intent of the RFP.

■ C. MAIN PROPOSAL COMPONENTS (10 page maximum)

1. Applicant Organizational Requirements and Profile:

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

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

The applicant must provide a brief overview of the history and structure of the organization. The applicant must explain how the proposal will fit into the organization's overall mission. 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.

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

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

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

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

d. Current Scope of Services Served

Applicants must describe what and how services are currently being delivered and the number and demographics of clients currently being served.

e. Organization's Experience

The applicant must describe the experience the organization has with the following:

- Building effective partnerships among diverse groups and organizations for collaborative public health planning
- Identifying capacity-building needs of organizations and securing needed capacity-building and technical assistance to reach program goals
- Mobilizing communities disproportionately impacted by HIV (i.e., People Living with HIV, Communities of color, Young men who have sex with men, Transgender people, etc.)
- Eliciting meaningful engagement and participation of stakeholders (i.e., providers, consumers, other partners, etc.) in the community planning process
- Engaging people living with HIV through community forums, focus groups, listening sessions or other unique mechanisms

f. Accreditation / Certification / Licensure (if applicable)

Please define any organizational accreditations, certifications, or licensure.

2. Service Categories– Scope of Services

The proposer must address how the proposed services will be delivered. A detailed Work plan (See Section IV. Proposal Outline, I. Forms) explaining services to be provided, staff assigned, expected outcome measurements/successes and timetable of deliverables must be included with the proposal.

The proposer must describe how the proposal will fit into the organization's overall mission and services/service delivery system.

Further, the proposer must describe how a diverse group of community partners and stakeholders will be engaged in the planning process. Proposer must describe efforts to ensure the meaningful engagement of PLWH.

3. Staffing Requirements – Staffing Plan:**a. Key Personnel / Managers/ Staff Assigned**

The applicant must define all staff assigned to the proposal and outline specific responsibilities in the narrative. The applicant must describe all staff that will provide supervision, administration, and provision of services, as well as applicable position titles, hourly pay rates, and hours assigned to services/ service delivery. Staff assignments must also be included in the Work Plan. The applicant must complete and attach the Staffing Profile in Section IV. I. Forms,

b. Staffing Levels and Demographics of Organization Work Force

The applicant must complete and attach an organizational Work Force Analysis in Section IV.I Forms.

c. Staff Qualifications/ Experience

The applicant must describe staff qualifications and experience to deliver the proposed services. Please indicate any staff certifications or licensures held. All current job descriptions and resumes must be included in Section IV. H Appendices. If new staff will be hired to deliver services, please include new job descriptions in Section IV. H. appendices as well.

d. Organizational Chart

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

e. Recruitment, Hiring & Retention Plan

The applicant must describe how new staff is recruited, hired, trained and the process/ method to retain current staff.

4. Data and Technology Requirements:

Contractors shall be required to use a data collection and reporting system, of the contractors choosing, to document materials received and distributed by the contractor. Reports must be generated regularly for DPH. Proposers must have hardware capable of supporting the database and provide staff support for installation, maintenance and updating of the data system.

Proposers must have access to and be able to access email and the internet for the purposes of record reporting and data collection. Applicant must describe current access to virtual platforms.

a. 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. Applicant must describe experience using virtual platforms to convene public meetings.

b. IT Infrastructure / Hardware & Software Quality

- c. Applicant must describe current operating system, including the indication of any staff assigned to IT management. Such individual's name and contact information must be included.

d. Assessment of Client Satisfaction

Applicant must describe previous and planned client satisfaction surveys or feedback tools used to monitor and evaluate service delivery and client satisfaction with services. Applicant must describe how the findings from these tools will be utilized and describe any changes made because of survey(s) to improve services. Successful applicants will be required to submit copies of client satisfaction surveys and report to DPH any results of surveys on an annual basis.

e. Quality Management and Monitoring & Evaluation (M&E)

Applicant must describe the process for monitoring the planning process, collecting client data, and using quantitative and qualitative information to improve services. Applicant must clearly define in the Work Plan or through the development of a Quality Improvement Plan, the expected outcomes, and measures of success of the service(s) to be provided.

f. Data Security

The applicant must describe what type of data security will be used to protect client data. The applicant should develop and maintain written policies and procedures on data security and confidentiality. Written policies and procedures should include:

- Review of applicable laws and regulations
- Description of applicable data (include details on types of records, systems, and reports)
- Roles and responsibilities of persons with authorized access to the data
- Provisions to limit disclosure and prevent indirect release of PII
- Guidance on data sharing
- Confidentiality guidelines (<https://portal.ct.gov/datasecurity>)

All staff members are required to be trained in data security and confidentiality related policies. Staff members must be notified of any changes or updates to data security policies.

1. Subcontractors

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

- 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)

2. Work Plan

Applicant must submit a detailed Work Plan for the proposed work that includes SMART (Specific, Measurable, Achievable, Realistic and Time-framed) objectives. The work plan should describe the activities to be conducted, location where activities will take place, action steps, specific outcomes/deliverables of the activities, names of staff and position responsible for activities, and the specific timeframe for completion of activities. The timeline for

implementation should include a three-month start-up period to work with CT DPH to finalize an implementation and evaluation plan.

Completed Work Plan Form (See Sect V.A.)

■ D. COST PROPOSAL COMPONENT

1. Financial Requirements - Profile

a. Annual Operating Budget

The applicant must define the agencies annual operating budget, revenues, and sources of other funding, other than HIV prevention [e.g. Ryan White Funds, as well as other federal, state, and foundational funds]. Proposer must also describe how the organization will utilize small and minority businesses, whenever feasible, in the purchase of supplies and services. If said businesses are not used, the applicant must describe how proposed costs and services will be cost efficient.

b. Fiscal Competitiveness

The applicant must describe how the proposal is fiscally competitive, including how staffing and service delivery costs are competitive with similar organizations to attract and maintain qualified staff and provide services in a cost-efficient manner. The applicant must also define fiscal stability as indicated in the organization's most recent fiscal audit.

Annual Budget and Revenues / Financial Standing
Financial Management Systems / Financial Control Procedures
Revenue Generation / Billing / Third Party Reimbursement
Financial Status Reports / Audited Financial Statements

2. Budget Requirements – Budget and Budget Narrative

a. Budget Summary (Section IV. I. Forms)

Detailed Budget Summary Forms must be submitted. Administrative costs shall not exceed 15% of the direct service costs of the funding for which the applicant applies. Administrative costs include direct (overhead) costs. Subcontractor costs, if applicable must be included in the budget summary. Competitiveness of the applicant's budget will be considered as part of the proposal review process.

Total budget amount must be the same over the contract period. The maximum amount of the budget 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. The proposed budget is subject to change during contract award negotiations.

The State of Connecticut is exempt from payment of excise, transportation and sales taxes imposed by the Federal and/or State government. Such taxes must not be included in contract prices.

Program Funding Sources / Total Available Funding / Period of Award:
Proration / Third Party Reimbursement
Flat Fees / Fee-For-Service Revenues
Subcontractor Costs / Subcontractor Cost Schedules
Cost Standards
Budget Narrative / Line Item Budget
Completion of Required Budget Forms (See Sect V.A)

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.*

	Page
A. Cover Sheet	1-2
1. Applicant Information Form (See Section IV. I. Forms 1. Department)	
B. Table of Contents	3
8. Declaration of Confidential Information	4
(See Section I. C. 12 Declaration of Confidential Information. If a Declaration of Confidential Information is applicable , applicant must reference where within the proposal, information labeled as confidential is located and also provide rationale to justify an exemption of the information from release under FOIA. If no such restriction is applicable, applicant must make a statement in Section IV. C of this proposal outline indicating "No Confidential Information Contained.")	
9. Conflict of Interest - Disclosure Statement	4
(See Section I. C. 13. A disclosure statement must be included in this section if applicable. In the absence of any conflict of interest, an applicant must affirm such in Section IV. D. 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.)	
E. Executive Summary	5-6
(See Section I, D.4 Executive Summary for specifications).	
F. Main Proposal	6-7
(Begin pagination with either page 6 or 7 depending on length of Executive Summary and continue page numbering accordingly with Organizational Profile)	
1. Organizational Profile	
a. Brief overview of the history and structure of the organization	
b. Agency's overall mission and vision	
c. Entity type and years of operation	
d. Locations where services will be provided, and hours of operation including nontraditional locations and hours	
2. Scope of Services	
a. Proposed services to be provided (Applicant must describe services to be provided and address the organization's experience in delivering culturally sensitive services to persons and communities disproportionately infected and affected by HIV – Men Who Have Sex with Men, Transgender, Persons who use drugs, women and ethnic and minority populations with a strong emphasis on engaging communities of color).	
b. Community Collaborations (Applicant must identify community collaborations, linkages, or memorandums of agreement with other state agencies and community-based organizations, peer or consumer groups and agencies, and years of said collaborations. If new collaborations will be developed define collaborator (s) and purpose of collaboration).	
c. Service Capacity / Service Delivery Plan (Deliverables) (Applicant must briefly define capacity to deliver services <i>proposed and submit a detailed Work Plan to deliver said services. Work Plan must be included in Section IV. I. Forms, 1 Department).</i>	
3. Staffing Plan	

a. Key Personnel / Managers/ Staff Assigned

(Applicant must describe all staff that will provide supervision, administration, and provision of services, as well as applicable position titles, hourly pay rates, and hours assigned to services/ service delivery. Staff assignments must also be included in the Work Plan). The applicant must complete and attach the Staffing Profile in Section IV. I. Forms, 1. Department for each intervention proposed.

b. Staffing Levels and Demographics of Organization Work Force

(Applicant must complete and attach an organizational Work Force Analysis in Section IV.I Forms).

c. Staff Qualifications/ Experience

(Applicant must describe staff qualifications and experience to deliver the proposed services. Please indicate any staff certifications or licensures held. All current job descriptions and resumes must be included in Section IV. H Appendices). If new staff will be hired to deliver services, please include new job descriptions in Section IV. H. Appendices as well.

d. Organizational Chart

(Applicant must include an organizational chart in Section IV. H. Appendices).

e. Recruitment, Hiring & Retention Plan

(Applicant must describe how new staff is recruited, hired, and trained and the process/ method to recruit peers or retain current staff).

f. Staff Training and Educational Development

Staff is expected to attend DPH sponsored trainings and/or meetings. The applicant shall also describe a mechanism for tracking staff attendance at internal, external, educational training or staff development. Applicant should also address recruitment, hiring, retention and staff training plans.

4. Data and Technology

- a. 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, teleconferences, and virtual events.
- b. IT Infrastructure / Hardware & Software Quality
Applicant must describe current operating system, including the indication of any staff assigned to IT management. Such individual's name and contact information must be included. Successful applicants may be required to install and utilize a data collection and reporting system for documentation of all prevention clients. Applicants must have hardware capable of supporting a system and provide staff support for installation, maintenance and updating of the data system.
- c. Data Collection / Storage / Reporting
(Applicant must describe the mechanism for data collection, storage, and reporting). Successful applicants will be required to utilize a data collection and reporting system, submit all financial, program narratives, and progress reports as contractually required, and be available for a minimum of two site visits per year to be conducted by an assigned HIV Prevention Contract Manager.
- d. Assessment of Client Satisfaction
(Applicant must describe previous and planned client satisfaction surveys or feedback tools used to monitor and evaluate service delivery and client satisfaction with services. Applicant must describe any client satisfaction surveys or tools used to monitor and evaluate services and service delivery and define any findings and changes made because of the survey(s). Note: Client satisfaction surveys for CHPC should be exclusively done with PLWHA.
- e. Quality Management and Process Monitoring
(Applicant must describe the process for monitoring services, collecting data, and using quantitative and qualitative information to improve services. In addition, the applicant must clearly define in the Work Plan the expected outcomes and measures of success of the service(s) to be provided).
- f. Data Security
(Applicant must describe what type of data security will be used to protect client data).

5. Subcontractors

If a subcontractor will be used, please complete, and attach Subcontractor Schedule in Section IV. I. Forms for each HIV prevention intervention proposed.

If a subcontractor will not be used, please indicate as Not Applicable and do not include a Subcontractor schedule in Section IV.I. Forms

6. Work Plan

Work plans must include detailed information about the specific activities to be conducted including what will be done, where and by whom. In addition, specific timeframes for each activity should be included. This information should be translatable into measurable goals and objectives to ensure that deliverables are met.

Please complete and attach the Work Plan in Section IV. I. Forms to outline provision of services.

a. Cost Proposal**1. Financial Profile****2. Budget and Budget Narrative**

- a. Narrative
- b. Budget Summary 1 Form
- c. Budget Justification Schedule B

b. Appendices

- a. Curriculum Vitae (CVs)
- b. Job Descriptions
- c. Resumes

c. Forms

- a. Workforce Analysis
- b. Acknowledgment of Contract Compliance
- c. Notification to Bidders (CHRO)
- d. Consulting Agreement Affidavit (OPM Ethics Form 5)

V. ATTACHMENTS

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

1. Cover Sheet	38
2. Applicant Information Form (continuation)	39
3. Budget Form Instructions	40
4. Budget Summary 1 Form	41
5. Budget Justification Schedule B Form	42
6. Instructions – Subcontractor Schedule A Detail	43
7. Subcontractor Schedule A Detail Form	44
8. Work Plan Form	45
9. Staffing Form	46
10. OPM Consulting Agreement Affidavit	47
11. Workforce Analysis	48

12. Notification to Bidders	49
13. Contract Compliance Policy Statement	50

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

1. Nondiscrimination Certifications	52
2. Code of Ethics	54
3. False Claims Act Notification	61
4. False Claims Act Policy	63
5. False Claims Act Procedure	65
6. SEEC Form 11	67

VI. APPLICATION FORMS

COVER SHEET

REQUEST FOR PROPOSAL RFP DPH # 2022-0903 Community HIV Planning Consortium (CHPC) CONNECTICUT DEPARTMENT OF PUBLIC HEALTH TB, HIV, STD, and Viral Hepatitis Section

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-Profit**Federal Employer I.D. Number:**

--

Town Code No:

--

Medicaid Provider Status: ☐ YES ☐ NO**Medicaid Number:**

--

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

Instructions Budget Summary 1**I. Personnel** (lines #1 - #5) each person funded:

- a) Name of person & Title
- b) Hourly rate, # hours working per week, and # of weeks. (calculate)
- c) Fringe benefit rate. (calculate)

Example:

1. Name & Position: John Smith, Coordinator	
Calculation: \$25.00 hr X 35hrs X 45wks	\$39,375
Fringe Benefit: 26%	\$10,238

II. Line #11 **Contractual (Subcontracts)** provide the total of all subcontracts and complete Subcontractor Schedule.**III.** Lines #6 - #13 complete categories as appropriate,**IV.** Line # 14: Other Expenses are any other types of expense that do not fit into the categories listed.

For example: Equipment (purchasing a computer at a cost of \$1,500). 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 \$2,500 or more.

V. *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.**

VI. Line Item #15 **Administrative and General Costs**, these 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 note, applicants are allowed a maximum of 15% of the total budget to Administrative and General Costs. Please review the OPM website on Cost Standards for more information at: <http://www.ct.gov/opm/cwp/view.asp?a=2981&q=382994>.

VII. 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.

VIII. Other Income list any other program income such as in-kind contributions, fees collected, or other funding sources and include brief explanation on Budget Justification.

IX. 2 Year Contracts: 2 sets of budget forms have been provided. Please do a full budget for each year of the contract, clearly indicating the year on each form. Assume level funding for the second year.

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

B. Budget Justification Schedule B

I. 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.

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

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

Example:

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

Budget Summary 1

Category	Amount
Personnel:	
1) Name & Position: ,	
Calculation:	
Fringe Benefit: %	
2) Name & Position: ,	
Calculation:	
Fringe Benefit: %	
3) Name & Position: ,	
Calculation:	
Fringe Benefit: %	
4) Name & Position: ,	
Calculation:	
Fringe Benefit: %	
5) Name & Position: , :	
Calculation:	
Fringe Benefit: %	
6) Travel per mile X miles	
7) Training	
8) Educational Materials	
9) Office Supplies	
10) Medical Materials	
11) Contractual (Subcontracts)***	
12) Telephone	
13) Advertising	
14) Other Expenses (List Below)	
a)	
b)	
c)	
d)	
e)	
f)	
15) Administrative and General Costs	
Total DPH Grant	
Other Program Income:	

*** Complete Subcontractor Schedule A

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

Budget Justification Schedule B

[illegible]

C. Instructions: Subcontractor Schedule A--Detail

- I.** 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.

II. Detail of Each Subcontractor:

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.**

Provide the detail for each subcontract referencing the corresponding program of the contract. Detail must be provided for each subcontractor listed in the Summary.

Example A. Budget Basis

Outreach Educator \$20/hr x 20hrs/wk x 50wks	\$20,000
Travel 590 miles @ .44 cents/mile	260
Supplies	500
Total	\$20,760

Example B. Fee for Service:

Develop and Produce	
500 Videos @ \$10 each	\$5,000
Total	

Example C. Hourly Rate:

Quality Assurance Review of 200 Patient Charts	
by Nurse Clinician 200 hours @ \$25/hour	\$5,000
Total	\$5,000

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

Subcontractor Schedule A-Detail #1

Program:

Subcontractor Name:

Address:

Telephone: () (-)

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

Indicate One: ☒ MBE ☐ WBE ☐ Neither

Line Item	Amount
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

Line Item	Amount
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

Line Item	Amount
Total Subcontract Amount:	

Work Plan (make as many blank pages as needed):

Program Category:	Activity:	Activity Location:	Activity Steps:	Activity Specific Outcomes:	Name of Staff and Position(s) Responsible:	Timeframe for Completion:

Staffing

Profile of staff providing services. Please provide the information requested below.

Professional Staff*	Name	Title	Hourly Rate	Assigned to Project: # hrs/wk
Position 1				
Position 2				
Position 3				
Position 4				
Clerical/ Support Staff:				
Position 1				
Position 2				

***Attach resumes and job descriptions for all Professional Staff in proposal appendix**



STATE OF CONNECTICUT CONSULTING AGREEMENT AFFIDAVIT

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

INSTRUCTIONS:

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

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

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

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

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

Consultant's Name and Title

Name of Firm (if applicable)

Start Date

End Date

Cost

Description of Services Provided: _____

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

If YES: _____
Name of Former State Agency

Termination Date of Employment

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

Printed Name of Bidder or Vendor

Signature of Chief Official or Individual

Date

Printed Name (of above)

Awarding State Agency

Sworn and subscribed before me on this _____ day of _____, 20____.

Commissioner of the Superior Court or Notary Public

WORKFORCE ANALYSIS

Contractor Name:
Address:

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

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

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

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

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

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

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

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

Contractor's Authorized Signature

Date

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:

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

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



M. Jodi Rell
Governor

AFFIRMATIVE ACTION CONTRACT COMPLIANCE POLICY STATEMENT

The Department of Public Health is an affirmative action employer, in compliance with all state and federal laws which prohibit discrimination and mandate affirmative action to overcome the present effects of past discrimination. Accordingly, we require that the individuals and organizations with which we do business do not engage in discriminatory practices.

This Department and our contractors shall fully comply with the CONTRACT COMPLIANCE REGULATIONS OF CONNECTICUT STATE AGENCIES, Sections 46a-68j-21 through 46a-68j-43, which establish procedures for evaluating compliance with Connecticut General Statutes, Section 4a-60, the state's nondiscrimination contract provisions. We require our contractors to cooperate with the Connecticut Commission on Human Rights and Opportunities in all activities pertinent to these regulations.

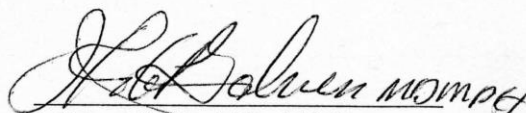
This Department will not knowingly do business with any contractor, subcontractor or supplier of materials who unlawfully discriminates against members of any class protected under state or federal law. Contractors whose overall employment statistics are not reflective of the general employment area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

As part of our contract compliance program, bidders, contractors, subcontractors, and suppliers are encouraged to develop and follow a plan of affirmative action to achieve or exceed parity of employment with the applicable labor market. The existence and active administration of voluntary plans will be a factor in deciding contract approvals and the continuation of existing contracts, in accordance with Section 46a-68j-30.

This Department also solicits and encourages the participation of minority business enterprises as bidders, awardees, contractors, suppliers, and subcontractors.

All bidders and contractors shall be notified of this policy, must sign a Notification to Bidders Form, and complete a workforce analysis questionnaire necessary for the contract award process.

17 Sep 04
Date


J. Robert Galvin, M.D., M.P.H.
Commissioner of Public Health



PHONE: (860) 509-7101 FAX: (860) 509-7111
410 CAPITOL AVENUE - MS#13COM, P.O. BOX 340308, HARTFORD, CONNECTICUT 06134-0308
Affirmative Action/Equal Employment Opportunity Employer

APPLICANT'S MINIMUM REQUIREMENTS CHECKLIST: RFP # 2020-0903

Applicant

1. Cover pages (See Section IV. I. Forms) completed and included in proposal
(not included in page limit) _____
2. Executive Summary (1-2 pages maximum) included
(not included in page limit) _____
3. Declaration of Confidential Information referenced or indicated as N/A
(not included in page limit) _____
4. Conflict of Interest Disclosure Statement included
(not included in page limit) _____
5. Main Proposal narrative meets respective page limits (10 pages) _____
6. Resumes provided for all professional staff assigned to this project.
(not included in page limit) _____
7. Job descriptions provided for all key personnel assigned to this project
including new positions being proposed
(not included in page limit) _____
8. Staff Profile form completed and included in proposal
(not included in page limit) _____
9. Budget Summary and Budget Justification Forms completed and included in proposal
(not included in page limit) _____
10. Subcontractor Schedule (if applicable) completed and included in proposal
(not included in page limit) _____
11. Completed Work Plan form included in proposal
(not included in page limit) _____
12. Completed Notification to Bidders form included in proposal.
(not included in page limit) _____
13. Completed Workforce Analysis Questionnaire included in proposal.
(not included in page limit) _____
14. Signed Consulting Agreement Affidavit (OPM Ethics Form 5) included in proposal
(not included in page limit) _____
15. **An original unbound and 6 unbound copies of the completed proposal must be received**
at DPH no later than Friday August 13, 2021. _____
16. The proposal is signed by an authorized official of the Applicant Organization. _____



STATE OF CONNECTICUT
NONDISCRIMINATION CERTIFICATION — Representation By Entity
For Contracts Valued at Less Than \$50,000

Written representation that complies with the nondiscrimination agreements and warranties under Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended

INSTRUCTIONS:

For use by an entity (corporation, limited liability company, or partnership) when entering into any contract type with the State of Connecticut **valued at less than \$50,000 for each year of the contract**. Complete all sections of the form. Submit to the awarding State agency prior to contract execution.

REPRESENTATION OF AN ENTITY:

I, _____, _____ of _____,
 Authorized Signatory Title Name of Entity

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

represent that I am authorized to execute and deliver this representation on behalf of

_____ and that _____
 Name of Entity Name of Entity

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

 Authorized Signature

 Date

 Printed Name



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

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

INSTRUCTIONS:

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

AFFIDAVIT:

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

I am _____ of _____, an entity

 Signatory's Title Name of Entity

duly formed and existing under the laws of _____.

 Name of State or Commonwealth

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

_____ and that _____

 Name of Entity Name of Entity

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

 Authorized Signature

 Printed Name

Sworn and subscribed to before me on this _____ day of _____, 20____.

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

Commission Expiration Date

CODE OF ETHICS
BUSINESS COMPLIANCE NOTIFICATION

All state contracts issued must comply with CGS 1-84(i) which requires that the business entity receiving a non-competitive contract is not associated with a public official or state employee, nor is it associated with a member of the immediate family of a state employee or public official. The following definitions are offered to facilitate compliance with CGS 1-84(i).

1. An associated business is one in which the individual or immediate family member is a director, officer, owner, partner, or holder of 5% or more of the total outstanding stock of any class. (Officer refers only to the positions of president, executive or senior vice-president, or treasurer). Associated business also includes trusts, if a family member has an interest that exceeds 10% of the value of the trust, or \$50,000, whichever is less.
2. The term business includes both profit and non-profit undertakings.
3. Immediate family includes any spouse, children, or dependent relatives residing in the individual's household.

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.

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

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.

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.

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

5.0 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.

6.0 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.

7.0 Definitions and Acronyms

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

7.1 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

7.2 Definitions

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

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

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

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

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

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

Subcontractor – See “Contractor or Agent” above.



False Claims Act (Policy)

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

8.0 Process

8.1 Dissemination to the Department's New Employees

- 8.1.1** 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.
- 8.1.2** 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.

8.2 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.

8.3 Dissemination to Contractors and Qualified Providers

- 8.3.1** CGMS shall include the Department's False Claims Act Policy and Procedure in all POS contracts between the Department and its contractors and agents.
- 8.3.2** Contractors and agents shall inform all employees providing services funded by the contract of the policy and procedure and obtain acknowledgement of receipt.
- 8.3.3** 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.
- 8.3.4** 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.

9.0 Records

- 9.1** 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

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

10.0 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.

11.0 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.

12.0 Definitions and Acronyms

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

12.1 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

12.2 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.

13.0 Compliance

13.1 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.

13.2 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.

13.3 Compliance Reporting

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



False Claims Act (Procedure)

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

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
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REFERENCE DOCUMENTS	
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The Deficit Reduction Act ("Act") of 2005	Section 6032
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Connecticut General Statutes (C.G.S.)	Section 31-51m Blacklisting
Connecticut General Statutes (C.G.S.)	Section 17b-127 General Assistance

14.0 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.

15.0 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.

16.0 Definitions and Acronyms

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

16.1 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

16.2 Definitions

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

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

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

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

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

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

Subcontractor – See “Contractor or Agent” above.



False Claims Act (Procedure)

PR-CGMS C-001

Revision: 1.0

Effective Date:

05/21/2010

17.0 Process

17.1 Dissemination to the Department's New Employees

17.1.1 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.

17.1.2 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.

17.2 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.

17.3 Dissemination to Contractors and Qualified Providers

17.3.1 CGMS shall include the Department's False Claims Act Policy and Procedure in all POS contracts between the Department and its contractors and agents.

17.3.2 Contractors and agents shall inform all employees providing services funded by the contract of the policy and procedure and obtain acknowledgement of receipt.

17.3.3 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.

17.3.4 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.

18.0 Records

18.1 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

SEEC Form 11 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 or a loan to an individual for other than commercial purposes.

"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.