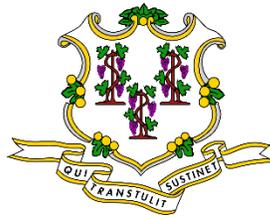


**STATE OF CONNECTICUT PROCUREMENT NOTICE**

Request for Proposals (RFP) For  
**CONNECTICUT QUITLINE SERVICES**  
RFP 2025-0901

Issued By: Connecticut Department of Public Health  
Tobacco Control Program

May 15, 2023

The Request for Proposal is available in electronic format on the State Contracting Portal by filtering by Organization for Department of Public Health at <https://portal.ct.gov/DAS/CTSource/BidBoard> or from the Agency's Official Contact:

Name: Allison Sullivan  
Address: 410 Capitol Avenue, MS#11 HLS, Hartford CT, 06134  
Phone: 860-509-8251  
E-Mail: DPH\_Tobacco@ct.gov

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

**RESPONSES MUST BE RECEIVED NO LATER THAN  
JULY 13, 2023 at 2:00 PM Eastern Daylight  
Savings Time**

The Connecticut Department of Public Health is an Equal Opportunity/Affirmative Action Employer.

The Agency reserves the right to reject any and all submissions or cancel this procurement at any time if deemed in the best interest of the State of Connecticut (State).

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## I. GENERAL INFORMATION

### ■ A. INTRODUCTION

1. **RFP Name and Number.** DPH RFP # 2025-0901: Connecticut Quitline Services.
2. **RFP Summary.** The State of Connecticut, Department of Public Health (hereafter "Agency") is seeking proposals to implement and maintain the Connecticut Quitline, a comprehensive telephone and digital-based tobacco use cessation coaching service that will assist any Connecticut resident in their effort to quit tobacco use. Cognitive behavioral therapy-based services will follow best practice guidelines and will be provided through individualized counseling, information, and self-help materials.
3. **RFP Purpose.** The Department of Public Health is seeking applicants to implement and maintain the Connecticut Quitline, offering services for state residents who are trying to quit using tobacco.
4. **Commodity Codes.** The services that the Agency wishes to procure through this RFP are as follows:
  - 0097: Miscellaneous Hospital Supplies (Nicotine Replacement Therapies)
  - 0098: Health Care Services, Health Care Management and Consulting Services
  - 0600: Services (Professional, Support, Consulting, and Miscellaneous Services)

### ■ B. INSTRUCTIONS

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

Name: Allison Sullivan  
Address: 410 Capitol Avenue, MS #11 HLS, Hartford, CT 06134-0308  
Phone: (860) 509-8251  
E-Mail: DPHtobacco@ct.gov

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

2. **Registering with State Contracting Portal.** Respondents must register with the State of CT contracting portal at <https://portal.ct.gov/DAS/CTSource/Registration> if not already registered. Respondents shall submit the following information pertaining to this application to this portal (on their supplier profile), which will be checked by the Agency contact.
  - Secretary of State recognition – Click on the appropriate response.
  - Non-profit status, if applicable
  - Notification to Bidders, Parts I-V

- Campaign Contribution Certification (OPM Ethics Form 1): <https://portal.ct.gov/OPM/Fin-PSA/Forms/Ethics-Forms>

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

- Agency's RFP Web Page <https://portal.ct.gov/DPH/Request-For-Proposals/Request-for-Proposals>
- State Contracting Portal (go to CTsource bid board, filter by Department of Public Health <https://portal.ct.gov/DAS/CTSource/BidBoard>)

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

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

▪ RFP Released:	May 15, 2023
▪ RFP Conference:	Not Applicable
▪ Letter of Intent Due:	June 30, 2023
▪ Deadline for Questions:	June 12, 2023
▪ Answers Released:	June 19, 2023
▪ Proposals Due:	July 13, 2023
▪ (*) Proposer Selection:	August 10, 2023
▪ (*) Start of Contract Negotiations:	August 17, 2023
▪ (*) Start of Contract:	April 1, 2024

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

- Total Funding Available: \$200,000 each year is anticipated. Funding from sources such as the Tobacco and Health Trust Fund has been allocated in the past to increase this base amount.
- Number of Awards: 1
- Contract Cost: \$1,000,000
- Contract Term: Five Years: April 1, 2024-April 30, 2029
- Funding Source: CT Department of Public Health, via a cooperative agreement with the U.S. Department of Health and Human Services-Centers for Disease Control and Prevention

**6. Eligibility.** Private provider organizations (defined as nonstate entities that are either nonprofit or proprietary corporations or partnerships), State agencies, and

municipalities are eligible to submit proposals in response to this RFP. Individuals who are not a duly formed business entity are ineligible to participate in this procurement.

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

- Be a private for profit, non-profit, or government agency;
- Have at least three (3) years of experience providing tobacco use cessation quitline services;
- Ensure confidentiality consistent with Health Insurance Portability and Accountability Act (HIPAA) regulations.

**8. Letter of Intent.** A Letter of Intent (LOI) is 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 e-mail by the deadline established in the Procurement Schedule. The LOI must clearly identify the sender, including name, postal address, telephone number, and e-mail address. It is the sender's responsibility to confirm the Agency's receipt of the LOI. Failure to submit the required LOI in accordance with the requirements set forth herein shall result in disqualification from further consideration.

**9. Inquiry Procedures.** All questions regarding this RFP or the Agency's procurement process must be directed, in writing, electronically (e-mail) to the Official Contact before the deadline specified in the Procurement Schedule. The early submission of questions is encouraged. Questions will not be accepted or answered verbally- neither in person nor over the telephone. All questions received before the deadline(s) will be answered. However, the Agency will not answer questions when the source is unknown (i.e., nuisance or anonymous questions).

Questions deemed unrelated to the RFP or the procurement process will not be answered. At its discretion, the Agency may or may not respond to questions received after the deadline. If this RFP requires a Letter of Intent, the Agency reserves the right to answer questions only from those who have submitted such a letter. The Agency may combine similar questions and give only one answer. All questions and answers will be compiled into a written amendment to this RFP. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the amendment and duly noted as such.

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

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

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

- **Due Date: July 13, 2023**
- **Time: 2:00 PM Eastern Daylight Time**

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

**An acceptable submission must include the following:**

- One (1) conforming, electronic copy of the original proposal.

The proposal must be complete, properly formatted and outlined, and ready for evaluation by the Screening Committee.

The electronic copy of the proposal must be emailed to the official agency contact for this procurement: [DPHTobacco@ct.gov](mailto:DPHTobacco@ct.gov). The subject line of the email must read: DPH RFP #2025-0901: CT QUITLINE SERVICES [insert name of applicant organization]. Required forms and appendices may be scanned and submitted as PDFs at the end of the main proposal document. Please ensure the entire email submission is less than 25MB as this reflects the Agency's server limitations. Respondents should work to ensure there are not additional IT limitations from the provider side.

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

**12. Multiple Proposals.** The submission of multiple proposals is not an option for this procurement.

## II. PURPOSE OF RFP AND SCOPE OF SERVICES

### ■ A. AGENCY OVERVIEW

The Connecticut Department of Public Health (DPH) is the state's leader in public health policy and advocacy. The agency is the center of a comprehensive network of public health services and is a partner to local health departments for which it provides advocacy, training and certification, technical assistance and consultation, and specialty services such as risk assessment that are not available at the local level. The agency is a source of accurate, up-to-date health information to the Governor, the Legislature, the federal government, and local communities. This information is used to monitor the health status of Connecticut's residents, set health priorities, and evaluate the effectiveness of health initiatives. The agency is a regulator focused on health outcomes, maintaining a balance between assuring quality and administrative burden on the personnel, facilities and programs regulated.

This RFP is being issued by the Tobacco Control Program of the Community, Family Health, and Prevention Section.

The Program has the following goals:

- 1) To prevent the initiation of tobacco use.
- 2) To promote quitting among young people and adults.
- 3) To eliminate nonsmokers' exposure to secondhand smoke and aerosol.
- 4) To identify and eliminate the disparities related to tobacco use and reduce its effects on diverse population groups.

### ■ B. PROGRAM OVERVIEW

The Tobacco Control Program is working to enhance the wellbeing of Connecticut residents by promoting tobacco-free lifestyles and by educating communities about the economic and health costs and consequences of tobacco use; tobacco use is the single most avoidable cause of death in our society and one of the most important public health issues of our time.

In Connecticut, 17.2% of adults use some form of tobacco [2021 BRFSS Data]. Men (21.6%) are more likely to use tobacco than females (13.1%) [2021 BRFSS Data]. Among the different age groups, the highest rate of tobacco use is among the 18–24-year-old and 25–34-year-old age groups, where 23.1% and 23.8%, respectively report using tobacco. Connecticut tobacco use data is included as an Appendix to this RFP.

Nearly 5,000 tobacco-related deaths occur in Connecticut annually, more than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined. In addition to premature deaths, tobacco use causes illness, disability, and productivity loss, and is also responsible for high economic costs. The most recent estimate of annual medical expenditures in Connecticut that are attributable to the consequences of tobacco use is \$2.03 billion.

Once smoking is initiated, the addictive nature of tobacco makes it very difficult to quit. Estimates are that nearly two thirds of smokers want to quit, but each year, fewer than 3% of those who want to quit are successful. Although the Connecticut tobacco use rate is lower than the national average, there is still a need for cessation services, especially among particular groups within the state population.

Successful tobacco use cessation programming is the quickest and most cost-effective means of reducing the public health impact of tobacco use. Brief advice by health care providers to quit smoking can increase cessation rates by 30% according to the Agency for Healthcare Research and Quality. More intensive interventions (including individual, group, or telephone counseling services) that provide social support and training in problem-solving skills are even more effective, increasing cessation rates by 40-100%. FDA-approved medications (e.g., nicotine patch, gum, varenicline and bupropion SR) are effective, especially when out-of-pocket costs are minimized and combined with counseling and other interventions. Availability of no or low-cost cessation services increases an individual's motivation and readiness to quit.

Under the direction of the Tobacco Control Program, this request for proposals seeks to identify organizations possessing the capacity to develop and implement Quitline services to reduce and/or eliminate tobacco use by Connecticut residents.

## **GUIDANCE DOCUMENTS**

Protocols used for all tobacco use cessation services provided by the contractor must be based on research showing effectiveness in changing behavior and in line with the following guidance documents, which may be updated from time to time:

- 1) U.S Public Health Service Clinical Practice Guideline: Treating Tobacco Use and Dependence -PHS Guideline  
<https://www.ahrq.gov/prevention/guidelines/tobacco/clinicians/update/index.html>
- 2) The Community Preventive Services Task Force Recommendations  
<https://www.thecommunityguide.org/findings/tobacco-use-comprehensive-tobacco-control-programs.html>
- 3) The North American Quitline Consortium (NAQC) Recommendations including the Minimum Data Set  
<https://www.naquitline.org/page/qi>
- 4) The Centers for Disease Control and Prevention's *Telephone Quitlines: A Resource for Development, Implementation and Evaluation*  
[https://www.cdc.gov/tobacco/quit\\_smoking/cessation/quitlines/index.htm](https://www.cdc.gov/tobacco/quit_smoking/cessation/quitlines/index.htm)

## **■ C. SCOPE OF SERVICE DESCRIPTION**

### **1. Organizational Expectations:**

- Applications will be accepted from public and private organizations. The proposal must describe the organization, including its purpose, services provided, and length of time in operation. The proposal must also describe the organization's experience with providing tobacco use cessation Quitline services and ensuring confidentiality consistent with Health Insurance Portability and Accountability Act (HIPAA) regulations.
- Describe the current range of services provided by the applicant organization and populations served, including the annual number of individuals reached.

- Define location of applicant organization and hours of operation; include an accompanying description of how residents can reach their organization.
- Provide references from three entities who can document the applicant's ability to provide the services specified in this RFP and for which they are currently providing Quitline services.

## 2. Service Expectations:

The selected contractor must be able to provide the following services:

### A. Screening and Registration

The selected contractor shall provide intake screening and registration for all eligible participants (Connecticut residents aged 13 years and above) to determine the services desired. Intake screening and registration of tobacco users must include the minimum data set questions as recommended by the NAQC (<http://www.naquitline.org>) and any additional questions requested by DPH. The applicant shall also obtain permission of the participant if they are willing to participate in follow-up services and evaluation.

### B. Quitline Telephone Service

The selected contractor will be responsible for establishing and maintaining a comprehensive, proactive, statewide toll-free tobacco use cessation telephone counseling Quitline available to all Connecticut residents. A pro-active Quitline responds to incoming calls with immediate "reactive" assistance and follows up initial contact with more comprehensive services through outbound ("pro-active") calls.

Telephone counseling services including intake, assessment, disposition, treatment and follow-up, and services must be culturally competent and follow evidence-based practices, principles of motivational interviewing for encouraging behavior change, and a cognitive-behavioral approach to treating tobacco use dependence. Services must assist participants with quitting all forms of tobacco products including electronic nicotine delivery systems and vapor products, both combustible and non-combustible products.

Core telephone Quitline services must follow a consistent and systematic protocol that should be described in your proposal. At a minimum, services include the ability to receive incoming calls, assess the caller's readiness to quit, provide counseling including assisting the participant with development of a personalized quit plan, provide nicotine replacement therapy when medically appropriate, refer to relevant ancillary services including local community-based cessation programs, and include self-help educational materials.

One-on-one cessation counseling will include the initial assessment as well as follow-up coaching calls to ensure the most favorable outcome. The number of follow-up calls may be determined based on the methodology chosen, which must be included in your proposal. Follow-up calls will be made at established times that are convenient to the participant. The selected applicant will document multiple attempts to reach participants within their established appointment times. All

enrolled participants shall receive a time-sensitive call within 48 hours of the date they have chosen to quit tobacco.

Services are to be accessible to Connecticut residents 13 years and older. 24-hour service for inbound and outbound calls should be provided Monday-Sunday. Recorded information with call back capacity for one-on-one cessation counselors can be used when all phone lines are busy. Any recorded messages to be used with Connecticut participants must be approved by DPH prior to implementation.

The telephone numbers to be used and maintained are 1-800-QUIT-NOW and 1-855-DEJELLO-YA, the national Quitline access numbers. The contractor will staff the Spanish language telephone number with Spanish speakers to eliminate any initial language barrier for Spanish callers.

Services must be provided free of charge to program participants, be available in a minimum of Spanish and English languages, and accommodations for people speaking other languages must be made. Callers who speak Mandarin, Cantonese, Korean, or Vietnamese will be transferred to the national Asian Smokers' Quitline [Mandarin & Cantonese, 1-800-838-8917, [www.asq-chinese.org](http://www.asq-chinese.org)]; [Korean, 1-800-556-5564, [www.asq-korean.org](http://www.asq-korean.org)]; [Vietnamese, 1-800-778-8440, [www.asq-viet.org](http://www.asq-viet.org)], and video relay capability should be used in addition to a TTY/TTY relay service for those with hearing impairments.

Culturally competent services and materials should be provided. Appropriate services to certain subpopulations that have especially high rates of tobacco use are very important; these groups include adolescents aged 13-17, young adults and adults aged 18-34, persons with a lower socioeconomic status, persons with behavioral health conditions, and lesbian, gay, bisexual, and transgender residents.

The applicant must describe the protocols for assessing each participant's readiness to quit, determining the appropriate treatment option, and the rationale for that selection. A comprehensive description of the treatment options: telephone counseling, web-based services, text capabilities, referral to local community cessation services and programs and/or receipt of self-help educational mailings must also be provided. Protocols must be based on principles of motivational interviewing with a cognitive behavioral approach to treating tobacco use and dependence.

Services should be arranged to avoid long call wait times, busy signals, abandoned calls and voicemail usage requiring call backs. Discuss methods and protocols to limit these types of issues.

The selected applicant shall implement a protocol to make outbound calls to previous participants who were not ready to quit at the time of the original call, reassess their readiness to quit and re-enroll them in Quitline services.

A comprehensive database listing local community cessation programs and services must be created, maintained, updated on a regular basis, and made available to participants who want a local programming option in addition to Quitline Services. The information on referrals made to these community programs should be included in the monthly reporting.

### C. Online Registration/Enrollment

The successful applicant will develop and maintain a Quitline entry path that allows for simple user-friendly online registration into Connecticut Quitline services that incorporates options for the type of service that works best for participants: phone, interactive website, text; keeping pace with industry changes for provision of the most successful quitting experience.

D. Website Access

The successful applicant should develop and maintain an interactive website to assist the program participant in their quit attempt that will be a companion aid to telephone and text messaging counseling sessions. Each registered tobacco user will be given access to the website. This website should be maintained in both English and Spanish languages, and the activity level should be tracked for inclusion in monthly reporting.

E. Stand-alone Website Cessation Program

The contractor will be expected to develop and maintain an interactive web-based tobacco cessation program to assist program participants in their quit attempt. This web program could be used in lieu of telephone counseling. Protocols must follow evidence-based practices and be based on principles of motivational interviewing for encouraging behavior change and a cognitive behavioral approach to treating tobacco use and dependence.

The stand-alone web program shall include but not be limited to the development of a quit plan, monitoring progress of the participant's quit attempt, tips, and strategies to help with quitting, information about quit medications and the ability to seek support from other participants and tobacco cessation specialists on-line. The web program shall also allow the participant to request self-help and educational materials and provide information on local community-based cessation programs.

Registered stand-alone web users should be able to order nicotine replacement therapy through the website when it is medically appropriate for them.

The stand-alone web program shall be maintained in both English and Spanish languages. The activity level for this web program shall be tracked for inclusion in monthly reporting.

F. Social Networking, Text Messaging and Emerging Communication Technology

The applicant should discuss other available options for using current and emerging communications technology with Quitline participants to assist them in a successful quit attempt, such as incorporating text messaging or other types of support that is useful for program participants. This is especially important to attract younger tobacco users and those that prefer other approaches to obtaining coaching assistance than making a telephone call for help quitting their tobacco use.

G. Nicotine Replacement Therapy and other Quit Medications

Nicotine Replacement Therapies (NRT) must be made available to registered participants who enroll when they are medically appropriate. This would be for both participants that enroll into the stand-alone web program or the telephone counseling program. Options for NRT shall include patches, gum, and lozenges at a minimum, with a preference for offering a combination package as well. Other medications may also be provided. Describe your protocols for discussion of cessation medications with callers, exemptions for treatment, distribution of

product that includes the timeline for shipping to participants, inventory procedures and processes.

Although the CT Quitline does not currently offer prescription quit medications, we may in the future. The applicant should also address protocols for prescription quit medication dispensing.

NRT and other quit medications are to be made available at no cost to eligible callers and web users. Pricing for shipments of two-week supplies of patches, gum and lozenges should be included in the cost proposal as well as costs for shipping combinations of patches and gum or lozenges.

H. Referral System

The applicant should establish and implement a health care provider referral mechanism. Current use has been through fax referrals, whereby health care providers and other programs can fax client permission to the Quitline with their name and contact information of their patients who are tobacco users that want to quit *and* have agreed to have their information sent to the Quitline. The Quitline, in turn, shall make pro-active calls to the referred tobacco users to discuss available Quitline services and enroll those patients into the Quitline program. These referrals shall be included as a monthly reporting activity. Feedback regarding the participant's activity and outcome will be provided to the referring provider within 4 to 6 weeks of the participant's referral to the program.

I. Electronic Referral System

The applicant should establish and implement a health care provider electronic referral mechanism. The applicant shall be able to receive electronic referrals through Electronic Health Record/Electronic Medical Record (EHR/EMR) systems and provide feedback electronically through the EHR/EMR system as well as by secure e-mail. A reference document is available on the North American Quitline Consortium at <https://www.naquitline.org/page/EEC>

E-Referrals will allow health care providers to electronically submit patient contact information to the Quitline for tobacco users that want to quit *and* have agreed to have their information sent to the Quitline. The Quitline shall make pro-active contact to the referred tobacco users through their preferred method of contact to discuss available cessation services and enroll patients into the Quitline program. These referrals should be included as a monthly reporting activity. Feedback regarding participant activity and outcome will be provided to the referring provider within 4 to 6 weeks of the participant's referral to the program.

The applicant should describe their process for and experience with implementation of electronic referral systems.

J. Quality Assurance Plan

Please describe the quality assurance protocols and measures that will be established and implemented. The applicant should address how they will ensure quality assurance of service provision and data collection. Describe management oversight of calls and web-based services staff training and processes and plans to address unanticipated high call volume situations.

The applicant's system should have the ability to record all calls for quality assurance purposes for five years after the call. The applicant should also discuss protocols for addressing and resolving participant complaints.

K. Services Feedback Program

The applicant should develop a process that allows CT Quitline participants to provide feedback, including those who have been successful in their quit, to share their stories with staff of the Department's Tobacco Control Program.

L. Third Party Evaluator

The applicant should explain their capability to work with an independent evaluator when one is secured under a separate contract with DPH. The evaluation would be procured to determine participant quit rates, satisfaction rates, cost, and effectiveness of Quitline activities and services.

M. Applicant Capability Chart

To assist in assessing the capability of each applicant, an Applicant Capability Chart is included in the Application Forms. This chart must be completed by all applicants with data from their experience operating a Quitline. Data should be reported for an average of 12 months of operation and should reflect the most recent experience.

N. Transition Plan

Quitline services in Connecticut are currently being offered through a contract with Consumer Wellness Solutions, Inc. of Seattle, Washington. The contract is due to expire on June 30, 2024. A new contractor will need to establish and implement a transition plan for a seamless switch for Quitline service participants.

Please describe your transition plan, which should include discussion of continuity of all services for participants enrolled prior to transition, including participants enrolled through fax and electronic referrals, call numbers and online services transfer, re-enrollment callback to prior participants, transfer and reporting of all participants and Quitline utilization data and the time schedule for full implementation.

### **3. Staffing Expectations:**

- A. Staff assigned to this project need to have the appropriate training and experience to perform tobacco dependence treatment services such as completion of the nationally accredited tobacco treatment specialist training program.
- B. Resumes for management and professional staff will be included with the proposal; one point of contact will be requested for the successful applicant.
- C. The Contractor will have to obtain and maintain sufficient telephone system, text messaging, and web services capacities and ensure adequate staffing to minimize the average length of time callers need to wait for a live response. Average live response should occur within 30 seconds. The current average number of calls per month is less than 200 calls.

- D. Staffing levels may need to be adjusted to allow for modifications when national or state media events and campaigns are scheduled, since they usually affect call volume. State-placed media will be placed in counsel with the Quitline contractor.
- E. Please describe in your proposal the process for flexible scheduling to ensure you have enough counselors available for these changing demands.
- F. Although 24-hour service is preferred, minimum availability on a weekly basis for one-on-one cessation counselors is to receive inbound and place outbound calls for at least 16 hours per day, including evening and weekend hours. Include the hours that Quitline operations will be provided, as well as any dates the Quitline will be unavailable and/or closed for holidays. Please note that provision of services on New Year's Day is especially desired.
- G. The Quitline operation must include a minimum of English and Spanish-speaking operators and accommodate participants who speak other languages or are hearing impaired.
- H. Staff must demonstrate familiarity with science-based research for the provision of Quitline services and can address the needs of adults, youth, and special populations such as pregnant women and people with behavioral health diagnoses.

#### **4. Data and Technology Expectations:**

- A. The contractor will be expected to develop and maintain a data collection system that is capable of tracking and documenting participant information including but not limited to socioeconomic, demographic, referral source, patterns of tobacco use, stage of readiness, and quit attempt history.
- B. The data system should have the ability to collect, store and report data elements included in the proposed minimum data set (MDS) for Quitlines outlined by the North American Quitline Consortium (NAQC), available at <http://www.naquitline.org>, as well as data elements to be specified by DPH such as new planning regions that will be assigned based upon the town of residence.
- C. The contractor will ensure confidentiality of collected participant data consistent with Health Insurance Portability and Accountability Act (HIPAA) regulations.
- D. Database management capabilities including quality assurance (e.g., conduct periodic data assessments to evaluate the quality, accuracy, and validity of the data; assess, and validate data collection methods across intake staff).
- E. Discussion of data management must include plans for quality improvement such as modifications to operations, protocols, data elements, software and/or equipment, staff training, and improved communication methods.
- F. Expectations include development and/or maintenance of a data recovery plan that ensures that files and programs can be restored in the event of loss by any cause including their plan to safeguard data files.

#### **G. Reporting**

Reporting is a critical component of Quitline usage to be able to document ongoing need and use of the service as well as continue providing this important service with sustained funding.

Weekly, monthly, quarterly, and annual reports will demonstrate and document Quitline usage and services provided. Applicants should provide sample reports with their application as an appendix. We currently receive weekly reports with applicant access numbers by day of the week and services provided. Monthly reports have a wide range of data elements to be utilized with program reporting and invoice support. Quarterly reports document performance in meeting contract service standards and corrective actions to be taken, if needed. Annual report summarizes the Quitline services provided and status of corrective actions and any service modifications.

Participant data must be maintained in a database that will allow for routine and ad hoc analyses to respond to special data requests and requests for special customized reports by DPH on an as-needed basis. In addition, raw de-identified data including participant demographics and services provided will be submitted to DPH each month via a secure method for any further analysis.

The selected contractor will be expected to provide any necessary data related to Connecticut Quitline operations and services rendered to the Agency when requested, for instance for use by an independent evaluator for analysis; this will be requested by the Agency in counsel with the Quitline contractor. The applicant will also be expected to provide any necessary collected data related to requests that are received from time to time from the Centers for Disease Control and Prevention, the North American Quitline Consortium, and other entities as requested by DPH.

## **5. Financial Expectations:**

- As a fee-for-service contract, costs for services provided will be reimbursed monthly for the prior month of service. The contractor will be expected to submit monthly invoices as well as the necessary back-up data to support the invoice charges. The Agency will work with the Contractor to develop an acceptable format for the invoice.
- All costs (toll-free telephone line access, text messaging platforms, web hosting, printing, salaries, NRT and other quit medications, training, etc.) must be included in the contract prices.
- The State of Connecticut is exempt from the payment of excise, transportation and sales taxes imposed by the Federal and/or state government. Such taxes must not be included in the cost of services.

## **6. Budget Expectations:**

- Funding for the Connecticut Quitline is being allocated from the Centers for Disease Control and Prevention, State-Based Tobacco Control Program Cooperative Agreement received by the Department of Public Health. There may also be other

funding allocated from time to time, as an example funding was previously received from the Tobacco and Health Trust Fund specifically to fund Quitline services.

- At a minimum, we expect to fund *Basic Quitline Services* including telephone counseling, text messaging capability, website cessation programming, educational materials, and referrals, on an ongoing basis throughout the term of the contract.
- Funding for *Enhanced Quitline Services* may not always be available, although currently we *do* have sufficient funding to offer combination nicotine replacement therapy for all eligible participants as well as a Quitline evaluation every three years.

#### ■ D. PERFORMANCE MEASURES

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

The types of Performance Measures that have been established for Quitline Services include the following:

Performance Measures	Outcomes
Clients who request coaching assistance receive help	90% of all inbound calls will be answered "LIVE" during Quitline hours of operation
	85% of inbound calls will be handled within 30 seconds during the regular business hours of the Quitline
	At least 70% of Quitline callers who are interested in speaking to a coach are transferred directly to a coach.
	95% of voice mail shall be returned within one business day
	Self-help materials will be provided to any registrant within two days
	Participants that request text messaging support receive relevant, targeted messages at regular intervals
Additional support is provided to quitters for their scheduled quit date	At least 90% of quitters receive a follow up call within 48 hours of their scheduled quit date

An online cessation program will be available to quitters for 24/7 access to quitting support	The online tobacco use cessation modules and system will be online at least 99% of the time.

**Providers are welcome to propose additional key metrics within their submission.**

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

As part of the State's commitment to becoming more outcomes-oriented, the Department of Public Health Tobacco Control Program seeks to actively and regularly collaborate with providers to enhance contract management, improve results, and adjust service delivery and policy based on learning what works. Reliable and relevant data is necessary to ensure compliance, inform trends to be monitored, evaluate results and performance, and drive service improvements. As such, the Department of Public Health Tobacco Control Program reserves the right to request/collect other key data and metrics from providers, as service needs or national requirements may change from time to time.

The weekly, monthly, quarterly, and annual reporting schedules are discussed in other sections of this RFP. The need for monthly data reporting with deidentified Quitline participant data is critical.

### III. PROPOSAL SUBMISSION OVERVIEW

#### ■ A. SUBMISSION FORMAT INFORMATION

- 1. Required Outline.** All proposals must follow the required outline presented in Section IV – Proposal Outline. Proposals that fail to follow the required outline will be deemed non-responsive and not evaluated.
- 2. Cover Sheet.** The Cover Sheet is Page 1 of the proposal. The RFP Section VII includes the application forms including the Cover Page. Proposers must complete and use this Cover Sheet form provided by the Agency.
  - *Contact Person* is defined as the individual who can provide additional information about the proposal or who has immediate responsibility for the proposal.
  - *Authorized Official* is defined as the individual empowered to submit a binding offer on behalf of the proposer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto.
- 3. Table of Contents.** All proposals must include a Table of Contents that conforms with the required proposal outline; the Program has provided an Outline for the Table of Contents in the Application Forms Appendix.
- 4. Executive Summary.** Proposals must include a high-level summary, not exceeding three (3) pages of the main proposal and cost proposal. The summary must also include the organization's eligibility and qualifications to respond to this RFP.
- 5. Attachments.** Attachments other than the required Appendices or Forms identified in the RFP may 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 may result in disqualification.
- 6. Style Requirements.**

An electronic submission will be emailed to the Contact in a .pdf format.

- Paper Size: 8 ½ x 11
- Page Limit: 25 pages [Includes Proposal Outline Items A through F. Does not include Attachments or Forms; see Section IV Proposal Outline for more detail.]
- Font Type/Size: Verdana / 9 pt. or Calibri / 11 pt.
- Margins: 1 inch
- Line Spacing: 1 ½ minimum spacing

NOTE: The pre-designed forms do NOT need to be re-formatted to fit within these specifications.

- 7. Pagination.** The proposer's name must be displayed in the header of each page. All pages must be numbered in the footer.

- 8. Declaration of Confidential Information.** Proposers are advised that all materials associated with this procurement are subject to the terms of the Freedom of Information Act (FOIA), the Privacy Act, and all rules, regulations and interpretations resulting from them. If a proposer deems that certain information required by this RFP is confidential, the proposer must label such information as CONFIDENTIAL prior to submission. In subsection E 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).
- 9. Conflict of Interest - Disclosure Statement.** Proposers must include a disclosure statement concerning any current business relationships (within the last three (3) years) that pose a conflict of interest, as defined by C.G.S. § 1-85. A conflict of interest exists when a relationship exists between the proposer and a public official (including an elected official) or State employee that may interfere with fair competition or may be adverse to the interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. A conflict of interest may, however, become a legal matter if a proposer tries to influence, or succeeds in influencing, the outcome of an official decision for their personal or corporate benefit. The Agency will determine whether any disclosed conflict of interest poses a substantial advantage to the proposer over the competition, decreases the overall competitiveness of this procurement, or is not in the best interests of the State. In the absence of any conflict of interest, a proposer must affirm such in the disclosure statement. *Example: "[name of proposer] has no current business relationship (within the last three (3) years) that poses a conflict of interest, as defined by C.G.S. § 1-85."*

## ■ B. EVALUATION OF PROPOSALS

- 1. Evaluation Process.** It is the intent of the Agency to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. When evaluating proposals, negotiating with successful proposers, and awarding contracts, the Agency will conform with its written procedures for POS and PSA procurements (pursuant to C.G.S. § 4-217) and the State's Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85). Final funding allocation decisions will be determined during contract negotiation.
- 2. Evaluation Review Committee.** The Agency will designate a Review Committee to evaluate proposals submitted in response to this RFP. The Review Committee will be composed of individuals, Agency staff or other designees as deemed appropriate. The contents of all submitted proposals, including any confidential information, will be shared with the Review Committee. Only proposals found to be responsive (that is, complying with all instructions and requirements described herein) will be reviewed, rated, and scored. Proposals that fail to comply with all instructions will be rejected without further consideration. The Review Committee shall evaluate all proposals that meet the Minimum Submission Requirements by score and rank ordered and make recommendations for awards. The Commissioner of Public Health will make the final selection. Attempts by any proposer (or representative of any

proposer) to contact or influence any member of the Review Committee may result in disqualification of the proposer.

- 3. Minimum Submission Requirements.** To be eligible for evaluation, proposals must (1) be received on or before the due date and time; (2) meet the Proposal Format requirements; (3) meet the Eligibility and Qualification requirements to respond to the procurement, (4) follow the required Proposal Outline; and (5) be complete. Proposals that fail to follow instructions or satisfy these minimum submission requirements will not be reviewed further. The Agency will reject any proposal that deviates significantly from the requirements of this RFP.
- 4. Evaluation Criteria (and Weights).** Proposals meeting the Minimum Submission Requirements will be evaluated according to the established criteria. The criteria are the objective standards that the Review Committee will use to evaluate the technical merits of the proposals. Only the criteria listed below will be used to evaluate proposals. The weights are disclosed below, and the Review Committee Scoring Sheets are included in the informational attachments to this RFP.
- Organizational Profile and Service Area – 30 points (10%)
  - Scope of Services – 75 points (25%)
  - Staffing Plan including Subcontractors – 30 points (10%)
  - Data and Technology – 45 points (15%)
  - Work Plan – 45 points (15%)
  - Budget and Budget Narrative – 30 points (10%)
  - Appendices – Including call services, recordings, and report samples – 45 points (15%)

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

- 5. Proposer Selection.** Upon completing its evaluation of proposals, the Review Committee will submit the rankings of all proposals to the Commissioner or Agency Head. The final selection of a successful proposer is at the discretion of the Commissioner. Any proposer selected will be so notified and awarded an opportunity to negotiate a contract with the Agency. Such negotiations may, but will not automatically, result in a contract. Any resulting contract will be posted on the State Contracting Portal. All unsuccessful proposers will be notified by e-mail or U.S. mail, at the Agency's discretion, about the outcome of the evaluation and proposer selection process. The Agency reserves the right to decline to award contracts for activities in which the Commissioner considers there are not adequate respondents.
- 6. Debriefing.** Within ten (10) days of receiving notification from the Agency, unsuccessful proposers may contact the Official Contact and request information about the evaluation and proposer selection process. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the ten (10) days. If unsuccessful proposers still have questions after receiving this information, they may contact the Official Contact and request a meeting with the Agency to discuss the evaluation process and their proposals. If held, the debriefing meeting will not include any comparisons of unsuccessful proposals with other proposals. The Agency may schedule and hold the debriefing meeting within fifteen (15) days of the request. The Agency will not change, alter, or modify the outcome of the evaluation or selection process as a result of any debriefing meeting.

- 7. Appeal Process.** Proposers may appeal any aspect the Agency's competitive procurement, including the evaluation and proposer selection process. Any such appeal must be submitted to the Agency head. A proposer may file an appeal at any time after the proposal due date, but not later than thirty (30) days after an agency notifies unsuccessful proposers about the outcome of the evaluation and proposer selection process. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the thirty (30) days. The filing of an appeal shall not be deemed sufficient reason for the Agency to delay, suspend, cancel, or terminate the procurement process or execution of a contract. More detailed information about filing an appeal may be obtained from the Official Contact.
- 8. Contract Execution.** Any contract developed and executed as a result of this RFP is subject to the Agency's contracting procedures, which may include approval by the Office of the Attorney General. Fully executed and approved contracts will be posted on the State Contracting Portal and the Agency website.

## IV. REQUIRED PROPOSAL SUBMISSION OUTLINE AND REQUIREMENTS

All proposals must follow the required outline presented below. Proposals must include a Table of Contents that exactly conforms with this outline, and include all the components listed below, in the order specified, using the prescribed lettering and numbering scheme. Incomplete proposals will not be evaluated.

***Please note the Program has provided Application Forms in an appendix to this RFP that includes a detailed outline for the proposal submission.***

### A. Cover Sheet:

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

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

*Legal Name* is defined as the name of private provider organization, CT State agency, or municipality submitting the proposal. *Contact Person* is defined as the individual who can provide additional information about the proposal or who has immediate responsibility for the proposal.

*Authorized Official* is defined as the individual empowered to submit a binding offer on behalf of the proposer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto.

### B. Table of Contents

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

### C. Executive Summary

The page limitation for this section is three (3) pages briefly describing how the Respondent meets the eligibility and qualification criteria outlined in the Proposal Overview and a brief overview of why the Respondent should be selected for the activities highlighted in the scope of services.

### D. Main Proposal

**\*\*\*Please note the maximum total page length for this section is 25 pages.** (All appendices and other attachments should be referred to in section D and then placed in

section E). The Agency Review Committee will not read answers longer than 25 pages in this section.

**PROPOSAL OUTLINE:**

1. **Organizational Profile:** Provide a general overview of your organization including its history and prior experiences engaging with relevant key stakeholders.
  - a. Purpose, Mission, Vision, Values. . . . .
  - b. Entity Type / Parent Organization / Years of Operation . . . . .
  - c. Location of Offices / Call Facilities . . . . .
  - d. Functional Organization . . . . .
  - e. Current Range of Services / Clients. . . . .
  - f. Qualifications: Strengths and Qualifications of Agency & Staff. . . . .
  - g. Relevant Experience . . . . .
  - h. Accreditation / Certification / Licensure. . . . .
  - i. Governance System . . . . .
  - j. References . . . . .
  
2. **Scope of Services:** Provide a description of how you will provide Quitline services
  - a. Community Collaboration and Engagement. . . . .
  - b. Service Capacity / Delivery Plan / Systems / Processes / Protocols . . . . .
  - c. Client Engagement/Consultation / Evaluation / Treatment Plan . . . . .
  - d. Quality Assurance Protocols . . . . .
  - e. Administrative Support . . . . .
  - f. Special Health or Safety Requirements . . . . .
  
3. **Staffing Plan:** Provide a description of the quality and quantity of personnel that will be utilized to deliver Quitline services
  - a. Key Personnel / Managers . . . . .
  - b. Staffing Levels & Qualifications . . . . .
  - c. Job Descriptions . . . . .
  - d. Personnel Organization Chart . . . . .
  - e. Point of Contact Identified . . . . .
  - f. Recruitment, Hiring & Retention Plan . . . . .
  - g. Staff Training / Education / Development . . . . .
  - h. Hours of Operation & Hours of Service Provision . . . . .
  
4. **Data and Technology:** Provide a description of the information management and performance measurement systems to be utilized for the provision of Quitline services.
  - a. E-Mail / Internet Capabilities . . . . .
  - b. IT Infrastructure / Hardware & Software Quality . . . . .
  - c. Data Collection / Storage . . . . .
  - d. Reporting Capability . . . . .
  - e. Methods of Communication . . . . .
  - f. Assessment of Client Satisfaction . . . . .
  - g. Evaluation / Outcome Measures . . . . .

- 5. Subcontractors: Describe any subcontractors that may be used for the provision of Quitline services.
  - a. Legal Name of Agency, Address, FEIN . . . . .
  - b. Contact Person, Title, Phone, Fax, E-mail . . . . .
  - c. Services Currently Provided . . . . .
  - d. Services To Be Provided Under Subcontract . . . . .
  - e. Subcontractor Oversight . . . . .
  - f. Subcontract Cost and Term . . . . .
  
- 6. Work Plan: The full work plan will be included in the appendices that will be submitted with the applicant’s proposal and that document does not count towards the 25-page limit. Within the proposal narrative, include a quick summary of the overall work plan.
  - a. Start Date . . . . .
  - b. Timetable / Schedule . . . . .
  - c. Tasks, Deliverables . . . . .
  - d. Methodologies . . . . .
  - e. Measurable Objectives . . . . .
  
- 7. Financial Profile: Include information about the fiscal stability of the applicant organization and the accounting and auditing systems in use.
  - a. Annual Budget and Revenues . . . . .
  - b. Financial Standing . . . . .
  - c. Financial Management Systems . . . . .
  - d. Revenue Generation / Billing / Third Party Reimbursement . . . . .

**E. Declaration of Confidential Information:**

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

**F. Conflict of Interest – Disclosure Statement**

Proposers must include a disclosure statement concerning any current business relationships (within the last three (3) years) that pose a conflict of interest, as defined by C.G.S. § 1-85. A conflict of interest exists when a relationship exists between the proposer and a public official (including an elected official) or State employee that may interfere with fair competition or may be adverse to the interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. A conflict of interest may, however, become a legal matter if a proposer tries to influence, or succeeds in influencing, the outcome of an official decision for their personal or corporate benefit. In the absence of any conflict of interest, a proposer must affirm such in the disclosure statement. *Example: "[name of*

*proposer] has no current business relationship (within the last three (3) years) that poses a conflict of interest, as defined by C.G.S. § 1-85."*

**G. Statement of Assurances**

Sign and return: This form is included in the Application Forms document.

**H. Attachments** (clearly referenced to summary and main proposal where applicable)

- a. Cost Proposal: Budget and Budget Narrative
  - i. Narrative
  - ii. Line-Item Budget Form . . . (Fee for Service).. . . . .
  - iii. Subcontractor Costs . . . (Subcontractor Schedule Detail). . . . .
  - iv. Staffing Profile
- b. Participant Materials for both adults and youth . . . . .
- c. Sample Reports Provided Weekly/Monthly/Quarterly/Annually. . . . .
- d. Call Recordings (3) for intake/registration, initial assessment/counseling, and follow-up counseling calls. . . . .
- e. Résumés of Key Personnel . . . . .
- f. Three references with contact information . . . . .
- g. Organizational chart. . . . .
- h. Audited Financial Statements . . . . .
- i. FORMS:
  - i. Applicant Capability Chart
  - ii. Tobacco Industry Funding and Partnership Certification
  - iii. Workforce Analysis

## V. MANDATORY PROVISIONS

### ■ A. POS STANDARD CONTRACT, PARTS I AND II

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

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

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

Note:

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

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

### ■ B. ASSURANCES

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

- 1. Collusion.** The proposer represents and warrants that the proposer did not participate in any part of the RFP development process and had no knowledge of the specific contents of the RFP prior to its issuance. The proposer further represents and warrants that no agent, representative, or employee of the State participated directly in the preparation of the proposer's proposal. The proposer also represents and warrants that the submitted proposal is in all respects fair and is made without collusion or fraud.
- 2. State Officials and Employees.** The proposer certifies that no elected or appointed official or employee of the State has or will benefit financially or materially from any contract resulting from this RFP. The Agency may terminate a resulting contract if it is determined that gratuities of any kind were either offered or received by any of the aforementioned officials or employees from the proposer, contractor, or its agents or employees.

- 3. Competitors.** The proposer assures that the submitted proposal is not made in connection with any competing organization or competitor submitting a separate proposal in response to this RFP. No attempt has been made, or will be made, by the proposer to induce any other organization or competitor to submit, or not submit, a proposal for the purpose of restricting competition. The proposer further assures that the proposed costs have been arrived at independently, without consultation, communication, or agreement with any other organization or competitor for the purpose of restricting competition. Nor has the proposer knowingly disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor.
- 4. Validity of Proposal.** The proposer certifies that the proposal represents a valid and binding offer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto. The proposal shall remain valid for a period of 180 days after the submission due date and may be extended beyond that time by mutual agreement. At its sole discretion, the Agency may include the proposal, by reference or otherwise, into any contract with the successful proposer.
- 5. Press Releases.** The proposer agrees to obtain prior written consent and approval of the Agency for press releases that relate in any manner to this RFP or any resultant contract.

#### ■ C. TERMS AND CONDITIONS

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

- 1. Equal Opportunity and Affirmative Action.** The State is an Equal Opportunity and Affirmative Action employer and does not discriminate in its hiring, employment, or business practices. The State is committed to complying with the Americans with Disabilities Act of 1990 (ADA) and does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities.
- 2. Preparation Expenses.** Neither the State nor the Agency shall assume any liability for expenses incurred by a proposer in preparing, submitting, or clarifying any proposal submitted in response to this RFP.
- 3. Exclusion of Taxes.** The Agency is exempt from the payment of excise and sales taxes imposed by the federal government and the State. Proposers are liable for any other applicable taxes.
- 4. Proposed Costs.** No cost submissions that are contingent upon a State action will be accepted. All proposed costs must be fixed through the entire term of the contract.
- 5. Changes to Proposal.** No additions or changes to the original proposal will be allowed after submission. While changes are not permitted, the Agency may request and authorize proposers to submit written clarification of their proposals, in a manner or format prescribed by the Agency, and at the proposer's expense.
- 6. Supplemental Information.** Supplemental information will not be considered after the deadline submission of proposals, unless specifically requested by the Agency.

The Agency may ask a proposer to give demonstrations, interviews, oral presentations or further explanations to clarify information contained in a proposal. Any such demonstration, interview, or oral presentation will be at a time selected and in a place provided by the Agency. At its sole discretion, the Agency may limit the number of proposers invited to make such a demonstration, interview, or oral presentation and may limit the number of attendees per proposer.

- 7. Presentation of Supporting Evidence.** If requested by the Agency, the proposer must be prepared to present evidence of experience, ability, data reporting capabilities, financial standing, or other information necessary to satisfactorily meet the requirements set forth or implied in this RFP. The Agency may make onsite visits to an operational facility or facilities of a proposer to evaluate further the proposer's capability to perform the duties required by this RFP. At its discretion, the Agency may also check or contact any reference provided by the proposer.

Proposers must include at least three references [with their contact information] from entities for which they currently provide Quitline services.

- 8. RFP Is Not An Offer.** Neither this RFP nor any subsequent discussions shall give rise to any commitment on the part of the State or the Agency or confer any rights on any proposer unless and until a contract is fully executed by the necessary parties. The contract document will represent the entire agreement between the proposer and the Agency and will supersede all prior negotiations, representations or agreements, alleged or made, between the parties. The State shall assume no liability for costs incurred by the proposer or for payment of services under the terms of the contract until the successful proposer is notified that the contract has been accepted and approved by the Agency and, if required, by the Attorney General's Office.

#### ■ D. RIGHTS RESERVED TO THE STATE

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

- 1. Timing Sequence.** The timing and sequence of events associated with this RFP shall ultimately be determined by the Agency.
- 2. Amending or Canceling RFP.** The Agency reserves the right to amend or cancel this RFP on any date and at any time, if the Agency deems it to be necessary, appropriate, or otherwise in the best interests of the State.
- 3. No Acceptable Proposals.** In the event that no acceptable proposals are submitted in response to this RFP, the Agency may reopen the procurement process, if it is determined to be in the best interests of the State.
- 4. Award and Rejection of Proposals.** The Agency reserves the right to award in part, to reject any and all proposals in whole or in part, for misrepresentation or if the proposal limits or modifies any of the terms, conditions, or specifications of this RFP. The Agency may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. The Agency reserves the right to reject the proposal of any proposer who submits a proposal after the submission date and time.

- 5. Sole Property of the State.** All proposals submitted in response to this RFP are to be the sole property of the State. Any product, whether acceptable or unacceptable, developed under a contract awarded as a result of this RFP shall be the sole property of the State, unless stated otherwise in this RFP or subsequent contract. The right to publish, distribute, or disseminate any and all information or reports, or part thereof, shall accrue to the State without recourse.
- 6. Contract Negotiation.** The Agency reserves the right to negotiate or contract for all or any portion of the services contained in this RFP. The Agency further reserves the right to contract with one or more proposer for such services. After reviewing the scored criteria, the Agency may seek Best and Final Offers (BFO) on cost from proposers. The Agency may set parameters on any BFOs received.
- 7. Clerical Errors in Award.** The Agency reserves the right to correct inaccurate awards resulting from its clerical errors. This may include, in extreme circumstances, revoking the awarding of a contract already made to a proposer and subsequently awarding the contract to another proposer. Such action on the part of the State shall not constitute a breach of contract on the part of the State since the contract with the initial proposer is deemed to be void *ab initio* and of no effect as if no contract ever existed between the State and the proposer.
- 8. Key Personnel.** When the Agency is the sole funder of a purchased service, the Agency reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The Agency also reserves the right to approve replacements for key personnel who have terminated employment. The Agency further reserves the right to require the removal and replacement of any of the proposer's key personnel who do not perform adequately, regardless of whether they were previously approved by the Agency.

#### ■ E. STATUTORY AND REGULATORY COMPLIANCE

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

- 1. Freedom of Information, C.G.S. § 1-210(b).** The Freedom of Information Act (FOIA) generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). Proposers are generally advised not to include in their proposals any confidential information. If the proposer indicates that certain documentation, as required by this RFP, is submitted in confidence, the State will endeavor to keep said information confidential to the extent permitted by law. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The proposer has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While a proposer may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.

- 2. Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive.** CT statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to ensure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.
- 3. Consulting Agreements, C.G.S. § 4a-81. Consulting Agreements Representation, C.G.S. § 4a-81.** Pursuant to C.G.S. §§ 4a-81 the successful contracting party shall certify that it has not entered into any consulting agreements in connection with this Contract, except for the agreements listed below. "Consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information, or (C) any other similar activity related to such contracts. "Consulting agreement" does not include any agreements entered into with a consultant who is registered under the provisions of chapter 10 of the Connecticut General Statutes as of the date such contract is executed in accordance with the provisions of section 4a-81 of the Connecticut General Statutes. Such representation shall be sworn as true to the best knowledge and belief of the person signing the resulting contract and shall be subject to the penalties of false statement.
- 4. Campaign Contribution Restriction, C.G.S. § 9-612.** For all State contracts, defined in section 9-612 of the Connecticut General Statutes as having a value in a calendar year of \$50,000 or more, or a combination or series of such agreements or contracts having a value of \$100,000 or more, the authorized signatory to the resulting contract must represent that they have received the State Elections Enforcement Commission's notice advising state contractors of state campaign contribution and solicitation prohibitions, and will inform its principals of the contents of the notice, as set forth in "Notice to Executive Branch State Contractors and Prospective State Contractors of Campaign Contribution and Solicitation Limitations." Such notice is available at [https://seec.ct.gov/Portal/data/forms/ContrForms/seec\\_form\\_11\\_notice\\_only.pdf](https://seec.ct.gov/Portal/data/forms/ContrForms/seec_form_11_notice_only.pdf)
- 5. Gifts, C.G.S. § 4-252.** Pursuant to section 4-252 of the Connecticut General Statutes and Acting Governor Susan Bysiewicz's Executive Order No. 21-2, the Contractor, for itself and on behalf of all of its principals or key personnel who submitted a bid or proposal, represents:
  - a. That no gifts were made by (A) the Contractor, (B) any principals and key personnel of the Contractor, who participate substantially in preparing bids, proposals or negotiating State contracts, or (C) any agent of the Contractor or principals and key personnel, who participates substantially in preparing bids, proposals or negotiating State contracts, to (i) any public official or State employee of the State agency or quasi- public agency soliciting bids or proposals for State contracts, who participates substantially in the preparation of bid solicitations or requests for proposals for State contracts or the negotiation or award of State contracts, or (ii) any public official or State employee of any other State agency, who has supervisory or appointing authority over such State agency or quasi-public agency;

- b. That no such principals and key personnel of the Contractor, or agent of the Contractor or of such principals and key personnel, knows of any action by the Contractor to circumvent such prohibition on gifts by providing for any other principals and key personnel, official, employee or agent of the Contractor to provide a gift to any such public official or State employee; and
  - c. That the Contractor is submitting bids or proposals without fraud or collusion with any person.
6. Any bidder or proposer that does not agree to the representations required under this section shall be rejected and the State agency or quasi-public agency shall award the contract to the next highest ranked proposer or the next lowest responsible qualified bidder or seek new bids or proposals.
7. **Iran Energy Investment Certification C.G.S. § 4-252(a).** Pursuant to C.G.S. § 4-252(a), the successful contracting party shall certify the following: (a) that it has not made a direct investment of twenty million dollars or more in the energy sector of Iran on or after October 1, 2013, as described in Section 202 of the Comprehensive Iran Sanctions, Accountability and Divestment Act of 2010, and has not increased or renewed such investment on or after said date. (b) If the Contractor makes a good faith effort to determine whether it has made an investment described in subsection (a) of this section it shall not be subject to the penalties of false statement pursuant to section 4-252a of the Connecticut General Statutes. A "good faith effort" for purposes of this subsection includes a determination that the Contractor is not on the list of persons who engage in certain investment activities in Iran created by the Department of General Services of the State of California pursuant to Division 2, Chapter 2.7 of the California Public Contract Code. Nothing in this subsection shall be construed to impair the ability of the State agency or quasi-public agency to pursue a breach of contract action for any violation of the provisions of the resulting contract.
8. **Nondiscrimination Certification, C.G.S. § 4a-60 and 4a-60a.** If a bidder is awarded an opportunity to negotiate a contract, the proposer must provide the State agency with *written representation* in the resulting contract that certifies the bidder complies with the State's nondiscrimination agreements and warranties. This nondiscrimination certification is required for all State contracts – regardless of type, term, cost, or value. Municipalities and CT State agencies are exempt from this requirement. The authorized signatory of the contract shall demonstrate his or her understanding of this obligation by either (A) initialing the nondiscrimination affirmation provision in the body of the resulting contract, or (B) providing an affirmative response in the required online bid or response to a proposal question, if applicable, which asks if the contractor understands its obligations. If a bidder or vendor refuses to agree to this representation, such bidder or vendor shall be rejected and the State agency or quasi-public agency shall award the contract to the next highest ranked vendor or the next lowest responsible qualified bidder or seek new bids or proposals.
9. **Access to Data for State Auditors.** The Contractor shall provide to OPM access to any data, as defined in C.G.S. § 4e-1, concerning the resulting contract that are in the possession or control of the Contractor upon demand and shall provide the data to OPM in a format prescribed by OPM [or the Client Agency] and the State Auditors of Public Accounts at no additional cost.



## VI. APPENDIX

### A. ABBREVIATIONS / ACRONYMS / DEFINITIONS

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

- *contractor*: a private provider organization, CT State agency, or municipality that enters into a POS contract with the Agency as a result of this RFP.
- *proposer*: a private provider organization, CT State agency, or municipality that has submitted a proposal to the Agency in response to this RFP. This term may be used interchangeably with respondent throughout the RFP.
- *prospective proposer*: a private provider organization, CT State agency, or municipality that may submit a proposal to the Agency in response to this RFP, but has not yet done so.
- *subcontractor*: an individual (other than an employee of the contractor) or business entity hired by a contractor to provide a specific health or human service as part of a POS contract with the Agency as a result of this RFP.

### B. KEY DATES

<b>Procurement Timetable</b>		
The Agency reserves the right to modify these dates at its sole discretion		
Item	Action	Date
1	Proposal Submission Due Date	July 13, 2023
2	Selection of Proposer	August 10, 2023
3	Contract Negotiations Begin	August 17, 2023
4	Contract Start Date	April 1, 2024

## C. PROPOSAL SUMMARY CHECKLIST

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

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

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

### **Proposal Content Checklist**

PLEASE NOTE THE AGENCY HAS PROVIDED A PROPOSAL SUBMISSION CHECKLIST WITHIN THE APPLICATION FORMS FOR YOUR USE CREATING A TABLE OF CONTENTS

- Cover Sheet** including required information
- Table of Contents**
- Executive Summary:** high-level summary of proposal and cost: Maximum three pages
- Main proposal body answering all questions with relevant attachments.**  
*Proposers should use their discretion to determine whether certain required information is sufficiently captured in the body of their proposal or requires additional attachments for clarification. Additional attachments may include:*
  - Program organizational chart detailing reporting structure
  - Staff resumes and applicable licensures
  - Work plan describing organization’s efforts, progress, and outcomes
  - Detailed plan on cultural competence and humility in service delivery
  - Memoranda of Agreement/Understanding with referral partners
  - Copies of applicant-created and/or evidence-based model intake, eligibility, enrollment, and assessment forms
  - Copies of applicant-created referral materials such as provider referral documents, electronic referral procedures, or referrals to other services such as lung cancer screening or community programs
  - Written financial policies and procedures
- Conflict of Interest Disclosure Statement**
- Statement of Assurances**
- IRS Determination Letter** (for nonprofit proposers)
- Two years of most recent annual audited financial statements; OR any financial statements prepared by a Certified Public Accountant** for proposers whose organizations have been incorporated for less than two years.
- Proposed budget**, including budget narrative and cost schedules for planned subcontractors if applicable.

**Formatting Checklist**

- Is the proposal formatted to fit 8 ½ x 11 (letter-sized) paper?
- Is the main body of the proposal within the 25-page limit, which does not include the executive summary, work plan, cost proposal, or the application forms?
- Is the proposal in 9 pt. Verdana or 11 pt Calibri font?
- Does the proposal format follow normal (1 inch) margins and 1 ½ line spacing?
- Does the proposer’s name appear in the header of each page?
- Does the proposal include page numbers in the footer?
- Are confidential labels applied to sensitive information (if applicable)?

**INFORMATIONAL APPENDICES:**

*The information and forms in this section are for your reference only. Some of this information may be required of applicants awarded funding and will be requested during the contract development process. Some of the indicated information may be submitted electronically.*

Do not include any of the forms included here with your proposal, they are provided for your information.

1) False Claims Act Compliance Notification . . . . .	35
(a) False Claims Act Policy . . . . .	36
(b) False Claims Act Procedure . . . . .	39
2) Campaign Contribution Certification (OPM Form 1) . . . . .	42
3) Review Team Technical Criteria Worksheet. . . . .	44
(RFP scoring form that will be used by the review committee)	
4) CT Tobacco Use Statistics . . . . .	47
(a) Adult Tobacco Use	
(b) Adult Cessation Responses	
(c) High School Youth Tobacco Use	
5) Quitline Utilization Data . . . . .	50
(Connecticut participant data for the 2020-2022 time period)	
(a) 2022	
(b) 2021	
(c) 2020	

*The remainder of this page is intentionally blank*



**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.

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

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

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

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

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

### 2.0 Scope

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

### 3.0 Definitions and Acronyms

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

#### 3.1 Acronyms

“ <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.

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

##### 4.1 False Claim Act

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

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

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

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

##### 4.2 State False Claim Related Acts

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

##### 4.3 Compliance Reporting

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

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

REVISION HISTORY			
Revision	Description of Change	Author	Effective Date
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Connecticut General Statutes (C.G.S.)	Section 17b-127 General Assistance

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

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

### 2.0 Scope

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

### 3.0 Definitions and Acronyms

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

#### 3.1 Acronyms

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

#### 3.2 Definitions

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

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

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

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

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

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

Subcontractor – See “Contractor or Agent” above.

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

##### 4.1 Dissemination to the Department's New Employees

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

##### 4.2 Dissemination to the Department's Existing Employees

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

##### 4.3 Dissemination to Contractors and Qualified Providers

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

#### 5.0 Records

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

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

OPM Form 1



**STATE OF CONNECTICUT  
CAMPAIGN CONTRIBUTION CERTIFICATION**

*Written or electronic certification to accompany a bid or proposal or a non-competitive contract with a value of \$50,000 or more, pursuant to C.G.S. § 9-612.*

**INSTRUCTIONS:**

Complete all sections of the form. Attach additional pages, if necessary, to provide full disclosure about any campaign contributions made to campaigns of candidates for statewide public office or the General Assembly, as described herein. Sign and date the form, under oath, in the presence of a Commissioner of the Superior Court or Notary Public. Submit the completed form to the awarding State agency at the time of submission of your bid or proposal (if no bid or proposal– submit this completed form with the earliest submittal of any document to the state or quasi-public agency prior to the execution of the contract), and if there is a change in the information contained in the most recently filed certification, such person shall submit an updated certification either (i) not later than thirty (30) days after the effective date of such change or (ii) upon the submittal of any new bid or proposal for a contract, whichever is earlier.

**Check One:**

- Initial Certification**
- Updated Certification because of change of information contained in the most recently filed certification**

**CAMPAIGN CONTRIBUTION CERTIFICATION:**

**I certify that neither the contractor or prospective state contractor, nor any of its principals, have made any contributions to, or solicited any contributions on behalf of, any party committee, exploratory committee, candidate for state-wide office or for the General Assembly, or political committee authorized to make contributions to or expenditures to or for, the benefit of such candidates, in the previous four years, that were determined by the State Elections Enforcement Commission to be in violation of subparagraph (A) or (B) of subdivision (2) of subsection (f) of Section 9-612 of the General Statutes, without mitigating circumstances having been found to exist concerning such violation. Each such certification shall be sworn as true to the best knowledge and belief of the person signing the certification, subject to the penalties of false statement. If there is any change in the information contained in the most recently filed certification, such person shall submit an updated certification not later than thirty days after the effective date of any such change or upon the submittal of any new bid or proposal for a state contract, whichever is earlier.**

**All Campaign Contributions on behalf of any party committee, exploratory committee, candidate for state-wide office or for the General Assembly, or political committee authorized to make contributions to or expenditures to or for, the benefit of such candidate, for a period of four years prior to signing the contract or date of the response to the bid, whichever is longer, include:**

<u>Contribution Date</u>	<u>Name of Contributor</u>	<u>Recipient</u>	<u>Value</u>	<u>Description</u>

**Effective July 23, 2021**

OPM Form 1

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

\_\_\_\_\_

**Printed Contractor Name**

\_\_\_\_\_

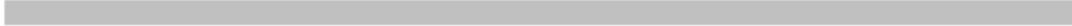
**Printed Name of Authorized Official**

\_\_\_\_\_  
**Signature of Authorized Official**

Subscribed and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**Commissioner of the Superior Court (or Notary Public)**

\_\_\_\_\_  
**My Commission Expires**



**Effective July 23, 2021**

**REVIEW TEAM TECHNICAL CRITERIA WORKSHEET**  
**RFP # 2025-0901: Connecticut Quitline Services**

Applicant

*Proposals must receive a minimum score of 70% in order to be considered for funding.*

	Max Points	Comments	Reviewer Score
<b>Organizational Profile and Service Area 10% - 30 Points</b>			
1.) The extent to which the applicant has provided and/or demonstrated: <ul style="list-style-type: none"> <li>➤ Experience providing a telephone tobacco use cessation counseling service including past service to the agency.</li> <li>➤ References support applicant’s success in providing similar services.</li> <li>➤ Call Center Operation Location.</li> <li>➤ Ability to provide service statewide.</li> <li>➤ Complete Cover Sheet and Applicant Information Form.</li> </ul>	30		
<b>Scope of Services 25% - 75 Points</b>			
2.) The rationale provided and solutions appear to be feasible: The extent to which services to be provided are described clearly and cover all requirements outlined in the RFP: <ul style="list-style-type: none"> <li>a. The Applicant has demonstrated experience with and understanding of assessing readiness to quit tobacco use, knowledge of appropriate treatment options and the rationale for the selection.</li> <li>b. Services and materials adhere to PHS Guideline and other best practices as required by the RFP.</li> </ul> The applicant has demonstrated an effective approach: <ul style="list-style-type: none"> <li>c. To providing Quitline services that are culturally and linguistically appropriate.</li> <li>d. To providing telephone counseling</li> <li>e. To providing digital services including an online cessation program</li> <li>f. To providing web access as companion to telephone counseling</li> <li>g. Using social networking, text messaging and emerging communication technologies to support counseling</li> <li>h. To providing appealing cessation services that are appropriate for different age groups</li> <li>i. Developing and maintaining referral programs, including referral for lung cancer screening</li> <li>j. Providing NRT and pharmacotherapy at no charge to participants including their processes, exemptions, protocols, inventory, and delivery methods.</li> </ul>	75		

<b>Staffing Plan and Subcontractors 10%, 30 Points</b>			
<p>Note: As part of its evaluation of the Staffing Plan, the Screening Committee will consider the proposer’s demonstrated commitment to affirmative action.</p> <p>3.) The extent to which adequate time is allocated to manage the services to be provided: the extent to which the profile of staff and subcontractors are clear and adequate to manage the services to be provided.</p> <ol style="list-style-type: none"> <li>a. To what extent has the proposer allocated enough qualified staff in the appropriate position classification to perform the full range of services requested; is the bidder using qualified coaches/counselors for providing services to participants?</li> <li>b. Are alternate language services available?</li> <li>c. Does the proposer have a qualified program administrator responsible for overseeing the overall operation of the program?</li> <li>d. Does the proposer have qualified data systems staff to oversee the day-to-day data functions, entering data, and submitting required reports while ensuring data quality and accuracy?</li> <li>e. To what extent has proposer demonstrated its capability to effectively coordinate, manage, and monitor the efforts of assigned staff, including subcontractors to ensure that work is effectively completed and in a timely manner</li> </ol>	30		
<b>Data and Technology 15% - 45 points</b>			
<p>4.) The extent to which applicant has demonstrated the ability to:</p> <ol style="list-style-type: none"> <li>a. Maintain a data collection system that is capable of tracking and documenting caller information.</li> <li>b. Collect, Store and Report data elements included in the proposed minimum data set as well as any additional specified data elements.</li> <li>c. Monitor and maintain data quality assurance including quality improvement modifications, protocols, data elements, software and/or equipment, staff training, and improved communication methods.</li> <li>d. Provide required reports and respond to data requests as outlined by DPH from time to time.</li> </ol>	45		
<b>Work Plan 15% - 45 points</b>			
<p>5.) The extent to which the work plan includes sufficient narrative description for reviewers to understand how services will be carried out by the applicant. Applicants utilizing repetitive direct quotes from the RFP may have points deducted for responsiveness.</p>	45		

<p>The extent to which a thorough work plan is presented with measurable objectives and specific, appropriate timelines:</p> <ul style="list-style-type: none"> <li>a. To what extent are the Proposer’s overall approaches and/or methods comprehensive &amp;/or technically sound?</li> <li>b. To what extent did the Proposer offer a rationale for choosing a particular approach and/or method</li> <li>c. To what extent does the Bidder describe in detail the specific actions (tasks, activities, functions) they will perform to fulfill program requirements.</li> <li>d. To what extent will the Bidder perform the tasks/activities and functions in a logical order?</li> <li>e. To what extent are the proposed performance timelines realistic and feasible?</li> <li>f. To what extent did the bidder adequately demonstrate how it will measure and/or prove the completion of major tasks, functions, or activities (e.g., identification of key events/outcomes/deliverables)</li> <li>g. To what extent can the Bidder implement a smooth transition of all activities with little or no disruption to ongoing services</li> </ul>			
<b>Budget and Budget Narrative – 10% - 30 points</b>			
6.) The extent to which a cost-effective budget is presented which follows eligibility guidelines.	10		
7.) The fiscal competitiveness of the proposal.	20		
<b>Appendices – 15% - 45 points</b>			
The extent to which the sample program and educational materials, recordings, and report samples reflect the desired level of services to be provided	45		
<u>Total</u>	300		

**CT DEPARTMENT OF PUBLIC HEALTH - TOBACCO CONTROL PROGRAM****Prevalence of Current Any Tobacco Use Among Connecticut Adults (18+ years old)****2021**

<b>Demographic Characteristics</b>	<b>%</b>	<b>Demographic Characteristics</b>	<b>%</b>
<b>Overall</b>	<b>17.2</b>		
	N = 456,000		
<b>Sex</b>		<b>Education</b>	
Male	<b>21.6</b>	Less than High School (no diploma)	<b>22.7</b>
Female	<b>13.1</b>	High School or GED Diploma	<b>25.5</b>
<b>Age</b>		Some College or Tech School	<b>18.3</b>
18-24	<b>23.1</b>	College Graduate	<b>9.0</b>
25-34	<b>23.8</b>	<b>Sexual Orientation</b>	
35-44	<b>19.4</b>	Straight	<b>16.9</b>
45-54	<b>18.1</b>	LGBT	<b>21.4</b>
55-64	<b>16.9</b>	<b>Health Insurance Coverage</b>	
65+	<b>8.2</b>	Private	<b>15.4</b>
<b>Race/Ethnicity</b>		Medicare	<b>12.4</b>
Non-Hispanic White	<b>17.2</b>	Medicaid	<b>28.7</b>
Non-Hispanic Black	<b>17.4</b>	Other	<b>22.5</b>
Hispanic	<b>18.2</b>	No Insurance	<b>19.1</b>
Non-Hispanic Other	<b>13.5†</b>	<b>Poor Mental Health</b>	
<b>Annual Household Income</b>		Have Poor Mental Health#	<b>30.2</b>
Less than \$25,000	<b>27.8</b>	No Poor Mental Health	<b>15.3</b>
\$25,000 - \$49,999	<b>17.2</b>	<b>Cognitive Disability</b>	
\$50,000 - \$74,999	<b>20.3</b>	Have a Cognitive Disability	<b>29.7</b>
\$75,000+	<b>14.2</b>	No Cognitive Disability	<b>15.8</b>

Data source: 2021 CT Behavioral Risk Factor Surveillance System

†Estimates may be of limited validity due to a high coefficient of variation (CV), 15% < CV <= 20%.

#Mental health was not good for 14 days or more during the past 30 days.

## Prevalence of Connecticut Adults (18+ years old) Who Stopped Using Tobacco for a Day or Longer in the Past 12 Months Because They Were Trying to Quit for Good

### 2021

<b>Overall</b>	<b>38.7</b> N = 164,700		
<b>Sex</b>		<b>Education</b>	
Male	<b>38.9</b>	Less than High School (no diploma)	<b>~30.0</b>
Female	<b>38.3</b>	High School or GED Diploma	<b>39.7</b>
<b>Age</b>		Some College or Tech School	<b>42.5</b>
18-24	<b>44.9<sup>†</sup></b>	College Graduate	<b>36.3</b>
25-34	<b>42.1</b>	<b>Sexual Orientation</b>	
35-44	<b>45.0</b>	Straight	<b>39.1</b>
45-54	<b>36.0</b>	LGBT	<b>36.4<sup>†</sup></b>
55-64	<b>30.0</b>	<b>Health Insurance Coverage</b>	
65+	<b>31.8</b>	Private	<b>38.1</b>
<b>Race/Ethnicity</b>		Medicare	<b>33.1</b>
Non-Hispanic White	<b>39.8</b>	Medicaid	<b>40.7</b>
Non-Hispanic Black	<b>41.0<sup>†</sup></b>	Other	<b>46.3<sup>†</sup></b>
Hispanic	<b>25.7<sup>†</sup></b>	No Insurance	<b>52.6<sup>†</sup></b>
Non-Hispanic Other	<b>~50.0</b>	<b>Poor Mental Health</b>	
<b>Annual Household Income</b>		Have Poor Mental Health <sup>‡</sup>	<b>46.0</b>
Less than \$25,000	<b>39.1</b>	No Poor Mental Health	<b>37.2</b>
\$25,000 - \$49,999	<b>41.7</b>	<b>Cognitive Disability</b>	
\$50,000 - \$74,999	<b>47.0</b>	Have a Cognitive Disability	<b>39.2</b>
\$75,000+	<b>32.2</b>	No Cognitive Disability	<b>38.7</b>

Data source: 2021 CT Behavioral Risk Factor Surveillance System

<sup>†</sup>Estimates may be of limited validity due to a high coefficient of variation (CV), 15%<CV≤20%.

<sup>‡</sup>Mental health was not good for 14 days or more during the past 30 days.

<b>Prevalance of Current Any Tobacco Use Among Connecticut High School Youth 2021</b>	
<b>Demographic Characteristics</b>	<b>%</b>
<b>Overall</b>	<b>11.2</b>
	N = 17,600
<b>Sex</b>	
Male	<b>7.8</b>
Female	<b>14.6</b>
<b>Grade</b>	
9	<b>7.4</b>
10	<b>9.4</b>
11	<b>13.9</b>
12	<b>14.6</b>
<b>Race/Ethnicity</b>	
Non-Hispanic White	<b>11.0</b>
Non-Hispanic Black	<b>10.7</b>
Hispanic	<b>13.2</b>
Non-Hispanic Other	<b>7.2</b>
<b>Sexual Orientation</b>	
Heterosexual	<b>9.2</b>
Lesbian, Gay or Bisexual	<b>17.8</b>
<b>Poor Mental Health**</b>	
Have Poor Mental Health	<b>18.4</b>
No Poor Mental Health	<b>7.5</b>
<i>Data Source: CT Youth Risk Behavior Survey, 2021</i>	
Notes: Youth current any tobacco users are defined as high school students who reported using one or more of cigarettes, cigars, e-cigarettes (or other electronic vapor products), hookahs (waterpipes), chewing tobacco, snuff, snus, dip, dissolvable or traditional pipe tobacco on 1 or more of the past 30 days	
**Students who reported their mental health was not good most of the time or always.	

### Connecticut Quitline Usage Data

#### Quitline Utilization for the Period of January 1, 2022 to December 31, 2022

Month	Tobacco Users Registering for Phone Program	Tobacco Users Registering for Web Program	Total Monthly Enrollments	Multiple Call Program Enrollment	Percent of Monthly Enrollments who sign up for multiple call program	Number of Calls from Providers, Proxies, General Public or Materials Only	Number of Registrations for Spanish services	Number of Fax Referrals	Number of calls completed in multiple call program	Number Signing up for Text Messages	Shipments Made		
											Patch	Gum	Lozenges
January 2022	91	34	125	86	68.800%	7	0	10	586	64	77	26	84
February 2022	72	32	104	64	61.538%	10	2	12	480	40	46	25	34
March 2022	196	38	234	181	77.350%	3	4	16	372	102	145	52	174
April 2022	190	42	232	179	77.155%	6	2	16	258	112	147	66	168
May 2022	136	34	170	128	75.294%	4	5	17	170	63	108	42	126
June 2022	128	29	157	125	79.618%	4	2	29	166	75	98	35	98
July 2022	154	46	200		0.000%	7	3	26	198	62	137	67	124
August 2022	149	28	177	124	70.056%	10	1	18	141	72	107	50	106
September 2022	142	31	173	85	49.133%	9	1	18	128	61	108	45	120
October 2022	95	14	109	64	58.716%	10	0	22	270	48	64	21	44
November 2022	67	27	94	64	68.085%	10	1	13	502	47	64	25	35
December 2022	90	*	90	*	*	*	*	*	506	*	76	35	18
<b>Total 2022</b>	<b>1,510</b>	<b>355</b>	<b>1,865</b>	<b>1,100</b>	<b>58.981%</b>	<b>80</b>	<b>21</b>	<b>197</b>	<b>3,777</b>	<b>746</b>	<b>1,177</b>	<b>489</b>	<b>1,131</b>
Average per month	126	32	155	91.66666667		7.273	1.909	17.909	314.750	67.818	98.083	40.750	94.250
<b>TOTAL NRT SHIPMENTS</b>											<b>2,797</b>		
	* With the transition to a new data platform effective 12/1/2022, we are still working with new data extracts to obtain the comparable numbers.												
	To assure better accuracy, we are not reporting those data elements that are not clear												

## Connecticut Quitline Usage Data

## Quitline Utilization for the Period of January 1, 2021 to December 31, 2021

Month	Tobacco Users Registering for Phone Program	Tobacco Users Registering for Web Program	Total Monthly Enrollments	Multiple Call Program Enrollment	Percent of Monthly Enrollments who sign up for multiple call program	Number of Calls from Providers, Proxies, General Public or Materials Only	Number of Registrations for Spanish services	Number of Fax Referrals	Number of calls completed in multiple call program	Number Signing up for Text Messages	Shipments Made		
											Patch	Gum	Lozenge
January 2021	85	20	105	77	73.333%	12	3	11	586	40	49	26	56
February 2021	107	12	119	103	86.555%	8	6	8	480	48	52	21	48
March 2021	157	34	191	147	76.963%	18	4	13	372	71	91	38	96
April 2021	146	45	191	139	72.775%	16	2	6	258	66	114	49	130
May 2021	136	35	171	129	75.439%	9	2	7	170	75	104	44	116
June 2021	110	30	140	102	72.857%	14	1	6	166	69	95	33	96
July 2021	153	28	181	147	81.215%	16	7	4	198	78	110	41	114
August 2021	158	37	195	147	75.385%	12	3	2	141	102	134	59	128
September 2021	132	37	169	125	73.964%	11	0	7	128	74	106	46	116
October 2021	87	17	104	81	77.885%	11	2	10	270	46	79	31	68
November 2021	70	18	88	64	72.727%	6	0	7	502	34	62	28	71
December 2021	80	20	100	71	71.000%	7	2	10	506	56	41	19	40
<b>Total 2021</b>	<b>1,421</b>	<b>333</b>	<b>1,754</b>	<b>1,332</b>	<b>75.941%</b>	<b>140</b>	<b>32</b>	<b>91</b>	<b>3,777</b>	<b>759</b>	<b>1,037</b>	<b>435</b>	<b>1,079</b>
Average per month	118.4	27.8	146.2	111.0	75.941%	11.7	2.7	7.6	314.8	63.3	86.4	36.3	89.9
<b>TOTAL NRT SHIPMENTS</b>											<b>2,551</b>		

### Connecticut Quitline Usage Data

#### Quitline Utilization for the Period of January 1, 2020 to December 31, 2020

Month	Tobacco Users Registering for Phone Program	Tobacco Users Registering for Web Program	Total Monthly Enrollments	Multiple Call Program Enrollment	Percent of Monthly Enrollments who sign up for multiple call program	Number of Calls from Providers, Proxies, General Public or Materials Only	Number of Registrations for Spanish services	Number of Fax Referrals	Number of calls completed in multiple call program	Number Signing up for Text Messages	Shipments Made		
											Patch	Gum	Lozenge
January 2020	127	27	154	116	75.325%	6	3	16	586	63	147	66	168
February 2020	99	33	132	90	68.182%	3	3	13	480	48	72	23	100
March 2020	116	23	139	105	75.540%	8	2	20	372	54	87	33	90
April 2020	141	23	164	133	81.098%	4	1	2	258	63	79	38	102
May 2020	140	26	166	122	73.494%	6	10	2	170	70	93	58	74
June 2020	167	24	191	156	81.675%	9	3	2	166	84	94	30	112
July 2020	169	26	195	151	77.436%	0	8	8	198	81	111	55	112
August 2020	186	35	221	170	76.923%	8	5	5	141	86	122	51	144
September 2020	176	41	217	161	74.194%	12	3	12	128	86	118	46	130
October 2020	123	27	150	111	74.000%	3	3	10	270	77	113	51	104
November 2020	100	24	124	88	70.968%	6	1	6	502	40	72	31	78
December 2020	90	20	110	81	73.636%	4	2	11	506	40	67	34	60
<b>Total 2020</b>	<b>1,634</b>	<b>329</b>	<b>1,963</b>	<b>1,484</b>	<b>75.599%</b>	<b>69</b>	<b>44</b>	<b>107</b>	<b>3,777</b>	<b>792</b>	<b>1,175</b>	<b>516</b>	<b>1,274</b>
Average per month	136	27	164	124	75.599%	6	4	9	315	66	98	43	106
<b>TOTAL NRT SHIPMENTS</b>											<b>2,965</b>		

## **SECTION VII: Application Forms**

The following forms are also available in WORD Format for applicant use during the application period; the forms are available in a separate file that is posted in the same locations as the RFP.

**REQUEST FOR PROPOSAL COVER SHEET**  
**State of Connecticut – Department of Public Health**  
**TOBACCO CONTROL PROGRAM**

**RFP DPH LOG # 2025-0901**

**CONNECTICUT QUITLINE SERVICES**

**Applicant Information Form**

Legal Name FEIN

Address

City/Town State Zip Code

Telephone No. FAX No. E-Mail Address

Contact Person Title

Telephone No. E-Mail Address

**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:

- a. Full legal name of the organization or corporation as it appears on the corporate seal and as registered with the Secretary of State; Federal Employment Identification Number (FEIN).
- b. Mailing address;
- c. Main telephone number; Fax number, and email address;
- d. Principal contact person for the application (person responsible for developing application), Title, Contact Information: Telephone, Email address;
- e. 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:**

<b>Name</b>	<b>Title</b>	<b>Tel. No.</b>
<b>Street</b>	<b>Town</b>	<b>Zip Code</b>
<b>Email</b>		<b>Fax No.</b>

**Program Progress Reports:**

<b>Name</b>	<b>Title</b>	<b>Tel. No.</b>
<b>Street</b>	<b>Town</b>	<b>Zip Code</b>
<b>Email</b>		<b>Fax No.</b>

**Financial Expenditure Reporting Forms:**

<b>Name</b>	<b>Title</b>	<b>Tel. No.</b>
<b>Street</b>	<b>Town</b>	<b>Zip Code</b>
<b>Email</b>		<b>Fax No,</b>

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

**PROPOSAL OUTLINE**

Provided as a courtesy to facilitate Table of Contents and clarify proposal organization.

**COVER SHEET****APPLICATION INFORMATION FORM****TABLE OF CONTENTS****EXECUTIVE SUMMARY****MAIN PROPOSAL: NARRATIVE – Note this narrative is restricted to 25 pages****Organizational Profile**

- Purpose, Mission, Vision, Values
- Entity Type / Parent Organization / Years of Operation
- Location of Offices / Call Facilities
- Functional Organization
- Current Range of Services /Clients
- Qualifications: Strengths and Qualifications of Agency & Staff
- Relevant Experience
- Accreditation / Certification / Licensure
- Governance System
- References: Three references with Contact Information

**Scope of Services**

- Community Collaboration and Engagement
- Service Capacity / Delivery Plan/Systems / Processes / Protocols
- Client Engagement/Consultation /Evaluation/Treatment Plan
- Quality Assurance Protocols
- Administrative Support
- Special Health or Safety Requirements

**Staffing Plan**

- Key Personnel / Managers
- Staffing Levels & Qualifications
- Job Descriptions
- Personnel Organization Chart
- Point of Contact Identified
- Recruitment, Hiring & Retention Plan
- Staff Training / Education / Development
- Hours of Operation & Hours of Service Provision

**Data and Technology**

- E-Mail / Internet Capabilities
- IT Infrastructure / Hardware/Software Quality
- Data Collection / Storage
- Reporting Capability
- Methods of Communication
- Assessment of Client Satisfaction
- Evaluation / Outcome Measures

**Subcontractors**

- 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

**Financial Profile**

- Annual Budget and Revenues
- Financial Standing
- Financial Management Systems
- Revenue Generation/Billing/Third Party Reimbursement

**MAIN PROPOSAL: NARRATIVE – Continued**

**Work Plan:**

Within the project proposal narrative, include a quick summary of the overall work plan, the details will be provided in the form included in the Application Forms

**Declaration of Confidential Information:**

**Conflict of Interest – Disclosure Statement**

**[END OF MAIN PROPOSAL NARRATIVE SECTION – with the 25 Page Restriction]**

**FORM: Statement of Assurances**

**FORMS: Budget Summary and Justification**

- Fee for Service Line Items
- Subcontractor Detail
- Staffing Profile

**FORM: Work Plan** (Use as many pages as needed)

**SAMPLE PARTICIPANT MATERIALS** – include both Adult and Youth materials as well as a specialty/ subpopulation such as pregnant women or lesbian, gay, bisexual, transgender

**SAMPLE REPORTS PROVIDED WEEKLY/MONTHLY/QUARTERLY/ANNUALLY**

Quitline Services Division **Organizational Chart**

**Résumés** of Key Personnel

Any additional attachments proposers feel will add clarification of their proposal.

**FORM:** Applicant Capability Chart

**FORM:** Tobacco Industry Funding and Partnership Certification

**FORM:** Notification to Bidders Form acknowledgement of receipt

**FORM:** Workforce Analysis Form for any employees located in Connecticut .

**IRS Determination Letter** (for nonprofit proposers)

**Audited Financial Statements** . . .

**Call Recordings** (3) for intake/registration, initial assessment/counseling and follow-up counseling calls.



**B. Budget Justification – Subcontractor Schedule Instructions**

1. For contractors who have subcontracts, a brief description of the purpose of each subcontract must be provided. All subcontractors used by each program must be included, if it is not known who the subcontractor will be, an estimated amount and whatever budget detail is anticipated should be provided. (Submit the actual detail when it is available). A separate subcontractor schedule must be completed for each program included in the contract.

*For example: The contract is providing both a Needle Exchange program and an AIDS Prevention Education Program and Subcontractor “A” is providing services to both program there must be a separate budget for Subcontractor “A” for each.*

2. Detail of Each Subcontractor:

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

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

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

MBE       WBE       Neither

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

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

**C. Budget Justification – Subcontractor Schedule Detail Form**

#1

Subcontractor Name:

Address:

Telephone: ( ) ( - )

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

Indicate One:  MBE  WBE  Neither

Description of Services to be Provided	Total
Line Item(s)	
<b>Total Subcontract Amount:</b>	

#2

Subcontractor Name:

Address:

Telephone: ( ) ( - )

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

Indicate One:  MBE  WBE  Neither

Description of Services to be Provided	Total
Line Item(s)	
<b>Total Subcontract Amount:</b>	

#3

Subcontractor Name:

Address:

Telephone: ( ) ( - )

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

Indicate One:  MBE  WBE  Neither

Description of Services to be Provided	Total
Line Item(s)	
<b>Total Subcontract Amount:</b>	

**D. Budget Justification – Staffing Profile**

Position Description	Staff Person Assigned	Site/ Location	Assigned to Project # Hours wk./ # wks. per Year
1.Position:	Name:		/
2.Position:	Name:		/
3.Position:	Name:		/
4.Position:	Name:		/
5.Position:	Name:		/
6.Position:	Name:		/
7.Position:	Name:		/
8.Position:	Name:		/
9.Position:	Name:		/
10.Position:	Name:		/
11.Position:	Name:		/
12.Position:	Name:		/
13.Position:	Name:		/
14.Position:	Name:		/
15.Position:	Name:		/

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

**Work Plan**

(Make as many blank pages as needed, and form may be set up in either portrait or landscape mode)

<b>Services to be Provided (Provide specifics using the pr)</b>	<b>Activities (Tasks/Deliverables)</b>	<b>Staff Position(s) Responsible</b>	<b>Expected Outcomes, Measures of Success</b>	<b>Timeframe for Completion (Include scheduled start and end dates)</b>

### Applicant Capability Chart

To assist in assessing the capability of the applicant, the following Chart is to be completed with data from the applicant's experience operating a Quitline. If there is no data available put "n/a" into the box.

	English	Spanish	Comments
<b>Call Standards</b>			
% of live answer			
% of abandoned after 30 seconds			
% to voicemail during hours of operation			
% of calls answered within 30 seconds			
Average speed to answer (in seconds)			
<b>Other Services Standards</b>			
Time for delivery of NRT to participant from time requested			
% of participants who receive NRT within your quality standard			
Time of delivery of education materials to participant			
# of hours Quitline operated by applicant was not fully functional in past 12 months due to weather equipment failure, software failure, etc.			
# of hour online components operated by the applicant was not fully functional in past 12 months			
Average # of text messages received by participants that requested them			
% of participants receiving more than one proactive coaching call			
% of participants receiving more than one proactive coaching call who talked with the same coach at each call			
Conversion rate for registration to coaching (# who completed 1 <sup>st</sup> coaching session/#complete registration)			
% of participants in multiple call programs receiving a time sensitive follow-up call within 48 hours of their quit date			
# of registered Quitline participants in the past 12 months (phone/online/text)			

State of Connecticut  
Department of Public Health  
Tobacco Control Program

**Tobacco Industry Funding and Partnership Certification**

I, \_\_\_\_\_ certify that \_\_\_\_\_ has not  
(Printed Signatory Name) (Company/Agency)  
received funding or engaged in partnerships, either formal or informal, with any Tobacco  
Company within the last three (3) years.

The above-mentioned agency will not accept funding nor engage in partnerships with  
any Tobacco Company during the contract period, should we be awarded funds from  
the CT Department of Public Health, Tobacco Control Program.

\_\_\_\_\_  
Applicant's Authorized Signature

\_\_\_\_\_  
Date

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

Deidre S. Gifford, MD, MPH  
Acting Commissioner



Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

### AFFIRMATIVE ACTION CONTRACT COMPLIANCE POLICY STATEMENT

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

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

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

- Discriminate or permit discrimination against any protected class person or protected group in the performance of contracts
- Engage in discriminatory practices or permit discriminatory practices in their workplace
- Cooperate with the Connecticut Commission on Human Rights and Opportunities in all activities
- In all contract solicitations or advertisements state that they are an "affirmative action-equal opportunity employer"
- Must sign a Notification to Bidders Form, and complete a workforce analysis questionnaire necessary for the contract award process

DPH notifies bidders, contractors, subcontractors, and suppliers of this policy and will not knowingly do business with any contractor, subcontractor or supplier of materials who unlawfully discriminates against members of any



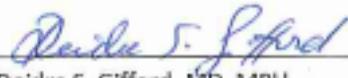
Phone: (860) 509-8000 • Fax: (860) 509-7184  
Telecommunications Relay Service 7-1-1  
410 Capitol Avenue, P.O. Box 340308  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

*Affirmative Action/Equal Opportunity Employer*



CONTRACT COMPLIANCE POLICY Page 2 of 2

class protected under state or federal law. Contractors whose overall employment statistics are not reflective of the general employment area may be required to show good faith efforts to ensure that their personnel policies and practices do not have a discriminatory impact.



Deidre S. Gifford, MD, MPH  
Acting Commissioner, Department of Public Health



DATE

**NOTIFICATION TO BIDDERS**

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

According to Section 4-114a-3(9) of the Contract Compliance Regulations, every agency awarding a contract subject to the contract compliance requirements has an obligation to “aggressively solicit the participation of legitimate minority business enterprises as bidders, contractors, subcontractors and suppliers of materials.” “Minority business enterprise” is defined in Section 4-114a of the Connecticut General Statutes as a business wherein fifty-one percent or more of the capital stock, or assets belong to a person or persons: “(1) who are active in the daily affairs of the enterprise; (2) who have the power to direct the management and policies of the enterprise; and (3) who are members of a minority, as such term is defined in subsection (a) of Section 32-9n.” “Minority” groups are defined in Section 32-9n of the Connecticut General Statutes as “(1) Black Americans...(2) Hispanic Americans...(3) Women...(4) Asian Pacific Americans and Pacific Islanders; or (5) American Indians...”The above definitions apply to the contract compliance requirements by virtue of Section 4-114a-1 (10) of the Contract Compliance Regulations.

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

- a) the bidder’s success in implementing an affirmative action plan;
- b) the bidder’s success in developing an apprenticeship program complying with Sections 46a-68-1 to 46a-68-17 of the Connecticut General Statutes, inclusive;
- c) the bidder’s promise to develop and implement a successful affirmative action plan;
- d) the bidder’s submission of EEO-1 data indicating the composition of it’s work force is at or near parity when compared to the racial and sexual composition of the work force in the relevant labor market area; and
- e) the bidder’s promise to set aside a portion of the contract for legitimate minority business enterprises. See Section 4-114a-3 (10) of the Contract Compliance Regulations.

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

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

---

Signature	Date
-----------	------

on behalf of:  
  
\_\_\_\_\_

### 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:

\_\_\_\_\_  
Authorized Signature Date

