

PROCUREMENT NOTICE**LEGAL NOTICE****Request for Proposal (RFP)****RFP #2019-0901****HIV Testing and Comprehensive Prevention Services**

The Connecticut Department of Public Health (DPH) TB, HIV, STD and Viral Hepatitis Program announces the availability of fiscal year 2019 funds to implement comprehensive integrated HIV Prevention Services to prevent new HIV infections and achieve viral suppression among persons living with HIV. This request for proposal (RFP) will include funding for Drug User Health services, formerly known as the Needle Exchange Program. The integration of these programs allows each region to operate in unison and maximize the impact of state and federal HIV prevention funding. An integrated RFP strengthens implementation of high impact prevention (HIP) by further allowing organizations to align resources to better match the geographic burden of HIV infections within their regions, improve data collection and use for public health action.

The CTDPH TB, HIV, STD and Viral Hepatitis Program is seeking proposals from Connecticut community-based agencies, private organizations, CT State agencies, or municipalities to provide the following services: 1) HIV Testing in Community Settings **or** Routine HIV Testing in Medical Settings. HIV Testing will include a Pre-Exposure Prophylaxis (PrEP) Navigation component, 2) HIV Prevention for Drug User Health Services, 3) Comprehensive HIV Prevention Services for HIV negative and HIV positive persons. Services will be provided to individuals at high risk of acquiring or transmitting HIV [i.e. HIV positive individuals, men who have sex with men (MSM), persons who inject drugs (PWIDs) and high risk heterosexuals]. This request for proposal is a total of up to \$3,470,000 annually of federal Centers for Disease Control and Prevention (CDC) and state funds are available to support these projects. Funding will be for a three year period beginning approximately January 1, 2019 through December 31, 2021, subject to the availability of funds and satisfactory program performance. Funding amounts may decrease after the first year.

The Request for Proposals (RFP) is available in electronic format on the State Contracting Portal at: <http://das.ct.gov/cr1.aspx?page=12> or from the Department Official Contact:

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

Deadline for submission of proposals to the DPH is May 29, 2018

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I. GENERAL INFORMATION

■ A. INTRODUCTION

1. **RFP Number and Name.** RFP# 2019-0901, HIV Testing and Comprehensive Prevention Services.
2. **Summary.** The Connecticut Department of Public Health (DPH) TB, HIV, STD and Viral Hepatitis Program is seeking proposals from Connecticut community-based agencies, private organizations, CT State agencies, or municipalities to provide the following services: 1) HIV Testing in Community Settings or Routine HIV Testing in Medical Settings. HIV Testing will include a Pre-Exposure Prophylaxis (PrEP) Navigation component, 2) HIV Prevention for Drug User Health Services, 3) Comprehensive HIV Prevention Services for HIV negative and HIV positive persons. Services will be provided to individuals at high risk of acquiring or transmitting HIV [i.e. HIV positive individuals, men who have sex with men (MSM), persons who inject drugs (PWIDs) and high risk heterosexuals]. A total of up to \$3,470,000 annually of federal Centers for Disease Control and Prevention (CDC) and state funds are available to support these projects. Funding will be for a three year period beginning approximately January 1, 2019 through December 31, 2021, subject to the availability of funds and satisfactory program performance. Funding amounts may decrease after the first year.
3. **Synopsis.** The purpose of this RFP is to solicit proposals from qualified service providers to provide HIV prevention services that will reduce HIV infection and transmission through the implementation of comprehensive high impact prevention services in CT. The services to be provided in this funding opportunity reiterate the need to focus resources on communities most impacted by HIV and requires jurisdictions to implement a number of high-impact prevention programs to individuals to reduce new HIV infections including: HIV testing, PrEP Navigation services, Drug User Health (includes Syringe Service Programs), HIV Prevention for HIV positive and HIV negative persons at high-risk of HIV infection.

Program funding comes from CDC and the State of Connecticut. This RFP is aligned with CDC's Cooperative Agreement for Integrated HIV Surveillance and Prevention HIV Prevention Projects (PS18-1802) and National HIV/AIDS Strategy (NHAS), which are focused on reducing new HIV infections, increasing access to care, improving health outcomes for people living with HIV, and promoting health equity. The CDC's new federal funding opportunity will accelerate the nation's progress toward a goal of no new infections through two central priorities:

- Ensure the all people living with HIV are aware of their infection and successfully linked to medical care and treatment to achieve viral suppression.
- Expand access to PrEP, condoms and other proven strategies for people at high risk of becoming infected.

These goals are to be achieved by expanding HIV testing, referring and linking HIV positive persons to medical care and other essential services, and increasing program monitoring and accountability. The DPH will utilize past performance and cost-effective modeling tools to assess the distribution of awards and allocation of funding through the screening and the review committee process.

4. **Commodity Codes.** The services that the Department wishes to procure through this RFP are as follows:
 - 1000: Healthcare Services
 - 2000: Community and Social Services

■ B. ABBREVIATIONS/ACRONYMS/DEFINITIONS

1. Abbreviations/Acronyms:

ADA	Americans with Disabilities Act of 1990
CAB	Community Advisory Board
CAETC	Connecticut AIDS Education and Training Center
CDC	Centers for Disease Control and Prevention
C.G.S.	Connecticut General Statutes
CHE	Commission on Health Equity
CHPC	Connecticut HIV Planning Consortium
CHRO	Commission on Human Rights and Opportunity (CT)
CHTC	Couples HIV Testing and Counseling
CHW	Community Health Worker
CT	Connecticut
DAS	Department of Administrative Services (CT)
DIS	Disease Intervention Specialist
DPH	Department of Public Health
DMHAS	Department of Mental Health and Addiction Services
EBI	Effective Behavioral Interventions
EIS	Early Intervention Services
EMR	Electronic Medical Record
ETI	Expanded Testing Initiative
FPL	Federal Poverty Level
FOIA	Freedom of Information Act (CT)
HCV	Hepatitis C Virus
HCSS	Health Care and Support Services
HIP	High Impact Prevention
HIV	Human Immunodeficiency Virus
HRSA	Health Resources and Services Administration
IDU	Injection Drug User
IRS	Internal Revenue Service (US)
LGBT	Lesbian, Gay, Bisexual and Transgendered
LOI	Letter of Intent
MCM	Medical Case Management/Medical Case Manager
MOA	Memorandum of Agreement
MSM	Men Who Have Sex With Men
NHAS	National HIV/AIDS Strategy
nPEP	Non-Occupational Post Exposure Prophylaxis
OAG	Office of the Attorney General
OD	Overdose
OPM	Office of Policy and Management (CT)
OSC	Office of the State Comptroller (CT)
OTL	Outreach, Testing and Linkage
P.A.	Public Act (CT)
PrEP	Pre-Exposure Prophylaxis
PHAB	Public Health Accreditation Bureau
PHS	Public Health Services (US)
PII	Personally identifiable information
PLWHA	People Living With HIV/AIDS
PWID	Persons Who Inject Drugs
PWP	Prevention With Positives
POS	Purchase of Service
PS	Partner Services
RFP	Request for Proposal
RW	Ryan White

RWHAP	Ryan White HIV/AIDS Program
SEEC	State Elections Enforcement Commission (CT)
SMART	Specific/Measurable/Achievable/Realistic/Time-bound
SNS	Social Networks Strategy
SSP	Syringe Service Programs
STD	Sexually Transmitted Disease
TB	Tuberculosis
U.S.	United States

2. Definitions:

Acuity: an individual's level of service needs. Higher acuity clients are those who require greater assistance to achieve desired health outcomes such as remaining engaged in care or adherent to medication.

Applicant: a private provider organization, CT State agency, or municipality that has submitted a proposal to the Department in response to this RFP.

Contractor: a private provider organization, CT State agency, or municipality that enters into a POS contract with the Department as a result of this RFP.

Latinx: a person of Latin American origin or descent (used as a gender-neutral or non-binary alternative to Latino or Latina).

Prospective applicant: a private provider organization, CT State agency, or municipality that may submit a proposal to the Department in response to this RFP, but has not yet done so.

Subcontractor: an individual (other than an employee of the Contractor) or business entity hired by a contractor to provide a specific health or human service as part of a POS contract with the Department as a result of this RFP.

■ C. INSTRUCTIONS

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

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 410 Capitol Avenue, MS #11APV
 Hartford, CT 06134-0308
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 E-Mail: marianne.buchelli@ct.gov
 Please ensure that e-mail screening software (if used) recognizes and accepts e-mails from the Official Contact.

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

- Department's RFP Web Page
<http://www.ct.gov/dph/rfp>
- State Contracting Portal
<http://das.ct.gov/cr1.aspx?page=12>

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

are posted on the portal. This service is provided as a courtesy to assist in monitoring activities associated with State procurements, including this RFP. Printed copies of all documents are also available from the Official Contact upon request.

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

- Total Funding Available: \$3,470,000 annually
- Number of Awards: Approximately 19-26
- Contract Cost: To be negotiated with successful applicants
- \$100,000- \$200,000 each annually
- Contract Term: 3 years

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

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

- Knowledge of the community/area(s) to be served including any emerging trends, populations or HIV service needs/gaps.
- Demonstrated knowledge of HIV, STDs, and provision of services to underserved or uninsured.
- Technology and infrastructure to support EvaluationWeb/XPEMS or any other approved DPH/CDC data collection system:
 - Windows:
 - 2.33GHz or faster x86-compatible processor, or Intel® Atom™ 1.6GHz or faster processor for netbooks
 - Microsoft® Windows® XP (32-bit and 64-bit), Windows Server 2008 (32 bit), Windows Vista® (32-bit and 64-bit), Windows 7 (32 bit and 64 bit), Windows 8.x (32 bit and 64 bit), or Windows Server 2012 (64 bit)
 - Internet Explorer 11.0 or later, latest versions of Mozilla Firefox, Google Chrome, and Opera
 - 512MB of RAM (1GB of RAM recommended for netbooks); 128MB of graphics memory
 - Mac OS X:
 - Intel Core™ Duo 1.83GHz or faster processor
 - Mac OS X v10.6, or later
 - Latest versions of Safari, Mozilla Firefox, Google Chrome, and Opera
 - 512MB of RAM; 128MB of graphics memory
 - Linux:
 - 2.33GHz or faster x86-compatible processor, or Intel Atom 1.6GHz or faster processor for netbooks
 - Red Hat® Enterprise Linux® (RHEL) 5.6 or later (32 bit and 64 bit), openSUSE® 11.3 or later (32 bit and 64 bit), or Ubuntu 10.04 or later (32 bit and 64 bit)
 - Latest versions of Firefox or Google Chrome
 - 512MB of RAM; 128MB of graphics memory

- Documented ability to execute the proposed plan of service delivery, including accounting and financial reporting systems and sound fiscal stability.
- Sufficient experienced staff, or the ability to hire qualified personnel, to execute the proposed plan of service delivery.

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

- RFP Planning Start Date: May 1, 2017
- RFP Released: April 4, 2018
- Letter of Intent Due: April 23 2018
- Deadline for Questions: April 23, 2018
- Answers Released: May 7, 2018
- Amendment Released: May 7, 2018
- Proposals Due: May 29, 2018
- (*) Proposer Selection: September 4, 2018
- (*) Start of Contract Negotiations: September 4, 2018
- (*) Start of Contract: January 1, 2019

7. Letter of Intent. A Letter of Intent (LOI) is **recommended but not required** by this RFP. The LOI is non-binding and does not obligate the sender to submit a proposal. The LOI must be submitted to the Official Contact by US mail, fax, or e-mail by the deadline established in the Procurement Schedule. The LOI must clearly identify the sender, including name, postal address, telephone number, fax number, and e-mail address. It is the sender’s responsibility to confirm the Department’s receipt of the LOI.

8. Inquiry Procedures. All questions regarding this RFP or the Department’s procurement process must be directed, in writing, to the Official Contact before the deadline specified in the Procurement Schedule. The early submission of questions is encouraged. Questions will not be accepted or answered verbally – neither in person nor over the telephone. All questions received before the deadline(s) will be answered. However, the Department will not answer questions when the source is unknown (i.e., nuisance or anonymous questions). Questions deemed unrelated to the RFP or the procurement process will not be answered. At its discretion, the Department may or may not respond to questions received after the deadline. The Department may combine similar questions and give only one answer. All questions and answers will be compiled into a written amendment to this RFP. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the amendment and duly noted as such. The agency will release the answers to questions on the date(s) established in the Procurement Schedule. The Department will publish any and all amendments to this RFP on the State Contracting Portal and, if available, on the Department’s RFP Web Page. At its discretion, the Department may distribute any amendments to this RFP to prospective proposers who submitted a LOI.

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

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

- Due Date: May 29, 2018
- Time: 4:00 pm

Proposals hand-delivered, faxed or e-mailed will not be evaluated. DPH will only accept mailed proposals and will not accept a postmark date as the basis for meeting the submission due date and time. Proposals received after the due date and time will not be evaluated. At the discretion of the Department, late proposals may be destroyed or retained for pick up by the submitters.

An acceptable submission must include the following:

- one (1) original proposal;
- six (6) conforming copies of the original proposal; and
- one (1) conforming electronic copy of the original proposal.

The original proposal must carry original signatures and be clearly marked on the cover as "Original." Unsigned proposals will not be evaluated. The original proposal and each conforming copy of the proposal must be complete, contain page numbers, be properly formatted and outlined, and ready for evaluation by the Screening Committee. The electronic copy of the proposal must be compatible with Microsoft Office Word 2010. For the electronic copy, required forms and appendices may be scanned and submitted in Portable Document Format (PDF) or similar file format.

11. Multiple Proposals.

The submission of multiple proposals is an option with this procurement. The HIV Prevention Program plans on funding 3 categories of services under this RFP. Applicants applying to provide services in more than one Category must submit a separate and complete proposal for each Category.

12. Declaration of Confidential Information. Applicants are advised that all materials associated with this procurement are subject to the terms of the Freedom of Information Act (FOIA), the Privacy Act, and all rules, regulations and interpretations resulting from them. If a proposer deems that certain information required by this RFP is confidential, the applicant must label such information as CONFIDENTIAL. In Section C of the proposal submission, the proposer must reference where the information labeled CONFIDENTIAL is 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).

13. Conflict of Interest - Disclosure Statement. Applicants must include a disclosure statement concerning any current business relationships (within the last three (3) years) that pose a conflict of interest, as defined by C.G.S. § 1-85. A conflict of interest exists when a relationship exists between the applicant and a public official (including an elected official) or State employee that may interfere with fair competition or may be adverse to the interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. A conflict of interest may, however, become a legal matter if an applicant tries to influence, or succeeds in influencing, the outcome of an official decision for their personal or corporate benefit. The Department will determine whether any disclosed conflict of interest poses a substantial advantage to the applicant over the competition, decreases the overall competitiveness of this procurement, or is not in the best interests of the State. In the absence of any conflict of interest, an applicant must affirm such in the disclosure statement. *Example: "[name of applicant] has no*

current business relationship (within the last three (3) years) that poses a conflict of interest, as defined by C.G.S. § 1-85."

■ D. PROPOSAL FORMAT

1. **Required Outline.** All proposals must follow the required outline presented in Section IV – Proposal Outline. Proposals that fail to follow the required outline will be deemed non-responsive and not evaluated.
2. **Cover Sheet.** The Cover Sheet is Page 1 of the proposal. Proposers must complete and use the Cover Sheet form provided by DPH in Section V. A. 1. Attachments. *Legal Name* is defined as the name of private provider organization, CT State agency, or municipality submitting the proposal. *Contact Person* is defined as the individual who can provide additional information about the proposal or who has immediate responsibility for the proposal. *Authorized Official* is defined as the individual empowered to submit a binding offer on behalf of the applicant to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments here to.
 - RFP Name or Number:
 - Legal Name:
 - FEIN:
 - Street Address:
 - Town/City/State/Zip:
 - Contact Person:
 - Title:
 - Phone Number:
 - FAX Number:
 - E-Mail Address:
 - Authorized Official:
 - Title:
 - Signature:
3. **Table of Contents.** All proposals must include a Table of Contents that conforms to the required proposal outline. (See Section IV.)
4. **Executive Summary.** Proposals must include a high-level summary, not exceeding 2 pages, of the main proposal and cost proposal. This summary is not included in the narrative page limit(s). The Executive Summary must include a brief description of the proposed service delivery including needs to be addressed, proposed services, the populations to be served, and the proposed cost. Executive summary style requirements:
 - Font Size : No smaller than 12 point type
 - Font Type: Easily readable (e.g. Arial or Verdana)
 - Margins: 0.5" on top, bottom, left and right,
 - Line spacing: 1.5 line spacing
5. **Attachments.** Attachments other than the required Appendices or Forms identified in Section IV are not permitted and will not be evaluated. Further, the required Appendices or Forms must not be altered or used to extend, enhance, or replace any component required by this RFP. **Failure to abide by these instructions will result in disqualification.**
6. **Style Requirements.** Each submitted proposal must conform to the following specifications (See Executive Summary style requirements in #4 above):
 - Binding Type: Unbound, but fastened with binder clips

- Dividers: None specified
- Paper Size: 8.5" x 11"
- Page Limit: Maximum 10 page narrative limit not including Executive Summary and Required Forms and Attachments
- Print Style: Single-sided
- Font Size: No smaller than 11 point type
- Font Type: Easily readable (e.g. Arial or Verdana)
- Margins: No less than 0.5" top, bottom, left and right margins
- Line Spacing: 1.5 line spacing

7. Pagination. The applicant's name must be displayed in the header of each page. All pages, including the required Appendices and Forms, must be numbered in the footer.

8. Packaging and Labeling Requirements. All proposals must be submitted in sealed envelopes or packages and be addressed to the Official Contact by the due date. The Legal Name and Address of the applicant must appear in the upper left corner of the envelope or package. The RFP Name or Number must be clearly displayed on the envelope or package. Any received proposal that does not conform to these packaging or labeling instructions may be accepted by DPH as a clerical function, but it will not be evaluated. At the discretion of the Department, such a proposal may be destroyed or retained for pick up by the submitters.

■ E. EVALUATION OF PROPOSALS

1. Evaluation Process. It is the intent of the Department to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. When evaluating proposals, negotiating with successful applicants, and awarding contracts, the Department will conform within its written procedures for POS procurements (pursuant to C.G.S. § 4-217) and the State's Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85).

2. Screening Committee. The Department will designate a Screening Committee to evaluate proposals submitted in response to this RFP. The contents of all submitted proposals, including any confidential information, will be shared with the Screening Committee. Only proposals found to be responsive (that is, complying with all instructions and requirements described herein) will be reviewed, rated, and scored. Proposals that fail to comply with all instructions will be rejected without further consideration. Attempts by any applicant (or representative of any applicant) to contact or influence any member of the Screening Committee may result in disqualification of the applicant.

3. Minimum Submission Requirements. All proposals must comply with the requirements specified in this RFP. To be eligible for evaluation, proposals must (1) be received on or before the due date and time; (2) meet the Proposal Format requirements; (3) follow the required Proposal Outline; and (4) be complete. Proposals that fail to follow instructions or satisfy these Minimum Submission Requirements will not be reviewed further. The Department will reject any proposal that deviates from the requirements of this RFP.

4. Evaluation Criteria (and Weights). Proposals meeting the Minimum Submission Requirements will be evaluated according to the established criteria. The criteria are the objective standards that the Screening Committee will use to evaluate the technical merits of the proposals. Only the criteria listed below will be used to evaluate proposals. The criteria are weighted according to their relative importance. **The weights are disclosed below (Total of 100):**

- **Organizational Profile (5)**

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

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

5. **Applicant Selection.** Upon completing its evaluation of proposals, the Screening Committee will submit the rankings of all proposals to the Department head. The final selection of a successful applicant is at the discretion of the Department head. Any applicant selected will be so notified and awarded an opportunity to negotiate a contract with the Department. Such negotiations may, but will not automatically, result in a contract. Pursuant to Governor M. Jodi Rell's Executive Order No. 3, any resulting contract will be posted on the State Contracting Portal. All unsuccessful applicants will be notified by e-mail or U.S. mail, at the Department's discretion, about the outcome of the evaluation and applicant selection process.
6. **Debriefing.** Within ten (10) days of receiving notification from the Department, unsuccessful applicants may contact the Official Contact and request information about the evaluation and applicant selection process. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the ten (10) days. If unsuccessful applicants still have questions after receiving this information, they may contact the Official Contact and request a meeting with the Department to discuss the evaluation process and their proposals. If held, the debriefing meeting will not include any comparisons of unsuccessful proposals with other proposals. The Department will schedule and hold the debriefing meeting within fifteen (15) days of the request. The Department will not change, alter, or modify the outcome of the evaluation or selection process as a result of any debriefing meeting.
7. **Appeal Process.** Applicants may appeal any aspect the Department's competitive procurement, including the evaluation and applicant selection process. Any such appeal must be submitted to the Department head. An applicant may file an appeal at any time after the proposal due date, but not later than thirty (30) days after an agency notifies unsuccessful applicants about the outcome of the evaluation and applicant selection process. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the thirty (30) days. The filing of an appeal shall not be deemed sufficient reason for the Department to delay, suspend, cancel, or terminate the procurement process or execution of a contract. More detailed information about filing an appeal may be obtained from the Official Contact.
8. **Contract Execution.** Any contract developed and executed as a result of this RFP is subject to the Department's contracting procedures, which may include approval by the OAG.

II. MANDATORY PROVISIONS

■ A. POS STANDARD CONTRACT, PARTS I AND II

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

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

Part II of the standard contract is maintained by OPM and includes the mandatory terms and conditions of the POS contract. Part II is available on OPM's website at: http://www.ct.gov/opm/fin/standard_contract. Included in Part II of the standard contract is the State Elections Enforcement Commission's notice (pursuant to C.G.S. § 9-612(g) (2)) advising executive branch State contractors and prospective State contractors of the ban on campaign contributions and solicitations. If an applicant is awarded an opportunity to negotiate a contract with the Department and the resulting contract has an anticipated value in a calendar year of \$50,000 or more, or a combination or series of such agreements or contracts has an anticipated value of \$100,000 or more, the applicant must inform the applicant's principals of the contents of the SEEC notice.

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

■ B. ASSURANCES

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

- 1. Collusion.** The applicant represents and warrants that the applicant did not participate in any part of the RFP development process and had no knowledge of the specific contents of the RFP prior to its issuance. The applicant further represents and warrants that no agent, representative, or employee of the State participated directly in the preparation of the applicant's proposal. The applicant also represents and warrants that the submitted proposal is in all respects fair and is made without collusion or fraud.
- 2. State Officials and Employees.** The applicant certifies that no elected or appointed official or employee of the State has or will benefit financially or materially from any contract resulting from this RFP. The Department may terminate a resulting contract if it is determined that gratuities of any kind were either offered or received by any of the aforementioned officials or employees from the applicant, contractor, or its agents or employees.
- 3. Competitors.** The applicant assures that the submitted proposal is not made in connection with any competing organization or competitor submitting a separate proposal in response to this RFP. No attempt has been made, or will be made, by the applicant to induce any other organization or competitor to submit, or not submit, a proposal for the purpose of restricting competition. The applicant further assures that the proposed costs have been arrived at independently, without consultation, communication, or agreement with any other organization or competitor for the purpose of restricting competition. Nor has the applicant

knowingly disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor.

4. **Validity of Proposal.** The applicant certifies that the proposal represents a valid and binding offer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto. The proposal shall remain valid for a period of 180 days after the submission due date and may be extended beyond that time by mutual agreement. At its sole discretion, the Department may include the proposal, by reference or otherwise, into any contract with the successful proposer.
5. **Press Releases.** The applicant agrees to obtain prior written consent and approval of the Department for press releases that relate in any manner to this RFP or any resultant contract.

■ C. TERMS AND CONDITIONS

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

1. **Equal Opportunity and Affirmative Action.** The State is an Equal Opportunity and Affirmative Action employer and does not discriminate in its hiring, employment, or business practices. The State is committed to complying with the Americans with Disabilities Act of 1990 (ADA) and does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities.
2. **Preparation Expenses.** Neither the State nor the Department shall assume any liability for expenses incurred by an applicant in preparing, submitting, or clarifying any proposal submitted in response to this RFP.
3. **Exclusion of Taxes.** The Department is exempt from the payment of excise and sales taxes imposed by the federal government and the State. Applicants are liable for any other applicable taxes.
4. **Proposed Costs.** No cost submissions that are contingent upon a State action will be accepted. All proposed costs must be fixed through the entire term of the contract.
5. **Changes to Proposal.** No additions or changes to the original proposal will be allowed after submission. While changes are not permitted, the Department may request and authorize proposers to submit written clarification of their proposals, in a manner or format prescribed by the Department, and at the applicant's expense.
6. **Supplemental Information.** Supplemental information will not be considered after the deadline submission of proposals, unless specifically requested by the Department. The Department may ask an applicant to give demonstrations, interviews, oral presentations or further explanations to clarify information contained in a proposal. Any such demonstration, interview, or oral presentation will be at a time selected and in a place provided by the Department. At its sole discretion, the Department may limit the number of applicants invited to make such a demonstration, interview, or oral presentation and may limit the number of attendees per applicant.
7. **Presentation of Supporting Evidence.** If requested by the Department, an applicant must be prepared to present evidence of experience, ability, and data reporting capabilities, financial standing, or other information necessary to satisfactorily meet the requirements set forth or implied in this RFP. The Department may make onsite visits to an operational facility or facilities of an applicant to evaluate further the applicant's capability to perform the duties required by this RFP. At its discretion, the Department may also check or contact any reference provided by the applicant.

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

■ **D. RIGHTS RESERVED TO THE STATE**

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

- 1. Timing Sequence.** The timing and sequence of events associated with this RFP shall ultimately be determined by the Department.
- 2. Amending or Canceling RFP.** The Department reserves the right to amend or cancel this RFP on any date and at any time, if the Department deems it to be necessary, appropriate, or otherwise in the best interests of the State.
- 3. No Acceptable Proposals.** In the event that no acceptable proposals are submitted in response to this RFP, the Department may reopen the procurement process, if it is determined to be in the best interests of the State.
- 4. Award and Rejection of Proposals.** The Department reserves the right to award in part, to reject any and all proposals in whole or in part, for misrepresentation or if the proposal limits or modifies any of the terms, conditions, or specifications of this RFP. The Department may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. The Department reserves the right to reject the proposal of any applicant who submits a proposal after the submission date and time.
- 5. Sole Property of the State.** All proposals submitted in response to this RFP are to be the sole property of the State. Any product, whether acceptable or unacceptable, developed under a contract awarded as a result of this RFP shall be the sole property of the State, unless stated otherwise in this RFP or subsequent contract. The right to publish, distribute, or disseminate any and all information or reports, or part thereof, shall accrue to the State without recourse.
- 6. Contract Negotiation.** The Department reserves the right to negotiate or contract for all or any portion of the services contained in this RFP. The Department further reserves the right to contract with one or more applicant for such services. After reviewing the scored criteria, the Department may seek Best and Final Offers (BFO) on cost from applicants. The Department may set parameters on any BFOs received.
- 7. Clerical Errors in Award.** The Department reserves the right to correct inaccurate awards resulting from its clerical errors. This may include, in extreme circumstances, revoking the awarding of a contract already made to an applicant and subsequently awarding the contract to another applicant. Such action on the part of the State shall not constitute a breach of contract on the part of the State since the contract with the initial applicant is deemed to be void *ab initio* and of no effect as if no contract ever existed between the State and the applicant.
- 8. Key Personnel.** When the Department is the sole funder of a purchased service, the Department reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The Department also reserves the right to approve replacements for key personnel who have terminated employment. The Department further reserves

the right to require the removal and replacement of any of the applicant's key personnel who do not perform adequately, regardless of whether they were previously approved by the Department.

■ **E. STATUTORY AND REGULATORY COMPLIANCE**

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

1. **Freedom of Information, C.G.S. § 1-210(b).** The Freedom of Information Act (FOIA) generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). Applicants are generally advised not to include in their proposals any confidential information. If the applicant indicates that certain documentation, as required by this RFP, is submitted in confidence, the State will endeavor to keep said information confidential to the extent permitted by law. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The applicant has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While an applicant may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.
2. **Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive.** CT statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to insure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.
3. **Consulting Agreements, C.G.S. § 4a-81.** Proposals for State contracts with a value of \$50,000 or more in a calendar or fiscal year, excluding leases and licensing agreements of any value, shall include a consulting agreement affidavit attesting to whether any consulting agreement has been entered into in connection with the proposal. As used herein "consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information or (C) any other similar activity related to such contract. Consulting agreement does not include any agreements entered into with a consultant who is registered under the provisions of C.G.S. Chapter 10 as of the date such affidavit is submitted in accordance with the provisions of C.G.S. § 4a-81. The Consulting Agreement Affidavit (OPM Ethics Form 5) is available on OPM's website at http://www.ct.gov/opm/fin/ethics_forms
 IMPORTANT NOTE: An applicant must complete and submit OPM Ethics Form 5 to the Department with the proposal.
4. **Gift and Campaign Contributions, C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8 and No. 7C, Para. 10; C.G.S. § 9-612(g) (2).** If an applicant is awarded an opportunity to negotiate a contract with an anticipated value of \$50,000 or more in a calendar or fiscal year, the applicant must fully disclose any gifts or lawful contributions made to campaigns of candidates

for statewide public office or the General Assembly. Municipalities and CT State agencies are exempt from this requirement. The gift and campaign contributions certification (OPM Ethics Form 1) is available on OPM's website at http://www.ct.gov/opm/fin/ethics_forms

IMPORTANT NOTE: The successful applicant must complete and submit OPM Ethics Form 1 to the Department prior to contract execution.

5. Nondiscrimination Certification, C.G.S. §§ 4a-60(a) (1) and 4a-60a (a) (1).

If an applicant is awarded an opportunity to negotiate a contract, the applicant must provide the Department with *written representation* or *documentation* that certifies the applicant complies with the State's nondiscrimination agreements and warranties. A nondiscrimination certification is required for all State contracts – regardless of type, term, cost, or value. Municipalities and CT State agencies are exempt from this requirement. The nondiscrimination certification forms are available on OPM's website at http://www.ct.gov/opm/fin/nondiscrim_forms

IMPORTANT NOTE: The successful applicant must complete and submit the appropriate nondiscrimination certification form to the awarding Department prior to contract execution.

III. PROGRAM INFORMATION

■ A. DEPARTMENT OVERVIEW

The Connecticut Department of Public Health (CT DPH) is the state's leader in public health policy and advocacy and is an integral part of the public health system. The public health system is defined as "all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction." This concept ensures that all entities' contributions to the health and well-being of the community or State are recognized in assessing the provision of public health services. The CT DPH is the center of a comprehensive network of public health services, and is a partner to local health departments for which it provides advocacy, counseling, training and certification, technical assistance, creative innovative consultation, and specialty services such as risk assessments 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.

Public health departments work to protect the health of people and communities across the country through efforts such as ensuring access to clean air and water, encouraging healthful behaviors, and ensuring that children are immunized. Accreditation provides standards that health departments can seek to meet in order to ensure that they are continuously improving as they work to keep their communities healthy. Accreditation will drive public health departments to continuously improve the quality of their public health practice and their performance. In March 2017, the CT DPH was awarded the Public Health Accreditation by Public Health Accreditation Board (PHAB).

The work of the CT DPH is guided by the 10 Essential Public Health Services. The 10 Essential Public Health Services provide the framework for the National Public Health Performance Standards Program (NPHPSP). Because the strength of a public health system rests on its capacity to effectively deliver the 10 Essential Public Health Services, the NPHPSP enables health systems to assess how well they perform the following:

1. **Monitor** health status to identify community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
3. **Inform, educate and empower** people about health issues.
4. **Mobilize** community partnerships to identify and solve health problems.
5. **Develop policies and plans** that support individual and community health efforts.
6. **Enforce** laws and regulations that protect health and ensure safety.
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure** a competent public health and personal health care workforce.
9. **Evaluate** effectiveness, accessibility and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to health problems.

The mission of the CT DPH is: To protect and improve the health and safety of the people of Connecticut by:

- Assuring the conditions in which people can be healthy,
- Preventing disease, injury, and disability, and
- Promoting the equal enjoyment of the highest attainable standard of health, which is a human right and a priority of the state.

The CT DPH TB, HIV, STD, and Viral Hepatitis Section is the lead in the state for coordination of HIV care and prevention services addressing the HIV/AIDS epidemic. The HIV unit is comprised of three programs: (a) Health Care and Support Services (HCSS), which oversees Ryan White Part B care programs and services for persons living with HIV/AIDS (PLWHA); (b) HIV Prevention Program, which oversees prevention services, structural, biomedical and effective behavioral interventions for people infected with or at risk of HIV infection; and (c) the HIV Surveillance Program, which oversees the data that is collected on HIV and AIDS in CT and is responsible for producing the state's Epidemiological Profile, implementing Data to Care activities, as well as monitoring trends and emerging issues/populations.

■ B. PROGRAM OVERVIEW

The HIV Prevention Program seeks to: 1) prevent HIV infection among individuals at risk for HIV; 2) increase knowledge of sero-status among those who are HIV infected but unaware of their infection; and 3) through HIV prevention interventions, support collaboration and coordination of services for individuals living with, or at risk for, HIV. The HIV Prevention Program contracts with public, private, and community based organizations to provide services to people at high risk of acquiring or transmitting HIV and respond to an ever-changing epidemic.

The NHAS (<http://www.cdc.gov/hiv/policies/nhas.html>) guides the nation's HIV prevention and care efforts. To advance the goals of NHAS, CDC pursues a High-Impact Prevention (HIP) approach (<http://www.cdc.gov/hiv/policies/hip/hip.html>). This approach is designed to maximize the impact of prevention efforts for individuals most at risk for HIV infection, including men who have sex with men (MSM), communities of color, women, persons who inject drugs (PWIDs), transgender persons, and youth. This RFP will fund projects that are consistent with CDC's Healthy People 2020, and other HIV prevention priorities and strategies, which emphasize the use of proven public health approaches to reduce the incidence and spread of HIV ("Healthy People 2020" focus on HIV: <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=22>.)

The NHAS contains four primary goals: 1) reduce the number of people who become infected with HIV; 2) increase access to care and optimize health outcomes for people living with HIV; 3) reduce HIV related health disparities; and 4) achieve a more coordinated response to the epidemic. Along with highlighting the importance of linkage to quality HIV medical care for people living with HIV, NHAS also stresses the need to intensify HIV prevention efforts in communities where HIV is most heavily concentrated.

Other National Public Health Priorities and Strategies:

- The National Prevention Goals: <https://www.hiv.gov/federal-response/national-hiv-aids-strategy/overview>
- CDC National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) Strategic Plan: <http://www.cdc.gov/nchhstp/docs/>
- NCHHSTP-Strategic-Plan-through-2020-508.pdf
- HIV Care Continuum: <https://www.aids.gov/federal-resources/policies/care-continuum/>
- CDC Winnable Battles: <http://www.cdc.gov/WinnableBattles/index.html>
- Additional information about the goals and strategies of NCHHSTP is available at: <http://www.cdc.gov/nchhstp>

Connecticut Epidemiological Data

An understanding of the demographic and geographic distribution of prevalent and incident HIV infections in the applicant's service area must guide proposed prevention activities and be reflected in their application. There have been several changes in the landscape of the HIV epidemic in CT over the past ten years. The number of newly diagnosed HIV cases and

deaths of people diagnosed with HIV have steadily declined while people living with HIV (PLWH) continue to rise.

From 2006 to 2015, 3,595 cases of HIV were diagnosed and there were 2,250 deaths. Of the 10,818 PLWH, 1,345 (12%) were diagnosed in the past decade.

Injection Drug Use (IDU) is the largest behavioral risk group (30.4%) for people living with HIV. IDU is no longer the biggest risk factor among incident infections as there was an 87% decrease in new HIV diagnoses among people who inject drugs over the decade. This decrease can be attributed to successful prevention efforts including syringe service programs (SSPs). Conversely, HIV diagnoses in men who have sex with men (MSM) rose from 26.9% of all newly diagnosed infections in 2006 to 48.4% in 2015. Due to the increase in diagnoses among MSM, the proportion of all newly diagnosed HIV infections occurring among males rose to 75.5% in 2015. Trends in race were relatively stable; however, HIV prevalence is disproportionately distributed with rates 7.9 times higher in Black Americans and 5.8 times higher in Latinx than in Whites.

The largest increase in HIV cases diagnosed over the past 10 years was seen in the 20-29 year old age group (from 18.4% in 2006 to 30.3% in 2015) with the highest rate seen in Black males. The rate of Black 20-29 year old males diagnosed in 2011-2015 was 115.9 per 100,000 person years and 61.6 in 20-29 year old Latino males compared to 12.3 in 20-29 year old White males. As highlighted by these statistics, Connecticut, as is the U.S. as a whole, is seeing an increase in new HIV diagnoses in young MSM of color. Black females also continue to experience disparity in HIV diagnosis over the past decade in CT. In 2015, Black females were diagnosed at a rate of 20.3 per 100,000 compared to 6.6 per 100,000 in Latinx and 0.75 per 100,000 White women. Also of note are people progressing to AIDS within a year of their HIV diagnosis. CT continues to have a high percentage of "late testers", with 30% of people diagnosed with HIV in 2015 progressing to AIDS within a year of their diagnosis. Although the numbers of IDU diagnosed with HIV are small, 63% were diagnosed with AIDS within 3 months of their HIV diagnosis.

Geographically, CT cities continue to have the highest diagnoses of HIV in their residents. Hartford, Bridgeport and New Haven each had over 350 cases diagnosed in the past ten years. Waterbury, Stamford, New Britain and Norwalk had over 100 cases diagnosed in their residents during 2006-2015. In New London County, Norwich and New London each had approximately 50 newly diagnosed cases in their residents in the past decade. For more detailed HIV/AIDS information regarding specific geographical areas in CT, please visit the CT DPH HIV Surveillance website (<http://www.portal.ct.gov/DPH/AIDS--Chronic-Diseases/Surveillance/HIV-Surveillance-Program>) and review 'HIV Prevention Regions,' 'HIV Newly Dx Cases Density' and 'CT Newly Dx Cluster Analysis' maps (see Attachments A-C).

Health Disparities

Health disparities are unequal distributions of negative health outcomes across sections of a population. Disparities in HIV (as well as viral hepatitis, STD, and TB) are driven by a complex blend of factors that go beyond risk behaviors. Social determinants of health, including environmental factors such as housing conditions, social networks, and social supports impact HIV risk and health outcomes and disproportionately impact racial and ethnic minorities in CT. CTDPH is committed to the elimination of health disparities and the achievement of health equity. Health equity is when every person has the same opportunity to be healthy. Equity, as opposed to equality, may mean providing a higher level of services to certain people to enable them to achieve the same health outcomes as other more advantaged persons.

Throughout the various components of the proposal, applicants are required to address the extent to which health disparities and/or health inequities are manifested in their communities. Applicants should use epidemiologic and social determinants data to identify communities within their regions disproportionately affected by HIV and other comorbid diseases and conditions. Likewise, applicants should use data describing the social determinants of diseases in their coverage areas to accurately focus activities for reducing

health disparities and to identify strategies to promote health equity. In collaboration with partners and appropriate sectors of the community, applicants should consider social determinants of health in the development, implementation, and evaluation of program-specific efforts and use culturally appropriate prevention messages, strategies, and interventions that are tailored for the communities for which they are intended.

"The Connecticut Commission on Health Equity (CHE) was signed into legislation in 2008 under Public Act No. 08-171, 'An Act Establishing a Commission on Health Equity.' The purpose of CHE is to affect legislation to improve the health outcomes of residents based on race, ethnicity, gender and linguistic ability. In establishing CHE, the CT General Assembly acknowledged that: (1) equal enjoyment of the highest attainable standard of health is a human right and a priority of the State, (2) CT residents experience barriers to the equal enjoyment of good health based on race, ethnicity, national origin and linguistic ability, and (3) that addressing such barriers requires data collection and analysis and the development and implementation of policy solutions". See <http://www.ct.gov/cche/site/default.asp> for more information.

For additional resources to identify disability social determinants of health, visit the Disability and Health Data System website (<http://dhds.cdc.gov>). Details of the health equity strategy and approach are outlined in the NCHHSTP Social Determinants of Health White Paper (<http://www.cdc.gov/socialdeterminants/docs/SDHWhite-Paper-2010.pdf>) and updates on the approach are described in Public Health Reports special supplement (Dean HD, Williams KM, Fenton KA. From Theory to Action: Applying Social Determinants of Health to Public Health Practice. Public Health Reports. 2013;128(Suppl 3):1-4.).

Service Coordination and Collaboration

The DPH HIV Prevention Program is committed to improving collaborations within the HIV, TB, STD, and Viral Hepatitis Programs through increased activities such as promoting Program Collaboration and Service Integration (PCSI), Data to Care activities, which focuses on using surveillance data to better engage and maintain HIV persons in care, and collaborating with our partners on CT's Getting to Zero Initiative. In addition, the DPH continues to work closely and collaboratively with community-based organizations, other governmental offices, advocates, and PLWHA as it seeks to reduce the spread of HIV and STDs, monitor HIV/STD morbidity and mortality, increase access to care for those in need, and eliminate HIV-related health inequalities.

Applicants funded under this RFP will be required to coordinate and collaborate with other agencies, organizations and providers conducting HIV prevention and care activities in their area/region of the state. Applicants will be required to identify the region where services will be delivered (refer to Attachment A) and develop systems that enhance prevention and care cross collaboration to ensure new or previously diagnosed HIV infections are linked to HIV medical care and support services. Successful applicants will be required to develop of Memorandum of Agreements (MOAs) to streamline referral, linkage and re-engagement of HIV clients into medical care in order to achieve viral suppression.

Populations of Focus

At-risk populations may vary from region to region. Applicants must demonstrate how they will provide HIV related services to target population(s) among those identified within their proposed region(s). This information must be based on data from local Needs Assessments, and/or the State Epidemiologic Profile as the people living with and at greatest risk of HIV infection. Applicants should also include social determinants of health data to identify communities that are disproportionately affected by HIV and plan activities to reduce or eliminate these disparities. Disparities by race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions such as tribal communities should be considered. Priority will be given to individuals in regions that focus on MSM, PWIDs, and high risk heterosexuals.

Pre-Exposure Prophylaxis (PrEP)

PrEP is a powerful HIV prevention tool and can be combined with condoms and other prevention methods to provide even greater protection against HIV. To be effective, PrEP requires high-risk HIV-negative persons to take a daily pill. When a person is exposed to HIV through sex or injection drug use, these medicines can work to keep the virus from establishing a permanent infection. When taken consistently, PrEP has been shown to reduce the risk of HIV infection in people who are at high risk by more than 90%. Services funded under this RFP will be required to integrate PrEP navigation activities, such as screening, referral and linkage to PrEP medical services, when appropriate. Successful applicants will demonstrate collaborative systems that build upon a seamless continuum of prevention and care for people at risk for HIV.

CDC guidelines (<http://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf>) indicate priority populations who would benefit from PrEP include HIV-negative: MSM with a history of no or inconsistent condom use or a high number of sex partners; MSM or heterosexual men or women with a recent bacterial STD or HIV-positive sexual partner(s); IDUs with an HIV-positive injecting partner or who share injection equipment. For more information: <http://www.cdc.gov/hiv/basics/prep.html>.

Acuity

Acuity, in the context of HIV prevention and care, refers to an individual's level of service needs. Higher acuity clients are those who require greater assistance to achieve desired health outcomes such as remaining engaged in care or adherent to medication. Acuity is typically determined using an acuity scale - a survey tool that scores a client's needs and capacities in domains such as health, housing, social support system, language and cognitive ability, drug and alcohol use, income and financial management, legal status. Classifying client acuity can help an organization determine the type or intensity of services a client requires, as well as appropriate intervention staff to assign the client to. Successful applicants will be required to assess the acuity of clients on a regular basis, so as to engage and refer appropriately to PrEP and other HIV prevention services.

Use of Community Health Workers and Peers

Community health workers (CHWs) are trusted, knowledgeable frontline health personnel who typically come from the communities they serve. CHWs bridge cultural and linguistic barriers, expand access to coverage and care, and improve health outcomes for members of their community. They are capable of providing preventive, promotional and rehabilitative care; roles may vary based on the focus of the organization (e.g. case manager, outreach specialist, community health representative, community care coordinator, outreach worker, community health educator, patient navigator, community health worker, community worker, etc.) Peers serve a uniquely important role within the HIV/AIDS support service system. CHW models can provide a flexible framework for incorporating the use of peers in HIV service delivery. Peer support is based on the premise that no one can better understand the realities of living with and managing HIV better than people living with HIV/AIDS. Effective peer leaders must however have a core set of competencies, characteristics, skills and training. Roles may vary depending on the focus of the organization (e.g. peer educator, peer advocate, treatment adherence peer, peer navigator, etc.). Successful applicants will be required to show how CHWs and/or Peers will be incorporated.

For more information see: https://www.aidsunited.org/data/files/Site_18/PeerNav_v8.pdf
<http://www.nmac.org/programs/capacity-building/hiv-prep-navigation-program/>
<https://aids.nlm.nih.gov/topic/2150/hiv-navigation-resources> Senate Bill 126, An Act Concerning Community Health Workers, was signed by Governor Malloy on June 30, 2017 as Public Act 17-74. See <https://www.cga.ct.gov/2017/act/pa/pdf/2017PA-00074-ROOSB-00126-PA.pdf> for more information.

Location of Services

Understanding the places and populations that are most affected by HIV and AIDS allows DPH to allocate its resources to the geographic areas where they are needed most, while still supporting a basic level of HIV education and prevention across the rest of the State. Please see CT EPI Profile

(http://www.ct.gov/dph/lib/dph/aids_and_chronic/surveillance/epiprofile.pdf), HIV Prevention Services Regional Map (See pg. 73), HIV Newly Diagnosed Cases Density Map, 2011-2015 (See pg. 74) and CT Newly Dx (Local Moran's) Cluster Analysis (See pg. 75) for additional information.

The DPH will support HIV related prevention services in nine (9) regions across the State. In order to ensure basic coverage of services in rural areas of need, the DPH will fund a minimum of two (2) agencies/organizations in each region. Successful applicants must collaborate with agencies in the region in order to deliver accessible services. See regional map for additional guidance.

Undetectable = Untransmittable (U=U)

U=U campaign was launched in early 2016 by a group of people living with HIV who created a groundbreaking Consensus Statement with global experts to clear up confusion about the science of U=U and disseminate the revolutionary but largely unknown fact that people living with HIV on effective treatment do not sexually transmit HIV.

Getting to Zero

Since 2014, over 14 jurisdictions have developed plans to End their HIV Epidemic or Get to Zero. In September 2017, Connecticut's Getting to Zero Commission was appointed to develop a plan for "Getting to Zero": zero new HIV infections, zero AIDS related deaths, and zero HIV-related stigma and discrimination. The Commission is charged with focusing on the five major cities with the highest incidence of HIV; Bridgeport, Hartford, New Haven, Waterbury and Stamford. The Commission will also focus on the populations most at risk for HIV; young MSM of color, African American Women, and Transgender women. The Commission will be establishing "City Teams" to engage local communities in developing strategies for Getting to Zero in each city.

This RFP and its activities align with these national campaigns to end the HIV epidemic among Connecticut's most vulnerable populations. Throughout the proposal, applicants will be expected to describe how proposed activities align with these initiatives. A variety of resources about the HIV Prevention Program, HIV/AIDS, HCSS, STDs, viral Hepatitis, TB, the Statewide Plan for HIV for HIV Care and Prevention, and HIV/AIDS Surveillance are available at the following websites:

www.ct.gov/dph

www.cdc.gov

www.hrsa.gov

Service Categories and Scope of Service:

The Connecticut HIV Prevention Program plans on funding three (3) categories of services under this RFP. Applicants applying to provide services in more than one category must submit a separate and complete proposal for each category. These categories are:

Category 1: HIV Testing and PrEP Navigation (CHOOSE ONE) Outreach Testing, Linkage Testing (OTL), OR_HIV Testing in Healthcare Settings

Category 2: Drug User Health (Includes Harm Reduction Education, Syringe Services, and Overdose Prevention)

Category 3: Comprehensive HIV Prevention Services for HIV negative and HIV positive persons.

Note: Outreach and condom distribution to people living with HIV and individuals at very high risk of acquiring HIV are required components for all three categories, with the exception of outreach for HIV Testing in Healthcare Settings:

- **Outreach**

The goal of outreach is to engage members of at risk populations by disseminating HIV prevention information and condoms to raise HIV/AIDS awareness, create visibility for the program, to recruit HIV prevention intervention participants and to make appropriate referrals to other services. Outreach can be conducted through a variety of avenues including, but not limited to: the internet and mobile phone applications, street/community outreach, targeted advertising and collaborations with other programs that serve at risk populations. In-reach may also be used in organizations that house multiple services, such as clinical settings and other umbrella type settings. Applicants should clearly describe how, when, and where outreach and/or in-reach will be conducted to engage members of the proposed at risk populations as well as how condom distribution will be incorporated into the intervention.

- **Condom Distribution to People Living With HIV and Individuals at Very High Risk of Acquiring HIV:**

Structural-level interventions, such as distributing free condoms in diverse venues, social marketing campaigns, or policy change, can address the social, economic, and political environments that shape and constrain individual, community, and societal health outcomes. The purpose of condom distribution is to increase availability, accessibility, and acceptability of condom use. Collaboration among community-based organizations (faith-based organizations, advocacy organizations, social service providers with experience providing health education and HIV testing) in order to reach proposed populations is strongly encouraged. In order to address health disparities and inequities, applicants may provide general HIV education sessions for populations disproportionately impacted by health disparities. These education sessions may contain general HIV information (HIV 101), condom demonstrations, and skills building activities around safer sex and harm reduction.

Condom distribution is a required component for HIV testing programs and HIV prevention interventions for both HIV negative and HIV positive populations. The goals of condom distribution are to:

1. Integrate condom distribution activities into HIV testing and prevention programs; and
2. Increase condom acquisition and use among people who are HIV positive and individuals at high risk of acquiring HIV.

Condoms are available free of charge through the Community Distribution Center. In addition, applicants may wish to include a line item for specialty condoms that are not available through the Community Distribution Center. Information on the Community Distribution Center is available at <http://www.aids-ct.org/cdc.html>. Funded contractors will also be expected to create and adhere to an agency condom distribution policy based on CT DPH's policy. That policy can be found here: http://www.ct.gov/dph/lib/dph/aids_and_chronic/prevention/pdf/condom_distribution_policy.pdf

Availability of Funding

The estimated amount of funds for HIV prevention services for this RFP is \$3,470,000 annually. The available funds and the number of awards are estimates and are subject to change due to the availability of State and federal resources.

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Category	Estimated Percent of Funding Annually	Estimated Amount of Funding Annually	Estimated Minimum-Maximum Award Size (Annual)	Estimated Number of Awards (Range)
Category 1: HIV Testing and PrEP Navigation Choose ONE option: 1) OTL Testing or 2) HIV Testing in in healthcare settings	66%	\$2,290,200	\$165,000-\$200,000	1) # of OTL awards = 4-6 2) # of HIV Testing in Healthcare Settings awards = 8-10
Category 2: Drug User Health Services	21%	\$728,700*	\$150,000-\$160,000	# of Drug User Health awards = 4-5
Category 3: Comprehensive HIV Prevention Services for HIV negative and HIV positive persons.	13%	\$451,100	\$100,000	# of Comprehensive HIV Prevention Services for HIV Negative and HIV Positive Persons awards = 3-5
Total:	100%	\$3,470,000	N/A	Min.19-Max.26

Note. * = The amount available includes \$459,416 of state syringe service funds and \$269,284 of federal funds.

Successful applicants will be funded in a range between \$100,000 and \$200,000.

Applicants are expected to explore opportunities for seeking third-party reimbursement of services. Applicants, subcontractors and referral organizations with the capacity to bill and obtain reimbursement are expected to use all available mechanisms to obtain reimbursement for eligible services from third-party payers (e.g. Medicaid, Medicare, and private insurance). Program income must be documented in Tri-annual reports and reprogrammed to support additional HIV service costs not budgeted to CTDPH.

An applicant receiving funding for HIV testing or other HIV prevention services through other CT DPH funding announcements (directly or through a sub-agreement), CDC, the State of CT, or another funder is required to describe how proposed programming expands or enhances services supported through those other funding sources.

Special Considerations

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

- The amount of HIV prevention funding allocated in this RFP (\$3,470,000 per year) is an estimate based on current funding levels. Individual awards may be reduced after the first year based on State and federal funding availability.
- Funding received by a contractor under the HIV Prevention Program during any previous funding process (RFP) is not a guarantee of future funding under the Program or through the State. Funding is granted through an open competitive bidding process.
- Funding allocations will be based on a combination of final proposal scores, equitable geographic service distribution, and local HIV burden, to maximize opportunities to reach priority populations with HIV prevention services throughout the State.

- HIV prevention services within the Department of Corrections will be funded through a separate MOA. HIV prevention services within the Department of Corrections are not admissible under this RFP. However, alternative incarceration settings are permissible under this RFP.

Note: Applicants proposing to provide more than one service category must submit a complete and separate proposal for each category (including original, six copies and an electronic version), inclusive of all required attachments, cover sheet and forms.

Category Overviews

1. Category 1 - HIV Testing and PrEP Navigation.

HIV testing remains a critical element of HIV prevention and the HIV care continuum—a key goal of HIV testing services is to diagnose HIV infection in persons who did not previously know their HIV status and to link them with follow-up care, treatment, and prevention services. Category 1 testing is intended for provider and community-based organization partnerships that provide HIV testing in both clinical and non-clinical settings. Funds are available to provide HIV testing for populations at high risk of HIV infection who are HIV negative or of unknown HIV status. Individuals tested through this program should be screened for PrEP eligibility and when appropriate, linked to PrEP medical services. This funding is to serve populations determined to be at an elevated HIV risk based on surveillance data and defined by race/ethnicity, risk factors, and/or gender. Applicants must pick **one** of the options below to implement HIV testing.

Category 1, Option 1 - OTL and PrEP Navigation.

Testing priority with OTL must be given to populations most at risk for acquiring HIV such as young MSM, persons of color (Black men and women, Latinx, and transgender women). A total of four to six proposals will be funded to provide HIV testing and PrEP navigation. A maximum of \$200,000 will be awarded per proposal.

OTL is a model of HIV testing that seeks to provide testing and linkage to prevention and care in outreach settings. The goal of outreach is to engage members of key populations, to disseminate HIV prevention information & condoms, to raise HIV/AIDS awareness, to create visibility for the program, to recruit HIV testing participants and to make appropriate referrals and linkages to other services. Outreach can be conducted through a variety of avenues, including but not limited to: the internet, street/community outreach, targeted advertising, and collaborations with other programs that serve at risk populations. In-reach may also be used in organizations that house multiple services. OTL staff are required to refer all newly diagnosed HIV positive cases to CT Disease Intervention Specialists (DIS) and link all newly diagnosed persons to HIV medical care.

HIV testing will be conducted through rapid testing using the 4th Generation HIV Testing Algorithm. DPH will pay for supplies and laboratory services for HIV testing conducted through funded programs. Although people who are not members of priority populations or not at higher risk for HIV may be tested, programs are strongly encouraged to assure that testing services are prioritized for members of priority populations. Those at lower risk can be referred to their health care provider for testing, when available. Condom distribution and prevention education, including PrEP, must be provided to individuals who screen negative and report HIV risk factors. Linkage to PrEP – including navigating insurance and other payment systems, linkage to a PrEP medical provider, and support with obtaining and adhering to PrEP – is a mandatory component of OTL. DPH will provide OTL protocols and methodology trainings that include the use of rapid testing; required information to be provided to clients when administering

the test; provision of post-test results; and referrals and linkage to medical care, PrEP Services, Ryan White MCM, partner services, and other prevention services.

HIV testing and PrEP navigation funding will support a **maximum of two (2)** full time staff; additional part-time staff such as peer navigators may be supported if funds allow.

Successful applicants funded under this category for **OTL** are required to provide the following activities:

1. Community mapping to identify where to focus outreach and testing efforts in the community(s) to be served.
2. Targeted outreach to populations most at risk based on data (persons of color, MSM).
3. Recruitment (ex. Social Network Strategy).
4. HIV rapid testing (individual or couples testing).
5. Confirmatory testing for all persons who test positive for HIV on a rapid screen. OTL staff will be responsible for either drawing blood and submitting it to the State Lab for a confirmatory test or linking preliminary positive persons to another entity for confirmatory testing based on agency protocol.
6. Linkage to Care (including medical care and supportive services, such as private medical providers and Ryan White services for HIV positive persons).
7. Linkage to DIS staff for all persons who test positive for HIV.
8. HIV risk assessment and acuity determination for the purposes of making linkages to prevention and support services for negatives (including SSPs, PrEP, and other prevention services).
9. Linkage to PrEP medical services for lower acuity persons and provision of or linkage to PrEP navigation services for higher acuity persons. OTL staff will be responsible for assisting persons to obtain timely, essential and appropriate PrEP-related medical and social services to optimize health and prevent HIV transmission and acquisition. High acuity HIV-negative persons tested by OTL staff should be provided, as applicable, support in accessing health insurance, risk reduction counseling, identifying and reducing barriers to care and/or adherence, and tailoring health education to the client to influence health-related attitudes and behaviors. Applicant may propose how these PrEP navigation services will be provided by one or more existing agency staff such as a benefits counselor, health educator, or peer navigator.
10. Condom distribution and education on risk reduction when appropriate.

Applicants may utilize one of both of the strategies below to recruit and enhance HIV testing services:

Social Network Strategy (SNS) targets high-risk individuals for HIV testing. SNS is an evidence-supported approach to recruit high-risk people for HIV testing. SNS enlists HIV-positive or high-risk HIV-negative persons (i.e. recruiters) to encourage people in their network (i.e. network associates) to be tested for HIV. The strategy is based on the concept that individuals are linked together to form large social networks and that infectious diseases are often spread through these networks. In the CDC-funded Social Networks Demonstration Project, nine sites in seven different cities utilized SNS to identify people in communities of color who were unaware of their HIV status. The HIV prevalence rate for persons identified through this program initiative was found to be significantly higher than the average of most HIV testing programs. Please refer to information at the hyperlink:

<https://effectiveinterventions.cdc.gov/en/HighImpactPrevention/PublicHealthStrategies/SocialNetworkStrategy.aspx>

Couples HIV Testing and Counseling (CHTC) occurs when two or more persons who are in—or are planning to be in—a sexual relationship receive all elements of HIV testing and counseling together. This includes HIV prevention counseling, receipt of test results, and linkage to follow-up services. This approach is aligned with the goals of the NHAS and HIP, and has the potential to contribute to reduced HIV incidence. For more information on CHTC refer to the following link: <https://effectiveinterventions.cdc.gov/en/highimpactprevention/publichealthstrategies/chtc.aspx>.

Category 1, Option 2 – HIV Testing in Healthcare Settings and PrEP Navigation Services.

A total of eight to ten proposals will be funded to provide HIV Testing and PrEP Navigation in Healthcare Settings. A maximum of \$200,000 will be awarded per proposal. Funding for years 2 and 3 of this funding announcement is contingent upon the successful integration or expansion of opt-out routine HIV screening in the healthcare facility. **Applicant must be a primary health care site/facility to be eligible to apply for this category.**

HIV Testing in Medical Settings funding will support a **maximum of two (2) staff persons** in conducting the implementation or expansion of HIV, HCV screening and PrEP navigation activities. **Provided funds are not intended to supplant organizations' current funding, to pay for individual medical services, or to pay for materials or services billable to a third party, or supported through other payment or funding sources. Additionally, funds are not to be used to pay for purchase of medication.**

HIV Testing in Healthcare Settings seeks to increase awareness of HIV status by integrating routine HIV screening into clinical practice. The goal of integrated HIV testing is to engage primary health care providers and facilities (i.e., emergency rooms, community and urgent health care centers), in routine HIV screening regardless of patient risk. Expanded and integrated testing compliments routine medical care and is among the recommendations made by the CDC in a 2006 MMWR. The NHAS 2020 update highlights the widespread testing and linkage to care as a critical focus for the next five years.

The purpose of HIV Testing in Healthcare Settings is to promote integrated HIV and HCV screening in healthcare settings that serve populations with a high prevalence of HIV and HCV such as Black and Latinx individuals. This funding will support routine HIV and HCV screening activities in community health centers, hospital emergency departments and outpatient service clinics including, but not limited to, private offices and urgent care clinics. A clinical provider funded under Category 1 for HIV Testing in Medical Settings is required to partner with one or more community-based organization(s) to perform some key services, such as: 1) outreach and recruitment, 2) HIV and HCV testing, 3) data to care activities-linkage to care and re-engagement to care (including Ryan White Services), 4) patient navigation for persons identified as HIV positive, and 5) assessment and linkage to support services for persons identified as HIV negative. Successful applicants will be required to submit an MOA upon request.

PrEP navigation will be integrated into healthcare settings to support persons to obtain timely, essential and appropriate PrEP-related medical and social services to optimize their health and prevent HIV transmission and acquisition. Navigation includes linking persons to health care systems, assisting with health insurance, identifying and reducing barriers to care, and tailoring health education to the client to influence his or her health-related attitudes and behaviors.

The PrEP navigator will oversee a clinic-wide effort to identify patients at high-risk for HIV, educate them about PrEP as a method for HIV prevention, assess acuity level,

link them to a clinic provider who can prescribe PrEP, support patients in accessing and adhering to medication, and link to other needed social services.

Applicants may serve these subpopulations as outlined in the clinical guidelines:

- **Transgender individuals** engaging in high-risk sexual behaviors;
- Individuals engaging in **transactional sex**, such as sex for money, drugs, or housing;
- Individuals who use **stimulant drugs associated with high-risk behaviors**, such as methamphetamine;
- Individuals who have been prescribed **Non-Occupational Post Exposure Prophylaxis (nPEP)** who demonstrate continued high-risk behavior or have used multiple courses of nPEP.

PrEP Navigation Activities:

1. PrEP patient identification and screening:
 - Applicant must have the capacity to identify high-risk HIV-negatives who would benefit from PrEP through behavioral risk-assessments including sexual history taking, and through STD testing and screening, including the use of extra-genital testing (oral and rectal swabs) as indicated by reported risk.
 - Past or ongoing development of administrative and organizational capabilities to establish PrEP services as part of routine care. Applicant should describe:
 - i. How the PrEP program will be integrated into the overall clinic structure including training of clinic providers and staff. *(Selected applicants should make use of resources available through the Connecticut AIDS Education and Training Center) (CAETC).*
 - ii. How the clinic's electronic medical/health record system will be used to support integration of PrEP services.
 - iii. How the clinic will address the unique needs of MSM, bisexual, and transgender clients.
2. Outreach and engagement with communities and community based organizations:
 - Applicant must describe how they will market services to the target population and other service providers.
 - Applicant must describe the process for advertising, marketing and in-reach activities to assist in program implementation.
3. PrEP patient assessment, prescribing and monitoring consistent with Department of Health and Human Services PrEP Clinical Guidelines:
 - Applicant must have one or more prescribers knowledgeable in PrEP prescribing and willing to serve as PrEP champions within their organization.
 - For more information on guidelines:
<http://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf>
4. PrEP insurance navigation and assistance.
 - Applicant must provide insurance navigation and assistance services to clients
5. PrEP medication adherence support.
 - Applicant must provide medication adherence support services to client

2. Category 2: - Drug User Health Services (includes Syringe Service Program [SSP], Harm Reduction Education, and Overdose Prevention)

A total of four to five proposals will be funded to provide Drug User Health services. A maximum of \$160,000 will be awarded per proposal. Funding will support a **maximum of two (2)** staff for implementation of the three drug user health service activities described below.

Funded CT DPH SSPs are required to operate in accordance with 19a-124 of the general statutes as amended by PA17-6 "An Act Concerning Syringe Services Programs". The DPH is authorized by the legislature to establish SSP in any community impacted by the human immunodeficiency virus or hepatitis C.

Within available appropriations, **\$459,416 of State syringe service funds** and up to **\$269,284 of federal funds** for a **total of \$728,700** are available to implement the drug user health program that includes syringe services as authorized pursuant to **19a-7p as revised in PA 17-6**. Federal funding for Drug User Health services may not be used to purchase supplies, such as needles/syringes, drug injecting equipment or medications (naloxone/Narcan). DPH will provide syringe services supplies to successful applicants under this RFP using state funds.

See <https://www.cga.ct.gov/2017/ACT/pa/2017PA-00006-R00SB-00844-PA.htm> for Public Act No. 17-6, AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING REVISIONS TO THE STATUTES CONCERNING THE HUMAN IMMUNODEFICIENCY VIRUS.

CT has been at the forefront in supporting public health services to meet the needs of people who use drugs. CT was one of the first states to have a legal operational SSP. In recent years the impact of stigma, fragmented services, and insufficient coverage for behavioral health and harm reduction services have contributed to increases in blood-borne infections and overdose related deaths. To maintain the commitment to addressing drug use from a public health standpoint, CT DPH has expanded services for persons who use drugs as a part of HIV prevention services. Drug User Health as defined by the National Alliance of State & Territorial AIDS Directors (NASTAD), is a scope of services with an underlying harm reduction philosophy that emphasizes "meeting people where they are". Providing services and/or activities and support that address the structural and social barriers that may underlie use of the drugs instead of a "treatment only" approach is what engages individuals to seek and return for services from competent and culturally sensitive providers. The CT DPH is in support of drug user health initiatives and aligns with NASTAD's policy statement, "Minimizing Harm, Maximizing Health; NASTAD (2015), available at: <https://www.nastad.org/sites/default/files/MHMH-Drug-User-Health-Toolkit-FINAL.pdf>. For more information on the Drug User Health Services Continuum See pg. 76.

Public health programs and community based organizations have an important role to play in ensuring increased access to health care, outreach and enrollment services for behavioral health, harm reduction education, hepatitis C screening, overdose (OD) prevention, and access to naloxone. More information is available at: <https://www.nastad.org/sites/default/files/ModernizingPublicHealth-NASTAD.pdf>

The purpose of Category 2 is to support Drug User Health services to populations at high risk for injection drug use, HIV, hepatitis C, opioid use, and overdose. The goal of Drug User Health services is to engage injecting and non-injecting drug using populations along the drug user health services continuum (See Attachment C) and serve as a source of prevention information towards behavior change. Applicants requesting funding for other categories under this RFP, are required to describe and demonstrate how they will integrate Drug User Health services into current services or other service entry points, such as drop in centers, shelters, halfway houses,

mobile health vans, and mental health or other behavioral health services where people who use drugs may receive services.

The CT DPH's Drug User Health Programs seek to reduce the morbidity and mortality associated with HIV, viral hepatitis, and other blood borne infections contracted through injection drug use by:

- Providing access to clean sterile injection equipment.
- Removing contaminated syringes from circulation.
- Offering syringe exchange participants health education information and tools to reduce their risk of contracting blood-borne diseases.
- Offering persons who inject drugs assistance accessing drug treatment and collaborate with health care facilities enabling clients to receive evaluation and treatment of medical concerns.
- Offering OD prevention and linkage to Naloxone distribution programs.
- Identifying and serving hard-to-reach PWIDs populations in urban and rural areas.
- Providing services during non-traditional working hours such as evenings and weekends.

Syringe Services Program (SSP) Activities:

1. Develop a community advisory board (CAB) to engage community stakeholders. Stakeholders must include members of PWID community, law enforcement, local health and government, and community based organizations that serve people who use drugs. The purpose of the CAB is to assist in regional SSP implementation and to solicit periodic feedback from active users and consumers of services in improving services.
2. Conduct community mapping to identify emerging IDU needs to quickly and effectively provide syringe services in newly identify CT geographical areas.
3. Market/advertise the SSP services to organizations that work directly and indirectly with injection drug users (e.g., substance use treatment facilities, hospitals and pharmacies, etc.).
4. Incorporate SSP services into existing HIV/AIDS prevention and outreach projects. **Please note that if the proposer's organization does not receive other HIV related prevention funding, a description of how the applicant will collaborate with other HIV prevention education and testing programs is required.**
5. Conduct a comprehensive assessment with each new client who participates in the SSP services. Please note that periodic assessments are required with returning clients in order to update their record.
6. Collect used syringes and provide participants with new syringes.
7. Offer participants ongoing education on the transmission of HIV, Hepatitis C and other medical issues associated with injection drug use.
8. Develop a secondary distribution program using peers to serve hard to reach IDU populations in suburban and rural areas surrounding CT's largest cities. For example, using one or more of the following secondary distribution methods: 1) secondary distribution within existing social networks, 2) secondary distribution at stationary outreach sites, and 3) secondary distribution home-delivery services.
9. Develop home delivery services where clients can call and request supplies delivered directly to them.

10. Offer clients HIV prevention information and screening for HIV and Hepatitis C.
11. Screen and refer persons HIV tested for eligibility for PrEP.
12. Refer all newly diagnosed HIV positive persons to HIV medical care, screening and treatment of STDs, viral Hepatitis, and TB services.
13. Provide referral and linkage services to substance use treatment programs and medication assisted therapies (MAT) when appropriate.
14. Monitor syringe return rate by documenting all syringes that are distributed and returned.
15. Enter client level data into a DPH selected database collection system as defined by DPH.

Harm Reduction Education Activities:

1. Develop messaging for harm reduction information;
2. Provide education on cleaning syringes/needles;
3. Provide education on vein care;
4. Provide education on wound/abscess care;
5. Provide harm reduction kits/condom distribution and;
6. Provide risk reduction/motivational interviewing.

OD Prevention Activities:

1. Develop messaging for OD prevention;
2. Screen and assess participants for drug use history;
3. Provide OD education and training;
4. Link clients to Naloxone access and distribution;
5. Provide condom distribution and risk reduction education when appropriate;
6. Refer and link clients to substance use treatment services and MAT, when appropriate, and;
7. Monitor and report to DPH OD prevention trainings and OD reversal data.

Priority should be given to PWID populations most at risk such as youth (18-24), young adults (25-35) White PWID, Latinx PWID, and Black PWID. For more information on SSPs, please see the following resources:

Overdose Prevention Education and Naloxone (OPEN) Access CT Guidelines

http://www.ct.gov/dph/lib/dph/aids_and_chronic/prevention/pdf/open_access_ct_guidelines.pdf

Guide to Developing and Managing Syringe Access Programs

http://www.ct.gov/dph/lib/dph/aids_and_chronic/prevention/pdf/guide_developing_managing_sap.pdf

Syringe Access Program Guidelines for Health Departments

http://www.ct.gov/dph/lib/dph/aids_and_chronic/prevention/pdf/sap_guidelines_healthdept.pdf

3. Category 3: - Comprehensive HIV Prevention Services for HIV Negative and HIV Positive Persons

A total of three to five proposals will be funded to implement interventions under Category 3: Comprehensive prevention with HIV negative and HIV positive persons. A maximum of \$100,000 will be awarded per proposal.

HIV prevention services for HIV negative and HIV positive persons remain a critical element of the HIV care continuum—a key goal of HIV prevention services is to reduce the number of new HIV infections by providing interventions aimed at reducing HIV transmission. Category 3 prevention is intended for provider and community based organizations that provide HIV prevention services in both clinical and non-clinical settings. Funds are available to provide HIV prevention services for populations at high risk of HIV infection who are HIV negative or of unknown HIV status as well as people who are living with HIV. This funding is to serve populations determined to be at elevated HIV risk based on surveillance data and defined by race/ethnicity, risk factors, and/or gender. Applicants may only pick **one** of the options below.

Category 3, Option 1 – Comprehensive HIV Prevention With MSM – Effective Behavioral Interventions

The purpose of this funding is to support Prevention with MSM utilizing behavioral interventions for high-risk negative individuals. Applicants must propose to provide a high impact prevention (HIP) behavioral intervention supported by the CDC. The goal of HIV Prevention with MSM is to improve the health of MSM by providing information and tools to prevent further acquisition and or transmission of the virus. Services funded under Category 3 include HIP behavioral interventions and/or public health strategies currently supported by CDC.

CDC-supported HIP behavioral interventions for high-risk HIV-negative persons to be funded under Category 3, Option 1 include: **Many Men, Many Voices (3MV), MPowerment, Personalized Cognitive Counseling (PCC), and Popular Opinion Leader (POL)**. For additional guidance on behavioral interventions to enhance biomedical interventions and reduce risk behaviors when selecting one of the above mentioned interventions, please review the information in the following hyperlink:
<https://effectiveinterventions.cdc.gov/en/HighImpactPrevention/Interventions.aspx>

Category 3, Option 2 - Comprehensive HIV Prevention With HIV Positive Persons

The purpose of this funding is to provide comprehensive prevention services for persons living with HIV infection. Services include:

- Providing linkage in or reengagement in and retention in care using various strategies including data to care;
- Promoting early Antiretroviral Therapy and medication adherence;
- Conducting health education and risk reduction activities and;
- Referring to essential support services such as additional screening, behavioral health services, medical and social services, etc.

CDC-supported HIP behavioral interventions and public health strategies for HIV positive persons to be funded under Category 3, Option 2 include; **Anti-Retroviral Treatment and Access to Services (ARTAS), Choosing Life: Empowerment! Action! Results! (CLEAR), Healthy Relationships, Partnership for Health, and Willow**. For additional information on behavioral interventions to enhance biomedical interventions and reduce risk behaviors when selecting one of the above mentioned interventions, please review the information in the following hyperlink:
<https://effectiveinterventions.cdc.gov/en/HighImpactPrevention.aspx>

Category 3, Option 3 - Comprehensive HIV Prevention Services for African American and Black Heterosexual Men and Women

The purpose of this funding is to provide comprehensive prevention services for HIV negative persons of color, specifically Black heterosexuals. Services include:

- Periodic HIV testing and risk screening;

- Screening for PrEP eligibility;
- Conducting health education and risk reduction activities and;
- Referring to essential support services such as additional screening, behavioral health services, medical and social services, etc.

CDC-supported HIP Behavioral Interventions for Black Heterosexual Men and Women to be funded under Category 3, Option 3 include; **Healthy Love, NIA, and SISTA**. Additionally, applicants may propose to conduct basic HIV information sessions that incorporate the services outlined above. Innovative program models for reaching Black men and women will be considered if there is a strong evaluation component. For additional information on behavioral interventions to enhance biomedical interventions and reduce risk behaviors when selecting one of the above mentioned interventions, please review the information in the following hyperlink:

<https://effectiveinterventions.cdc.gov/en/HighImpactPrevention.aspx>

■ C. MAIN PROPOSAL COMPONENTS (10 page maximum)

1. Applicant Organizational Requirements and Profile:

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

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

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

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

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

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

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

d. Current Scope of Services / Current Number and Demographics of Clients Served

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

e. Organization's Experience in Providing HIV Prevention Services

The applicant must describe the experience the organization has in delivering culturally sensitive HIV prevention services to persons and communities disproportionately infected with and affected by HIV/AIDS (e.g. drug users, MSM, ethnic and minority populations). The applicant must include a discussion of successes and challenges in serving these populations. The applicant must describe the agency's efforts to integrate the values, attitudes and beliefs of the community into the HIV prevention services. The applicant must describe the involvement of community members, particularly those from the proposed target populations, in the governance, staffing and consumer advisory groups in the

organization, and describe how frontline staff, management and the Board of Directors are reflective of the target populations served.

f. Accreditation / Certification / Licensure (if applicable)

Please define any organizational accreditations, certifications or licensure.

2. Service Categories – Scope of Services. The Connecticut HIV Prevention Program plans on funding **three (3) categories** of services under this RFP. These categories are:

a. Category 1: HIV Testing and PrEP Navigation (OTL) or HIV Testing and PrEP Navigation in Healthcare Settings

For **Category 1, Option 1 – OTL**, applicants should indicate the region that they propose to serve, and also indicate the population (or populations). At risk populations include the following:

- Non-Hispanic Black MSM
- Non-Hispanic White MSM
- Latino MSM
- Non-Hispanic Black Heterosexuals (Male and/or Females)
- Latinx Heterosexuals (Males and or/Females)
- Non-Hispanic Black IDUs
- Latinx IDUs
- Non-Hispanic White IDUs
- Transgender Persons

Applicants are required to justify the selection of the proposed populations to be served. This justification should be based on: surveillance data, needs of propose population, community mapping, needs assessments and prior experience serving the population. Detailed surveillance data can be found at:

<http://www.ct.gov/dph/cwp/view.asp?a=3135&q=393044>. Applicants must clearly describe the following for OTL services:

1. How, when, and where outreach and or in-reach will be conducted to engage members of the proposed populations.
2. How the proposed services and/or activities will be implemented, including how many people will be reached annually, and complete an Intervention Plan form (page 58).
3. How HIV testing will be offered in outreach settings such as homeless shelters, soup kitchens, mobile outreach vans, and other creative venues where the program may be engaging members of priority populations. HIV testing will be conducted following the CDC guidelines for non-clinical HIV testing. Formal HIV prevention counseling is not a required component of OTL.
4. How confirmatory testing will be implemented for all preliminary positive tests. Develop a written policy that clearly demonstrates whether OTL staff will facilitate confirmatory testing or whether a MOA will be created with another entity.
5. How the applicant will facilitate and document referral and linkage services with clinical/health care settings. Applicants must describe how partnerships with organizations that offer essential follow-up services will be established, including clinics that offer HIV care and treatment, PrEP/nPEP, and substance

use treatment services. Agencies should develop and implement protocols to help clients navigate the health care system and access these essential services as needed. Applicants must discuss how Partner Services will be accessed for HIV positive clients.

6. Data to Care Activities: how the applicant will partner with one or more clinical providers to ensure timely and effective linkage and re-engagement of persons identified as HIV positive through program testing efforts; PrEP for HIV negative persons at high risk; testing for STDs (syphilis, gonorrhea and chlamydia infection), viral hepatitis, and TB; and supplemental HIV testing for preliminary positive results. Successful applicants will be required to submit an MOA upon request.

For **Category 1, Option 2- HIV Testing in Healthcare Settings**, applicants should indicate the region that they propose to serve and describe the current or proposed structure of HIV and HCV screening including:

1. The number of patients served annually and the number of patients expected to be screened.
2. Screening opportunities and/or exclusion criteria, i.e., yearly physicals, ER visits.
3. The provider that will conduct the screenings (i.e., Physician's Assistant, Registered Nurse, etc.).
4. The training plan for all clinicians around routine screening for HIV and HCV. HIV testing methodology that will be used, i.e., rapid test or conventional.
5. How HIV and HCV screening will be promoted to patients.
6. How the program will be enhanced to include screening within other sites of the clinical setting.
7. Linkage to Care (including medical care and supportive services, such as Ryan White Services for HIV Positive Persons).
8. Linkage to Partner Services for all persons who test positive for HIV Prevention and Support Services for Negatives (including PrEP Services).
9. The methods for delivery of HIV and HCV positive test results and process for tracking of patients that do not return for test results.
10. The process for ensuring that all confirmed HIV and HCV positive patients are screened for STD's and TB, including chest x-rays.

NOTE: Please include a process map of clinic flow to demonstrate how HIV and HCV screening will be integrated into existing services.

b. Category 2: Drug User Health Services

An applicant proposing to provide Drug User Health Services is required to describe:

1. How the proposed services and/or activities will be implemented, including how many people will be reached annually, and complete an Intervention Plan Form (page 58) this service.
2. The needs in the community the applicant is proposing to serve and how those needs were assessed (e.g. needs assessments, etc.).
3. Past and present experiences delivering services to people at high risk for contracting HIV and those disproportionately impacted by HIV.
4. How outreach and in-reach will be used to engage the target population into proposed services and/or activities and how outreach areas were selected for

targeting (e.g. community mapping, etc.)

5. How proposed services and/or activities will be marketed to the target population and to other service providers in the area to be served. All materials developed or distributed must be reviewed and approved by DPH. Please refer to the DPH Materials Review Policy in the hyperlink: http://www.ct.gov/dph/lib/dph/aids_and_chronic/prevention/pdf/dph_program_review_panel_policy.pdf
6. How participants will be assessed for proposed services and surveyed for satisfaction of services provided.
7. How participants will be linked to other programs and services based on client needs (e.g. PrEP, Partner Services, Ryan White Medical Case Management, etc.).

c. Category 3: Comprehensive HIV Prevention Services for HIV negative and HIV positive Persons

An applicant proposing to provide one of these interventions is required to describe:

1. How the proposed services and/or activities will be implemented, including how many people will be reached annually, and complete an Intervention Plan Form (page 58) for this service.
2. How fidelity to the intervention will be maintained as well as any plans to adapt the intervention to meet target population needs.
3. How the proposed intervention was chosen based on target population needs and how those needs were assessed (e.g. needs assessments, etc.).
4. Past and present experiences delivering services to people at high risk for contracting HIV and those disproportionately impacted by HIV.
5. How outreach and in-reach will be used to engage the target population into proposed services and/or activities and how outreach areas were selected for targeting (e.g. community mapping, etc.).
6. How proposed services and/or activities will be marketed to the target population and to other service providers in the area to be served. All materials developed or distributed must be reviewed and approved by DPH.
7. How intervention participants will be assessed for proposed services and surveyed for satisfaction of services provided.
8. How intervention participants will be linked to other programs and services based on client needs (e.g. PrEP, Partner Services, Ryan White Medical Case Management, etc.).

d. For all Service Categories, describe:

1. Catchment or service area in which services to be provided

The applicant must define the HIV epidemic in the applicant's catchment/regional area, clearly defining populations to be served (demographics), social determinants of health, any existing real or perceived barriers to prevention services, emerging trends and/or populations, service needs or gaps, and the use of community mapping and community resources to be used in addressing needs.

2. Proposed Services to be provided

The applicant must describe the services to be provided and address how the organization addresses issues of cultural diversity, language, sexual orientation,

health equity and health literacy for the population(s) to be served, and also describe the organization's experience in delivering culturally sensitive HIV prevention services to persons and communities disproportionately infected and affected by HIV, such as; LGBT, people of color, MSM, PWID, and ethnic/minority populations.

3. Documentation of Community Needs and Gaps / Resources

The applicant must clearly describe populations served or to be served, any service needs or gaps or barriers to prevention or care, and community resources available and accessible to be used in addressing HIV service delivery need. Applicant must also address how proposed services will complement existing services and/or fill the need for additional services in the area to be served.

4. Community Collaborations

The applicant must identify community collaborations, linkages or Memorandum of Agreements (MOAs) with other community-based organizations and agencies and describe examples of how collaborations are impacting the quality of HIV prevention services and years of said collaborations. If new collaborations will be developed describe said collaboration(s) and the purpose of the collaboration. The applicant must describe criteria taken into account in selecting partners. The applicant must describe the role of each partner (include MOAs, service agreements, letters of commitment with application), describe any patient release of information forms/procedures, data sharing agreements, or other necessary methods that will be put in place to facilitate the partnership, ensure confidentiality, and enable data sharing in a confidential manner. When establishing service agreements/MOAs, the applicant should consider 1) the proximity of the provider to the applicant's service area, 2) the provider's capacity and history to serve the target population, 3) payment requirements for services rendered (e.g. Ryan White provider, type of health insurance accepted), and 4) types of services available for HIV positive and high risk HIV negative persons to access. Applicant must describe how MOAs are developed and monitored. Applicants are required to propose a team-based, consumer driven, multidisciplinary approach to providing HIV prevention services. This may include using Community Health Workers or peers for education and ongoing support, benefits enrollment specialists for PrEP insurance navigation, Ryan White funded staff (i.e., social workers) for screening and acuity determination, and other relevant linkages to services.

5. Service Capacity / Service Delivery Plan (Deliverables)

The applicant must briefly define capacity to deliver the services proposed. The applicant must also address how the proposed services will complement existing services and/or fill the need for additional services in the area(s) to be served. A detailed work plan explaining services to be provided, staff assigned, expected outcome measurements/successes and a specific timetable of deliverables must be included for each service category and component proposed. See attached Work Plan Worksheet.

6. Client Eligibility

The applicant must describe how a client is screened for eligibility for services. The applicant must describe the agency's capacity and and/or any subcontracted partners (funded and non-funded) to bill Medicaid, Medicare, or other insurers for HIV testing, STD testing, viral hepatitis testing, TB testing, PrEP, or other services proposed to be provided through this program.

If the applicant plans to use incentives for interventions, the agency will be required to create and adhere to an agency incentives policy that shall include the following:

- o Rationale for the use of incentives
- o Describe how incentives will be distributed
- o Develop a mechanism to track the use of incentives

Note: Incentives may not be used for (OTL) services, however programs utilizing (SNS) as a way to recruit high risk clients, are permitted to use incentives and will need to submit a policy to DPH.

Funded contractors will also be expected to create and adhere to an agency incentive policy along with the DPH Incentive Policy. Please refer to information at: http://www.ct.gov/dph/lib/dph/aids_and_chronic/prevention/pdf/incentive_policy.pdf

3. Staffing Requirements – Staffing Plan:

a. Key Personnel / Managers/ Staff Assigned

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

b. Staffing Levels and Demographics of Organization Work Force

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

c. Staff Qualifications/Experience

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

d. Organizational Chart

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

e. Recruitment, Hiring & Retention Plan

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

f. Staff Training and Educational Development

DPH requires that all prevention staff funded under this RFP attend and complete the Pre-Requisite Training and the applicable HIV prevention trainings related to funded interventions. Staff is also expected to attend any additional DPH sponsored trainings and/or meetings. The applicant shall describe how all staff are recruited, trained, hired and retained to deliver competent HIV services. The applicant shall also describe a mechanism for tracking staff attendance at internal, external, educational training or staff development. Describe training that staff receive including orientation or capacity building training beyond DPH required trainings.

4. Data and Technology Requirements:

a. E-Mail/Internet Capabilities

Applicant must define current capabilities as well as system restrictions.

Applicants must have access to and be able to access email and the internet for

the purposes of data collection and record reporting, as well as for any required or recommended DPH webinars and teleconferences.

b. IT Infrastructure / Hardware & Software Quality

Applicant must describe current operating system, including the indication of any staff assigned to IT management. Such individual's name and contact information must be included. Successful applicants may be required to install and utilize a designated data collection and reporting system for documentation of clients served. Applicants must have hardware capable of supporting such a system and provide staff support for installation, maintenance and updating of the data system.

c. Data Collection / Storage / Reporting

Applicant will be required to set up and maintain client files, install and utilize a designated data collection and reporting system, submit all financial, program narratives, and progress reports as contractually required, and be available for a minimum of two site visits per year to be conducted by an assigned HIV Prevention Contracts Manager.

- Successful applicants will also be required to collect client level data, track performance measures and client level indicators as required by DPH and CDC.
- Condom Distribution-Applicants will be expected to collect aggregate information on the total number of clients that receive condoms, as well as the number of condoms given to people who are HIV positive, high risk negative, and the general population using the DPH approved forms.
- HIV Testing in Healthcare Settings Data Responsibility- Applicants must have a mechanism in place to ensure timely data submissions to DPH that include one of the following options:
 1. Direct key data entry into EvaluationWeb®
 2. File upload method which helps uploading HIV testing related data to EvaluationWeb® for submission to CDC. This mechanism involves exporting data from your local database (i.e., electronic health record system) to a file with a specific format, and then uploading the file to EvaluationWeb. For more file upload information, visit <https://help.lutherconsulting.com/upload.html>

d. Assessment of Client Satisfaction

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

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

Applicant must describe the process for monitoring services, collecting client level data, and using quantitative and qualitative information to improve services. Applicant must clearly define in the Work Plan or through the development of a Quality Improvement Plan, the expected outcomes and measures of success of the service(s) to be provided. Successful applicants are expected to meet CDC and DPH performance measures. These measures will be outlined in the contractual language with selected applicants on the approved category/ intervention proposed. Applicants are expected to find newly confirmed HIV positive clients annually for OTL. Organizations that do not have the capacity to

perform this level of service are encouraged to subcontract with other organizations, or develop non-funded service agreements with organizations, in order to pool staffing, capacity, resources, and expertise to meet program requirements.

f. Data Security

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

- Review of applicable laws and regulations
- Description of applicable data (include details on types of records, systems, and reports)
- Roles and responsibilities of persons with authorized access to the data
- Confidentiality agreements signed yearly
- Controls for data management, security, and access (physical and electronic)
- Address when use of privacy advice or reminder is appropriate (i.e., when to include privacy advice at the point of information use on forms, information collection devices, systems, file cabinets, etc.)
- Specified policies applicable to trainees, students, volunteers, visitors, and cleaning and security staff
- Provisions to limit disclosure and prevent indirect release of PII
- Guidance on data sharing
- Confidentiality guidelines
(http://www.ct.gov/dph/lib/dph/infectious_diseases/tb/pdf/ct_security_confidentiality_guidelines.pdf)

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

5. Subcontractors

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

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

6. Work Plan

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

include a three month start-up period to work with CT DPH to finalize a logic model, implementation and evaluation plan. See **Section V.A.** for a Work Plan Form.

■ **D. COST PROPOSAL COMPONENT**

1. Financial Requirements - Profile

a. Annual Operating Budget

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

b. Fiscal Competitiveness

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

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

2. Budget Requirements – Budget and Budget Narrative

a. Budget Summary

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

Total budget amount must be the same over the contract period. The maximum amount of the budget may not be increased after the proposal is submitted. All cost estimates will be considered as "not to exceed" quotations against which time and expenses will be charged. The proposed budget is subject to change during contract award negotiations. The State of Connecticut is exempt from payment of excise, transportation and sales taxes imposed by the Federal and/or State government. Such taxes must not be included in contract prices.

b. Budget Narrative

Applicants must provide a narrative justification for all budget expenses included in the proposal. Budget Justification Schedule B may be used for this purpose (See **Section V.**).

IV. PROPOSAL OUTLINE

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

	Page
A. Cover Sheet Applicant Information Form (See Section VI. Application Forms)	1-2
B. Table of Contents	3
C. Declaration of Confidential Information (See Section I. C. 12 Declaration of Confidential Information. If a Declaration of Confidential Information is applicable , applicant must reference where within the proposal, information labeled as confidential is located and also provide rationale to justify an exemption of the information from release under FOIA. If no such restriction is applicable, applicant must make a statement in Section IV. C of this proposal outline indicating “No Confidential Information Contained.”)	4
D. Conflict of Interest - Disclosure Statement (See Section I. C. 13. A disclosure statement must be included in this section if applicable. In the absence of any conflict of interest, an applicant must affirm such in Section IV. D. Example: [Name of applicant] has no current business relationship within the last three (3) years that poses a conflict of interest as defined by C.G.S. 1-85.)	4
E. Executive Summary (See Section I, D.4 Executive Summary for specifications).	5-6
F. Main Proposal (Begin pagination with either page 6 or 7 depending on length of Executive Summary and continue page numbering accordingly with Organizational Profile)	6-
1. Organizational Profile	
a. Brief overview of the history and structure of the organization b. Agency’s overall mission and vision c. Entity type and years of operation d. Locations where services will be provided, and hours of operation including nontraditional locations and hours	
2. Scope of Services	
a. Catchment or service area in which services to be provided b. Proposed services to be provided (Applicant must describe services to be provided and address how the organization addresses social determinants of health, health inequity, language, sexual orientation and/or health literacy for the population(s) to be served, and also describe the organization’s experience in delivering culturally sensitive services to persons and communities disproportionately infected and affected by HIV – Men Who Have Sex with Men, Transgender, Persons who use drugs, women and ethnic and minority populations). c. Documentation of Community Needs and Gaps / Resources (Applicant must define the HIV epidemic in the proposer’s catchment area, clearly describing populations served or to be served, any service needs or gaps or barriers to care, and community resources available and accessible to be used in addressing HIV service delivery need. Applicant must	

also address how proposed services will complement existing services and/or fill the need for additional services in the area to be served).

- d. Community Collaborations
(Applicant must identify community collaborations, linkages or memorandums of agreement with other community-based organizations, peer or consumer groups and agencies, and years of said collaborations. If new collaborations will be developed define collaborator (s) and purpose of collaboration).
- e. Service Capacity / Service Delivery Plan (Deliverables)
(Applicant must briefly define capacity to deliver services *proposed and submit a detailed Work Plan to deliver said services. **Work Plan must be included in Section IV. I. Forms, 1 Department).***
- f. Client Evaluation/Protocols
(Applicant must describe how a client is evaluated/ assessed by the organization for eligibility and services. Applicant must also identify any specific organizational protocols).

3. Staffing Plan

- a. Key Personnel / Managers/ Staff Assigned
(Applicant must describe all staff that will provide supervision, administration and provision of services, as well as applicable position titles, hourly pay rates, and hours assigned to services/ service delivery. Staff assignments must also be included in the Work Plan). The applicant must complete and attach the Staffing Profile in Section IV. I. Forms, 1. Department for each intervention proposed.
- b. Staffing Levels and Demographics of Organization Work Force
(Applicant must complete and attach an organizational Work Force Analysis in Section IV.I Forms).
- c. Staff Qualifications/ Experience
(Applicant must describe staff qualifications and experience to deliver the proposed services. Please indicate any staff certifications or licensures held. All current job descriptions and resumes must be included in Section IV. H Appendices). If new staff will be hired to deliver services, please include new job descriptions in Section IV. H. Appendices as well.
- d. Organizational Chart
(Applicant must include an organizational chart in Section IV. H. Appendices).
- e. Recruitment, Hiring & Retention Plan
(Applicant must describe how new staff is recruited, hired, and trained and the process/ method to recruit peers or retain current staff).
- f. Staff Training and Educational Development
DPH requires that all prevention staff funded under this RFP attend and complete the Pre-Requisite Training and the applicable HIV prevention trainings. Staff is also expected to attend any additional DPH sponsored trainings and/or meetings. The applicant shall also describe a mechanism for tracking staff attendance at internal, external, educational training or staff development. Applicant should also address recruitment, hiring, retention and training plans for staffing.

4. Data and Technology

- a. Applicant must define current capabilities as well as system restrictions. Applicants must have access to and be able to access email and the internet for the purposes of data collection and record reporting, as well as for any required or recommended DPH webinars and teleconferences.
- b. IT Infrastructure / Hardware & Software Quality
Applicant must describe current operating system, including the indication of any staff assigned to IT management. Such individual's name and contact information must be included. Successful applicants may be required to install and utilize a designated data collection and reporting system for documentation of all prevention clients. Applicants must have hardware capable of supporting such a system and provide staff support for installation, maintenance and updating of the data system.

c. Data Collection / Storage / Reporting

Applicant must describe the mechanism for data collection, storage, and reporting. Successful applicants will be required to set up and maintain client files as per DPH requirements, install and utilize a designated data collection and reporting system, submit all financial, program narratives, and progress reports as contractually required, and be available for a minimum of two site visits per year to be conducted by an assigned HIV Prevention Contract Manager. Successful applicants will also be required to collect client level data, and track performance measures and client level indicators as required by DPH.

d. Assessment of Client Satisfaction

Applicant must describe previous and planned client satisfaction surveys or feedback tools used to monitor and evaluate service delivery and client satisfaction with services. Applicant must describe any client satisfaction surveys or tools used to monitor and evaluate services and service delivery and define any findings and changes made as a result of the survey(s).

e. Quality Management and Process Monitoring

Applicant must describe the process for monitoring services, collecting client level data, and using quantitative and qualitative information to improve services. In addition, the applicant must clearly define in the Work Plan the expected outcomes and measures of success of the service(s) to be provided.

f. Data Security

Applicant must describe what type of data security will be used to protect client data.

5. Subcontractors

If a subcontractor will be used, please complete and attach Subcontractor Schedule in Section VI Application Forms for each HIV prevention intervention proposed. If a subcontractor will not be used, please indicate as Not Applicable and do not include a Subcontractor schedule.

6. Work Plan

Work plans must include detailed information about the specific activities to be conducted including what will be done, where and by whom. In addition, specific timeframes for each activity should be included. This information should be translatable into measurable goals and objectives to ensure that deliverables are met. Please complete and attach the Work Plan in Section VI. Application Forms to outline provision of services.

G. Cost Proposal

- a. Financial Profile
- b. Budget and Budget Narrative
- c. Budget Summary 1 Form
- d. Budget Narrative / Justification Schedule B

H. Appendices

- a. Curricula
- b. Job Descriptions
- c. Resumes

I. Forms

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

V. ATTACHMENTS

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

1. Cover Sheet	46
2. Applicant Information Form (continuation)	47
3. Budget Form Instructions	48
4. Budget Summary 1 Form	49
5. Budget Justification Schedule B Form	50
6. Instructions – Subcontractor Schedule A Detail	51
7. Subcontractor Schedule A Detail Form	52
8. Work Plan Form	53
9. Staffing Form	54
10. Proposed HIV/AIDS Prevention Interventions Plan Form	55
11. OPM Consulting Agreement Affidavit	56
12. Workforce Analysis	57
13. Notification to Bidders.	58
14. Contract Compliance Policy Statement	59
15. Minimum Requirements Checklist	60

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

1. Nondiscrimination Certifications	61
2. Code of Ethics	63
3. False Claims Act Notification	64
4. False Claims Act Policy	65
5. False Claims Act Procedure	68
6. SEEC Form 11	71
7. HIV Prevention Services Regional Map	73
8. HIV Newly Dx Cases Density Map 2011-2015	74
9. CT Newly Dx (Local Moran's) Cluster Analysis	75
10. Drug User Health Services Continuum	76

VI. APPLICATION FORMS

COVER SHEET

REQUEST FOR PROPOSAL
RFP DPH # 2019-0901
HIV Testing and Prevention Services
CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
TB, HIV, STD and Viral Hepatitis Programs

Applicant Information

Applicant Agency: _____

Legal Name

Address

City/Town

State

Zip Code

Telephone No.

FAX No.

Email Address

Contact Person: _____ Title: _____

Telephone No: _____

TOTAL PROGRAM COST: \$ _____

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

Signature of Authorizing Official:

Date

Typed Name and Title

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

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

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

Applicant Information Form (continuation)

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

Contract and Legal Documents/Forms:

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

Program Progress Reports:

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

Financial Expenditure Reporting Forms:

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

Incorporated: YES NOAgency Fiscal Year: Type of Agency: Public Private Other,
Explain: Profit Non-ProfitFederal Employer I.D. Number: Town Code No: Medicaid Provider Status: YES NOMedicaid Number: Minority Business Enterprise (MBE): YES NOWomen Business Enterprise (WBE): YES NO

Instructions Budget Summary 1

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

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

Example:

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

II. Line #11 **Contractual (Subcontracts)** provide the total of all subcontracts and complete Subcontractor Schedule.

III. Lines #6 - #13 complete categories as appropriate,

IV. Line # 14: Other Expenses are any other types of expense that do not fit into the categories listed.

For example: Equipment (purchasing a computer at a cost of \$1,500). Please note that the state's definition of equipment is tangible personal property with a normal useful life of at least one year and a value of at least \$2,500 or more.

V. **Audit Costs**, the cost of audits made in accordance with OMB Circular A133 (Federal Single Audit) are allowable charges to Federal awards. The cost of State Single Audits (CGS 4-23 to 4-236) are allowable charges to State awards. Audit costs are allowable to the extent that they represent a pro-rata share of the cost of such audit. Audit costs charged to Department of Public Health contracts **must be budgeted, reported and justified as an audit cost line item within the Administrative and General Cost category.**

VI. Line Item #15 **Administrative and General Costs**, these are defined as those costs that have been incurred for the overall executive and administrative offices of the organization or other expenses of a general nature that do not relate solely to any major cost objective of the overall organization. Examples of A&G costs include salaries of executive directors, administrative & financial personnel, accounting, auditing, management information systems, proportional office costs such as building occupancy, telephone, equipment, and office supplies. Please note, applicants are allowed a maximum of 15% of the total budget to Administrative and General Costs. Please review the OPM website on Cost Standards for more information at: <http://www.ct.gov/opm/cwp/view.asp?a=2981&q=382994>.

VII. **Administrative and General Costs** must be itemized on the Budget Justification Schedule. Costs that have a separate line item in the Budget Summary may not be duplicated as an Administrative and General Cost. For example, if the Budget Summary includes an amount for telephone costs, this cannot also be included as an Administrative and General Cost.

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

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

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

B. Budget Justification Schedule B

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

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

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

Example:

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

Budget Summary 1

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

*** Complete Subcontractor Schedule A

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

C. Instructions: Subcontractor Schedule A--Detail

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

II. Detail of Each Subcontractor:

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

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

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

Example A. Budget Basis

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

Example B. Fee for Service:

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

Example C. Hourly Rate:

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

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

**Subcontractor Schedule A-Detail
#1**

Program:

Subcontractor Name:

Address:

Telephone: () (-)

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

Indicate One: MBE WBE Neither

Line Item	Amount
Total Subcontract Amount:	

#2

Subcontractor Name:

Address:

Telephone: () (-)

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

Indicate One: MBE WBE Neither

Line Item	Amount
Total Subcontract Amount:	

#3

Subcontractor Name:

Address:

Telephone: () (-)

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

Indicate One: MBE WBE Neither

Line Item	Amount
Total Subcontract Amount:	

Work Plan (make as many blank pages as needed): Please describe and include a plan for Outreach for OTL, Drug User Health and Effective Interventions. HIV Testing in Medical Settings, applicants must include In-reach activities for how patients will be recruited for Patient Navigation services.

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

Staffing

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

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

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

Proposed HIV Prevention Intervention Plan Form

Special Note: If entering form electronically, press tab to move through form. You can use the space bar or mouse to mark a box with a [check] or to [uncheck] a box

1. Contractor Name: _____
2. Name of Service Category: _____
3. Region (s) to be Served: _____
4. Total Number of Unduplicated Clients Targeted Annually: _____

In each category check all that apply and report the number of clients to be served. All four columns must be completed.

Priority Population	#served	Sex	#served	Age Group	#served	HIV Status	#served
<input type="checkbox"/> MSM-White	___	<input type="checkbox"/> Male	___	<input type="checkbox"/> 12 and under	___	<input type="checkbox"/> HIV+	___
<input type="checkbox"/> MSM-Black	___	<input type="checkbox"/> Female	___	<input type="checkbox"/> 13-18	___	<input type="checkbox"/> HIV-	___
<input type="checkbox"/> MSM-Latino	___	<input type="checkbox"/> Transgender	___	<input type="checkbox"/> 19-24	___	<input type="checkbox"/> Status	___
<input type="checkbox"/> IDU-Black	___	<input type="checkbox"/> Sex Not Known	___	<input type="checkbox"/> 25-34	___	Unknown	___
<input type="checkbox"/> IDU-Latino(a)	___			<input type="checkbox"/> 35-44	___		___
<input type="checkbox"/> IDU- White	___			<input type="checkbox"/> 45+	___		___
<input type="checkbox"/> Hetero-Black	___			<input type="checkbox"/> Age Unknown	___		___
<input type="checkbox"/> Hetero-Latino(a)	___						
<input type="checkbox"/> OTHER Pop:	___						
--Other (specify): _____							
TOTAL:	___	TOTAL:	___	TOTAL:	___	TOTAL:	___

The Total in each Column will be the same and equal the total number of Clients Targeted.



STATE OF CONNECTICUT
CONSULTING AGREEMENT AFFIDAVIT

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

INSTRUCTIONS:

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

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

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

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

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

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

Start Date End Date Cost

Description of Services Provided:

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

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

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

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

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

Commissioner of the Superior Court or Notary Public

WORKFORCE ANALYSIS

Contractor Name:
Address:

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

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

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

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

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

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

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

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

Contractor's Authorized Signature

Date

NOTIFICATION TO BIDDERS

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

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

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

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

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

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

Signature

Date

On behalf of:

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

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



M. Jodi Rell
 Governor

AFFIRMATIVE ACTION
CONTRACT COMPLIANCE POLICY STATEMENT

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

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

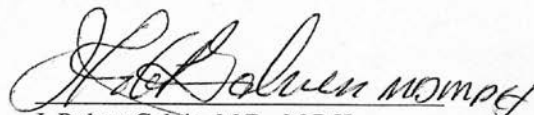
This Department will not knowingly do business with any contractor, subcontractor or supplier of materials who unlawfully discriminates against members of any class protected under state or federal law. Contractors whose overall employment statistics are not reflective of the general employment area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

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

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

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

17 Sep 04
 Date


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



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

APPLICANT’S MINIMUM REQUIREMENTS CHECKLIST: RFP #2019-0901

Applicant

- 1. Cover pages (See Section IV. I. Forms) completed and included in proposal (not included in page limit) _____
- 2. Executive Summary (1-2 pages maximum) included (not included in page limit) _____
- 3. Declaration of Confidential Information referenced or indicated as N/A (not included in page limit) _____
- 4. Conflict of Interest Disclosure Statement included (not included in page limit) _____
- 5. Main Proposal narrative meets respective page limits (10 pages) _____
- 6. Resumes provided for all professional staff assigned to this project. (not included in page limit) _____
- 7. Job descriptions provided for all key personnel assigned to this project including new positions being proposed (not included in page limit) _____
- 8. Staff Profile form completed and included in proposal (not included in page limit) _____
- 9. Budget Summary and Budget Justification Forms completed and included in proposal (not included in page limit) _____
- 10. Subcontractor Schedule (if applicable) completed and included in proposal (not included in page limit) _____
- 11. Completed Work Plan form included in proposal (not included in page limit) _____
- 12. Completed Notification to Bidders form included in proposal. (not included in page limit) _____
- 13. Completed Workforce Analysis Questionnaire included in proposal. (not included in page limit) _____
- 14. Signed Consulting Agreement Affidavit (OPM Ethics Form 5) included in proposal (not included in page limit) _____
- 15. **An original unbound and 6 unbound copies of the completed proposal must be received at DPH no later than **May 29, 2018.**** _____
- 16. The proposal is signed by an authorized official of the Applicant Organization. _____



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

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

INSTRUCTIONS:

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

REPRESENTATION OF AN ENTITY:

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

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

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

_____ and that _____
 Name of Entity Name of Entity

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

 Authorized Signature

 Date

 Printed Name



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

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

INSTRUCTIONS:

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

AFFIDAVIT:

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

I am _____ of _____, an entity
Signatory's Title Name of Entity

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

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

_____ and that _____
Name of Entity Name of Entity

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

Authorized Signature

Printed Name

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

Commissioner of the Superior Court/
Notary Public

Commission Expiration Date

CODE OF ETHICS
BUSINESS COMPLIANCE NOTIFICATION

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


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

FALSE CLAIMS ACT
COMPLIANCE NOTIFICATION

This Contract requires compliance with The Deficit Reduction Act (“Act”) of 2005, which requires that the contractor or “qualified provider” receiving the contract comply with the Department’s False Claims Act Policy and Procedure as follows:

1. Review, print, and maintain on file the following Department’s False Claims Act Policy and False Claims Act Procedure.
2. Provide appropriate notice of the requirements of the Policy and Procedure by providing copies of the Department’s False Claims Policy and False Claims Procedure to all employees of your organization, including officers and officials as well as subcontractors providing services funded by this Contract, in accordance with the requirements of Section 4.3.3 of the Department’s False Claims Act Procedure.


Do not return the False Claims Policy or False Claims Procedure to the Department. Your signature on the executed Contract confirms your receipt and compliance with the Department’s False Claims Act compliance requirement.

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

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

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

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

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

2.0 Scope

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

3.0 Definitions and Acronyms

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

3.1 Acronyms

“CGMS”	The Connecticut Department of Public Health, Contracts & Grants Management Section
“Department”	The State of Connecticut Department of Public Health
“FCA”	False Claims Act
“PFCRA”	Program Fraud Civil Remedies Act

3.2 Definitions


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

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

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

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

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

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

4.1 False Claim Act

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

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

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


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

4.2 State False Claim Related Acts

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

4.3 Compliance Reporting


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

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

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

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

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

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

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

2.0 Scope

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

3.0 Definitions and Acronyms

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

3.1 Acronyms

“CGMS”	The Connecticut Department of Public Health, Contracts & Grants Management Section
“Department”	The State of Connecticut Department of Public Health
“FCA”	False Claims Act
“PFCRA”	Program Fraud Civil Remedies Act
“POS”	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>PL-CGMS C-001 Revision: 1.0 Effective Date: 05/21/2010</p>
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4.0 Process

4.1 Dissemination to the Department's New Employees

4.1.1 The Department's Human Resources staff shall present and provide all newly hired Department employees with a copy of the False Claims Act Policy and Procedure during the new employee orientation.

4.1.2 Each new Department employee must acknowledge receipt of the False Claims Act Policy and Procedure by signing an acknowledgement that they received it. The acknowledgement shall be maintained in their personnel file.

4.2 Dissemination to the Department's Existing Employees

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

4.3 Dissemination to Contractors and Qualified Providers

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

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

4.3.3 Execution of the contract by a contractor or agent, via authorized signature, shall indicate acceptance of and compliance with the Department's False Claims Policy and Procedure in accordance with Part II, Section C.4, (Terms and Conditions, Contractor Obligations, Federal Funds) of the POS Contract.

4.3.4 Contractors and agents under contract with the Department shall inform all subcontractors, providing services funded by the contract, of the policy and procedure and obtain acknowledgement of receipt either via inclusion of a contract term/condition in the sub-contractual agreement as in 4.3.3 above, and execution of such subcontract, or via separate acknowledgement.

5.0 Records

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

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

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

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

CAMPAIGN CONTRIBUTION AND SOLICITATION LIMITATIONS

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

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

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

DUTY TO INFORM

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

PENALTIES FOR VIOLATIONS

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

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

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

CONTRACT CONSEQUENCES

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

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

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

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

SEEC Form 11 Definitions:

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

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

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

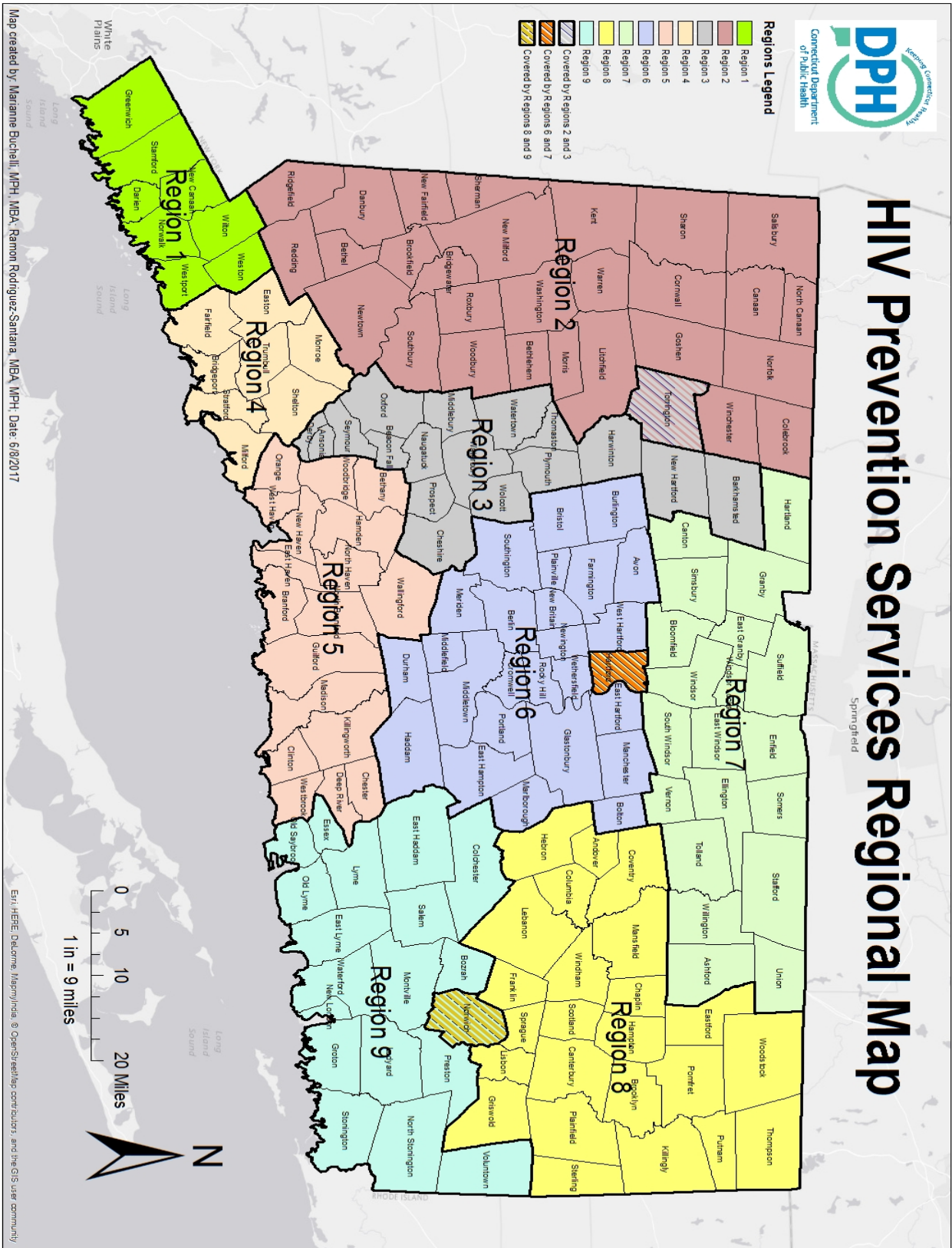
"State contract" means an agreement or contract with the state or any state agency or any quasi-public agency, let through a procurement process or otherwise, having a value of fifty thousand dollars or more, or a combination or series of such agreements or contracts having a value of one hundred thousand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

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

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

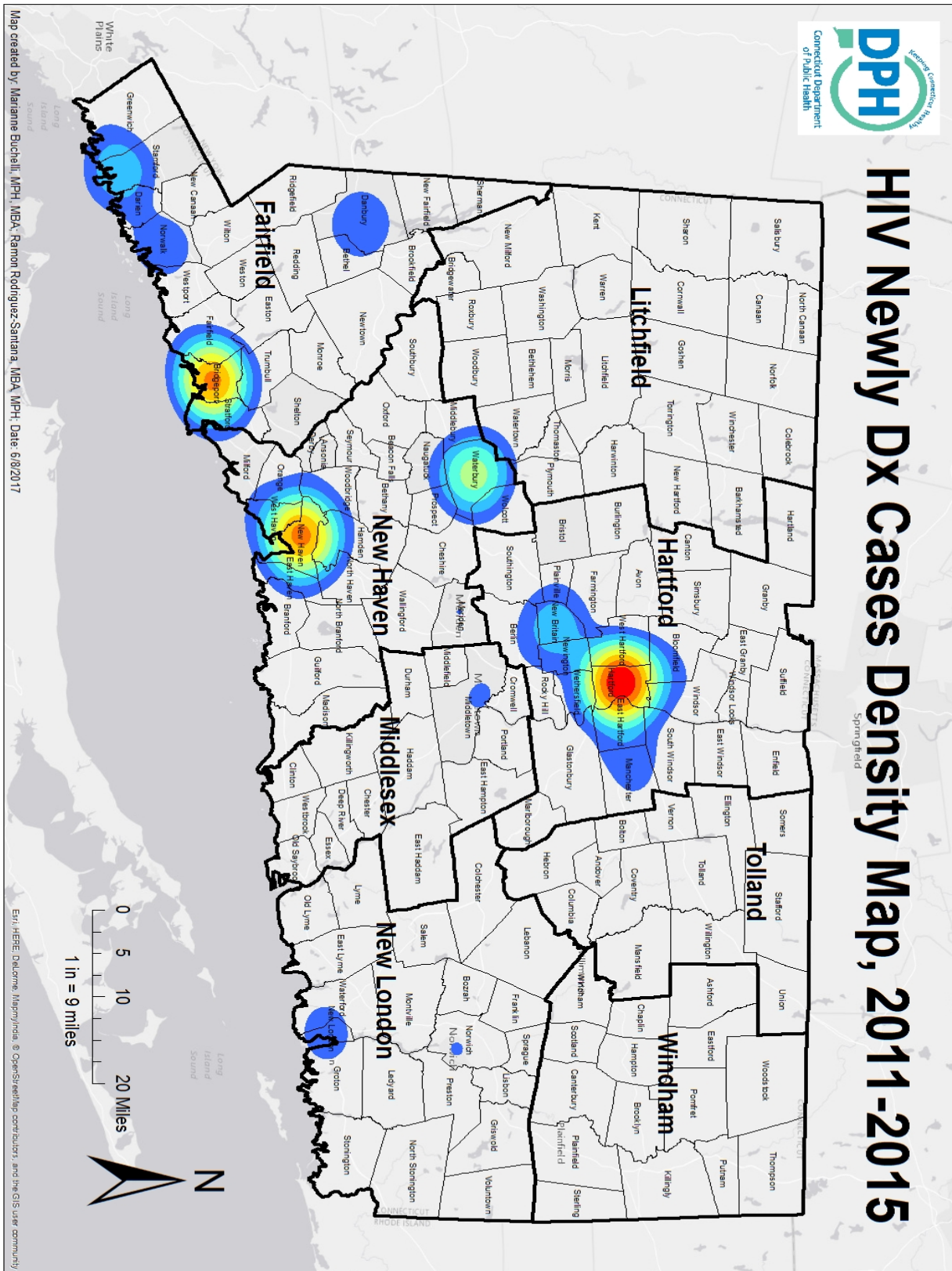
"Dependent child" means a child residing in an individual's household who may legally be claimed as a dependent on the federal income tax of such individual.

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

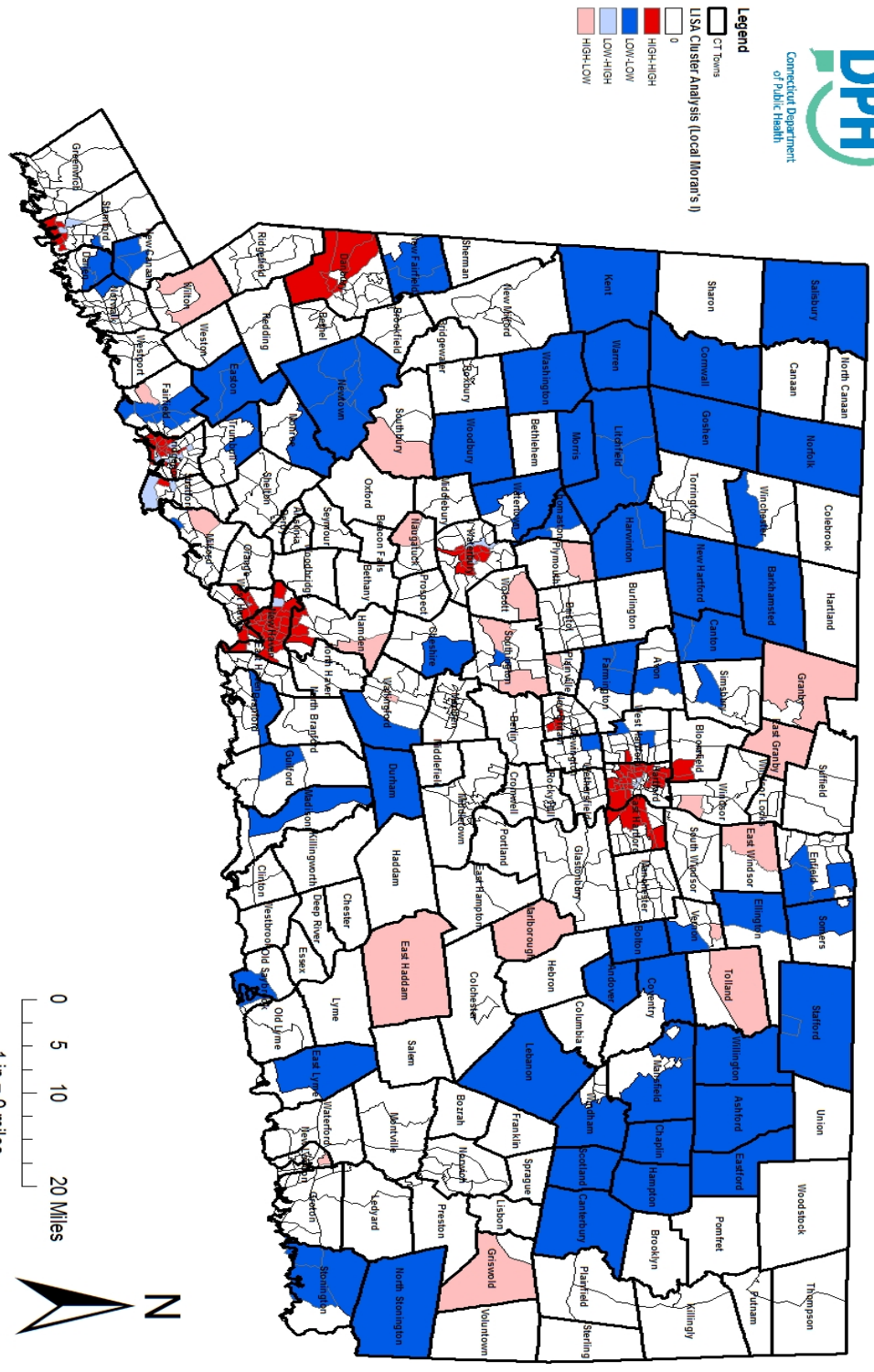


HIV Prevention Services Regional Map













CT HIV Newly Dx (Local Moran's I) Cluster Analysis by Census Tract, 2011-2015



Map created by: Maramé Buchell, MPH, MBA, Luis F. Diaz, BS, Mukhtar Mohamed, MPH, MA, Ramon Rodriguez-Santana, MBA, MPH; Date: 2/5/2018

DRUG USER HEALTH SERVICES CONTINUUM			
SERVICE ENTRY POINT/GATEKEEPER	SERVICES TO PREVENT INFECTIOUS DISEASES	ADDICTION AND OVERDOSE TREATMENT: OUTPATIENT	ADDICTION TREATMENT: INPATIENT
<ul style="list-style-type: none"> Insurance application and enrollment assistance Navigation and linkage of social, housing, and supportive services Navigation and linkage to clinical care 	<ul style="list-style-type: none"> HIV testing HCV testing Syringe and paraphernalia exchange Education on safe injecting practices 	<ul style="list-style-type: none"> MAT Naloxone Outpatient individual and group counseling 	<ul style="list-style-type: none"> Hospital stay Inpatient mental health or SUD treatment
 PROVIDER TYPES Navigator, Certified Application Counselor, case manager, community health worker, peer navigator	 PROVIDER TYPES Case manager, nurse, community health worker, peer navigator	 PROVIDER TYPES Pharmacist, physician, social worker, case manager, peer navigator	 PROVIDER TYPES Physician, psychiatrist
 PRIMARY SETTING Community	 PRIMARY SETTING Community	 PRIMARY SETTING Community and Clinical	 PRIMARY SETTING Clinical