

PROCUREMENT NOTICE

Department of Public Health
Public Health Initiatives Branch
Community, Family Health, and Prevention Section
Office of Oral Health

**LEGAL NOTICE
REQUEST FOR PROPOSAL (RFP)
RFP #2020-0903**

Medical – Dental Innovation Project:
Integrating Oral Health and Chronic Disease

The State of Connecticut Department of Public Health (Department) is seeking proposals for five (5) federally qualified health centers (FQHC) with dental health professional shortage area (HPSA) designation to implement an innovative medical-dental integration project to address common modifiable risk factors for children at risk for tooth decay and childhood obesity and adults at risk for oral disease and prediabetes. The selected FQHCs will 1) collaborate inter-professionally with medical and dental teams to develop systems and workflows to identify, screen, refer, and track at risk patients to improve oral health and chronic disease outcomes, 2) increase medical and dental provider knowledge and skills to integrate oral health and chronic disease, and 3) develop a sustainability plan to ensure the continuation of the project.

The Request for Proposal is available in electronic format on the State Contracting portal at https://biznet.ct.gov/SCP_Search/Default.aspx?AccLast=2 or the DPH website at <http://www.ct.gov/dph/rfp>.

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

Department's Official Contact:

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Community, Family Health and Prevention Section
CT Department of Public Health
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Deadline for submission of proposals is September 6, 2019 at 3:30 p.m. EST.

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I. GENERAL INFORMATION

A. INTRODUCTION

1. **RFP Name or Number.** DPH2020-0903: Medical – Dental Innovation Project: Integrating Oral Health and Chronic Disease.
2. **Summary.** The State of Connecticut Department of Public Health (Department) is seeking proposals for five (5) federally qualified health centers (FQHC) with dental health professional shortage area (HPSA) designation to implement an innovative medical-dental integration project to address common modifiable risk factors for children at risk for tooth decay and childhood obesity and adults at risk for oral disease and prediabetes. The selected FQHCs will, 1) collaborate inter-professionally with medical and dental teams to develop systems and workflows to identify, screen, refer, and track at risk patients to improve oral health and chronic disease outcomes, 2) increase medical and dental provider knowledge and skills to integrate oral health and chronic disease, and 3) develop a sustainability plan to ensure the continuation of the project.
3. **Commodity Codes.** The services that the Department wishes to procure through this RFP are as follows:
 - 0600: Services (Professional, Support, Consulting and Misc. Services)
 - 1000: Healthcare Services
 - 3000: Education and Training

B. ABBREVIATIONS / ACRONYMS / DEFINITIONS

AADE	American Association of Diabetes Educators
ADA	American Diabetes Association
Applicant	A private provider organization, CT State agency, or municipality that has submitted a proposal to the Department in response to this RFP
BFO	Best and Final Offers
Bi-directional Referral System	A bi-directional referral system considers referrals and information between medical and dental providers and systems, including referrals to community programs. Ideally, the bi-directional referral system will be integrated with an electronic health record (EHR) system and will facilitate electronic bi-directional feedback between medical and dental providers and systems.
Bi-directional Communication	Bi-directional communication is the ability to send information in both directions between health care departments. This exchange may be via electronic systems, meetings, huddles, etc.
CDC	Centers for Disease Control and Prevention, the Federal entity funding the 1815 cooperative agreement.
CDC-recognized Lifestyle Change Programs (LCP)	Programs that have applied to and are listed on the CDC Diabetes Prevention Recognition Program website.

	https://nccd.cdc.gov/DDT_DPRP/Registry.aspx) This may be with pending, preliminary or full CDC recognition. These evidence based programs teach participants to make lasting lifestyle changes, like eating healthier, adding physical activity into their daily routine, and improving coping skills to achieve 5% weight loss.
CFHPS	Community, Family Health and Prevention Section
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
DPCP	Diabetes Prevention and Control Program
DSMES	Diabetes Self-Management and Support
DSMP	Diabetes Self-Management Program
CT	Connecticut
DAS	Department of Administrative Services (CT)
DPH	Department of Public Health (CT)
EHR or EMR	Electronic Health Record or Electronic Medical Record
Evidence-based guidelines	Also called clinical practice guidelines, are systematically developed statements based on research to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances.
FOIA	Freedom of Information Act
FOHC	Federally Qualified Health Center
HIT	Health information technology applied to health and health care. It supports health information management across computerized systems and the secure exchange of health information between consumers, providers, payers, and quality monitors.
HPSA	Health Professional Shortage Area
HRSA	Health Resources and Services Administration
IRS	Internal Revenue Service
IT	Information Technology
LOI	Letter of Intent
Motivational Interviewing (MI)	Motivational interviewing is a counseling method that helps people resolve ambivalent feelings and insecurities to find the internal motivation they need to change their behavior.
NPAO	Nutrition, Physical Activity, and Obesity Program
OAG	Office of the Attorney General (CT)
OOH	Office of Oral Health
OPM	Office of Policy and Management (CT)
OSC	Office of the State Comptroller (CT)
P.A.	Public Act (CT)
PDF	Portable Document Format
PDSA	Plan, Do, Study, Act
PHAB	Public Health Accreditation Board
PSA	Personal Services Agreement
RFP	Request for Proposal
SEEC	State Elections Enforcement Commission (CT)
Subcontractor:	as a result of this RFP, an individual (other than an employee of the contractor) or business entity hired by a contractor to provide a specific health or human service as part of a POS contract with the Department.

C. INSTRUCTIONS

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

Name: Maryanne Goss, MA, Health Program Associate
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 Community, Family Health and Prevention Section
 CT Department of Public Health
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 Hartford, CT 06134
 Phone: 860-509-7699
 E-Mail: Maryanne.goss@ct.gov

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

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

- Department's RFP Web Page <https://portal.ct.gov/dph/Request-For-Proposals/Request-for-Proposals>
- State Contracting Portal https://biznet.ct.gov/SCP_Search/Default.aspx?AccLast=2

It is strongly recommended that any proposer or prospective proposer 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:

Component 1:

- Total Funding Available: \$87,900
- Number of Awards: 5
- Contract Cost: \$27,900-\$30,500 per FQHC per year
- Contract Term: 2/1/2020 – 8/31/2022

Component 2:

- Total Funding Available: \$200,000
- Number of Awards: 2
- Contract Cost: \$50,000 per FQHC per year

- Contract Term: 2/1/2020 – 8/31/2023

4. Eligibility. Private provider organizations (defined as non-state entities that are either nonprofit or proprietary corporations or partnerships), CT State agencies are eligible to submit proposals in response to this RFP. Individuals who are not a duly formed business entity are ineligible to participate in this procurement. Applicants with long-standing, significant outstanding unresolved issues on current and/or prior year contracts with the DPH may be removed from consideration for additional or future funding.

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

- At least one qualified staff dedicated (25% FTE minimum) to be the project lead, which includes:
 - Serving as the single contact person with CT DPH.
 - Coordinating all aspects of project planning and implementation.
 - Ensuring that all project deadlines are met and required data reported to DPH
- Electronic Medical Record (EMR) systems with population health functionality, systems and capability to modify Health Information Technology (HIT) systems and access to EMR expertise
- Capacity to assign staff with significant experience in or with access to the organization's resources regarding health information technology, clinical care and community linkages related to prediabetes and type 2 diabetes based on project needs.
- Administration and organizational leadership support (e.g., evidence of CEO/senior management support for the project).

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

- RFP Released: July 18, 2019
- Letter of Intent Due: July 30, 2019
- Deadline for Questions: August 6, 2019
- Answers Released: August 13, 2019
- Proposals Due: September 6, 2019
- (*) Applicant Selection: September 20, 2019
- (*) Start of Contract Negotiations: October 1, 2019
- (*) Start of Contract: February 1, 2020

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

8. Inquiry Procedures. All questions regarding this RFP or the Department's procurement process must be directed, in writing, to the Official Contact before the deadline specified in the Procurement Schedule. **Questions submitted via e-mail must indicate in the subject line: RFP #2020-0903.** 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. If this RFP requires a Letter of Intent, the Department reserves the right to answer questions only from those who have submitted such a letter. 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 applicants who submitted a Letter of Intent or attended the RFP Conference.

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: September 6, 2019
- Time: 3:30 p.m. EST

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

An acceptable submission must include the following:

- one (1) original proposal and
- five (5) conforming copies of the original proposal, OR
- one (1) conforming electronic copy of the original proposal emailed to Official Contact.

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

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

12. Declaration of Confidential Information. Applicants are advised that all materials associated with this procurement are subject to the terms of the Freedom of Information Act (FOIA), the Privacy Act, and all rules, regulations and interpretations resulting from them. If an applicant deems that certain information required by this RFP is confidential, the applicant must label such information as CONFIDENTIAL. In Section C of the proposal submission, the applicant must reference where the information labeled CONFIDENTIAL is located in the proposal. *EXAMPLE: Section G.1.a.* For each subsection so referenced, the applicant must provide a convincing explanation and rationale sufficient to justify an exemption of the information from release under the FOIA. The explanation and rationale must be stated in terms of (a) the prospective harm to the competitive position of the applicant that would result if the identified information were to be released and (b) the reasons why the information is legally exempt from release pursuant to C.G.S. § 1-210(b).

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

D. PROPOSAL FORMAT

1. **Required Outline.** All proposals must follow the required outline presented in Section IV – Proposal Outline. Proposals that fail to follow the required outline will be deemed non-responsive and not evaluated.
2. **Cover Sheet.** The Cover Sheet is Page 1 of the proposal. Applicants must complete and use the Cover Sheet form provided by DPH in Section V. A. 1. Attachments.

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

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

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

- a brief description of the project proposal,
 - how, where and by whom will the strategies will be implemented,
 - Anticipated technical assistance needs, proposed costs partners, and if partners or subcontractors will be engaged,
 - Plans to sustain the project.
- 5. Attachments.** Attachments other than the required Appendices or Forms identified in Section V are not permitted and will not be evaluated. Further, the required Appendices or Forms must not be altered or used to extend, enhance, or replace any component required by this RFP. Failure to abide by these instructions will result in disqualification.
- 6. Style Requirements.** Submitted proposals must conform to the following specifications:
- Binding Type: Unbound, but fastened with binder clips
 - Dividers: None specified
 - Paper Size: 8.5" x 11"
 - Page Limits
 - Narrative limits:
 - Component 1 Only: Maximum of 16 pages (eight double-sided sheets)
 - Components 1 and 2: Maximum of 24 pages (twelve double-sided sheets)
 - Executive Summary - 2 page maximum, not included in narrative limit
 - Work Plan - 6 pages Component 1, 4 pages Component 2, both double-sided, not included in narrative limit
 - Budget and required forms and attachments (not included in page limits)
 - Print Style: 2-sided
 - Font Size: No smaller than 12 font throughout, including tables
 - Font Type: Times New Roman
 - Margins: No less than 0.5" top, bottom, left and right margins
 - Line Spacing: 1.5 line spacing
- 7. Pagination.** The applicant's name must be displayed in the header of each page. All pages, including the required Appendices and Forms, must be numbered in the footer.
- 8. Packaging and Labeling Requirements.** All proposals must be submitted in sealed envelopes or packages and be addressed to the Official Contact, Maryanne Goss. The Legal Name and Address of the applicant must appear in the upper left corner of the envelope or package. The RFP Name or Number must be clearly displayed on the envelope or package. Any received proposal that does not conform to these packaging or labeling instructions will be opened as general mail. Such a proposal may be accepted by DPH as a clerical function, but it will not be evaluated. At the discretion of the Department, such a proposal may be destroyed or retained for pick up by the submitters.

E. EVALUATION OF PROPOSALS

- 1. Evaluation Process.** It is the intent of the Department to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. When evaluating proposals, negotiating with successful applicants, and awarding contracts, the Department will conform to its written procedures for POS procurements

(pursuant to C.G.S. § 4-217) and the State's Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85).

2. **Screening Committee.** The Department will designate a Screening Committee to evaluate proposals submitted in response to this RFP. The contents of all submitted proposals, including any confidential information, will be shared with the Screening Committee. Only proposals found to be responsive (that is, complying with all instructions and requirements described herein) will be reviewed, rated, and scored. Proposals that fail to comply with all instructions will be rejected without further consideration. Attempts by any applicant (or representative of any applicant) to contact or influence any member of the Screening Committee may result in disqualification of the applicant.
3. **Minimum Submission Requirements.** All proposals must comply with the requirements specified in this RFP. To be eligible for evaluation, proposals must (1) be received on or before the due date and time; (2) meet the Proposal Format requirements; (3) follow the required Proposal Outline; and (4) be complete. Proposals that fail to follow instructions or satisfy these minimum submission requirements will not be reviewed further. The Department will reject any proposal that deviates significantly from the requirements of this RFP.
4. **Evaluation Criteria (and Weights).** Proposals meeting the Minimum Submission Requirements will be evaluated according to the established criteria. The criteria are the objective standards that the Screening Committee will use to evaluate the technical merits of the proposals. Only the criteria listed below will be used to evaluate proposals. The criteria are weighted according to their relative importance. The weights are disclosed below:

Required Components	Weighted Value
Organizational Requirements and Profile	10
Service Requirements and Scope of Services including any services to be performed by subcontractors	30
Staffing Plan	15
Data and Technology	5
Work Plan	20
Cost Proposal Components	15
Appendices	5

Note:

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

5. **Applicant Selection.** Upon completing its evaluation of proposals, the Screening Committee will submit the rankings of all proposals to the Department head. The final selection of a successful applicant is at the discretion of the Department head. Any applicant selected will be so notified and awarded an opportunity to negotiate a contract with the Department. Such negotiations may, but will not automatically, result in a contract. Pursuant to Governor M. Jodi Rell's Executive Order No. 3, any resulting contract will be posted on the State Contracting Portal. All unsuccessful applicants will be notified by e-mail or U.S. mail, at the Department's discretion, about the outcome of the evaluation and applicant selection process.
6. **Debriefing.** Within ten (10) days of receiving notification from the Department, unsuccessful proposers may contact the Official Contact and request information

about the evaluation and proposal selection process. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the ten (10) days. If unsuccessful proposers still have questions after receiving this information, they may contact the Official Contact and request a meeting with the Department to discuss the evaluation process and their proposals. If held, the debriefing meeting will not include any comparisons of unsuccessful proposals with other proposals. The Department will schedule and hold the debriefing meeting within fifteen (15) days of the request. The Department will not change, alter, or modify the outcome of the evaluation or selection process as a result of any debriefing meeting.

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

II. MANDATORY PROVISIONS

This section of the RFP provides information about the State's mandatory procurement and contracting requirements, including, proposer assurances, the terms and conditions of this RFP, the rights reserved to the State, and compliance with statutes and regulations. The Department is solely responsible for rendering decisions in matters of interpretation of all mandatory provisions.

A. PERSONAL SERVICES AGREEMENT (PSA)

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

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

Note:

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

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

B. ASSURANCES

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

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

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

C. TERMS AND CONDITIONS

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

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

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

- 7. Presentation of Supporting Evidence.** If requested by the Department, a proposer must be prepared to present evidence of experience, ability, data reporting capabilities, financial standing, or other information necessary to satisfactorily meet the requirements set forth or implied in this RFP. The Department may make onsite visits to an operational facility or facilities of a proposer to evaluate further the proposer's capability to perform the duties required by this RFP. At its discretion, the Department may also check or contact any reference provided by the proposer.
- 8. RFP Is Not An Offer.** Neither this RFP nor any subsequent discussions shall give rise to any commitment on the part of the State or the Department or confer any rights on any proposer unless and until a contract is fully executed by the necessary parties. The contract document will represent the entire agreement between the proposer and the Department and will supersede all prior negotiations, representations or agreements, alleged or made, between the parties. The State shall assume no liability for costs incurred by the proposer or for payment of services under the terms of the contract until the successful proposer is notified that the contract has been accepted and approved by the Department and, if required, by the Attorney General's Office.

■ D. RIGHTS RESERVED TO THE STATE

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

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

publish, distribute, or disseminate any and all information or reports, or part thereof, shall accrue to the State without recourse.

6. **Contract Negotiation.** The Department reserves the right to negotiate or contract for all or any portion of the services contained in this RFP. The Department further reserves the right to contract with one or more proposer for such services. After reviewing the scored criteria, the Department may seek Best and Final Offers (BFO) on cost from proposers. The Department may set parameters on any BFOs received.
7. **Clerical Errors in Award.** The Department reserves the right to correct inaccurate awards resulting from its clerical errors. This may include, in extreme circumstances, revoking the awarding of a contract already made to a proposer and subsequently awarding the contract to another proposer. Such action on the part of the State shall not constitute a breach of contract on the part of the State since the contract with the initial proposer is deemed to be void *ab initio* and of no effect as if no contract ever existed between the State and the proposer.
8. **Key Personnel.** When the Department is the sole funder of a purchased service, the Department reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The Department also reserves the right to approve replacements for key personnel who have terminated employment. The Department further reserves the right to require the removal and replacement of any of the proposer's key personnel who do not perform adequately, regardless of whether they were previously approved by the Department.

E. STATUTORY AND REGULATORY COMPLIANCE

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

1. **Freedom of Information, C.G.S. § 1-210(b).** The Freedom of Information Act (FOIA) generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). Proposers are generally advised not to include in their proposals any confidential information. If the proposer indicates that certain documentation, as required by this RFP, is submitted in confidence, the State will endeavor to keep said information confidential to the extent permitted by law. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The proposer has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While a proposer may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.
2. **Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive.** CT statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing

business with the State) to 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: A proposer must complete and submit OPM Ethics Form 5 to the Department with the proposal.
- 4. Gift and Campaign Contributions, C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8 and No. 7C, Para. 10; C.G.S. § 9-612(g)(2).** If a proposer is awarded an opportunity to negotiate a contract with an anticipated value of \$50,000 or more in a calendar or fiscal year, the proposer must fully disclose any gifts or lawful contributions made to campaigns of candidates for statewide public office or the General Assembly. Municipalities and CT State agencies are exempt from this requirement. The gift and campaign contributions certification (OPM Ethics Form 1) is available on OPM's website at http://www.ct.gov/opm/fin/ethics_forms.
IMPORTANT NOTE: The successful proposer must complete and submit OPM Ethics Form 1 to the Department prior to contract execution.
- 5. Nondiscrimination Certification, C.G.S. §§ 4a-60(a)(1) and 4a-60a(a)(1).** If a proposer is awarded an opportunity to negotiate a contract, the proposer must provide the Department with *written representation* or *documentation* that certifies the proposer complies with the State's nondiscrimination agreements and warranties. A nondiscrimination certification is required for all State contracts – regardless of type, term, cost, or value. Municipalities and CT State agencies are exempt from this requirement. The nondiscrimination certification forms are available on OPM's website at http://www.ct.gov/opm/fin/nondiscrim_forms
IMPORTANT NOTE: The successful proposer must complete and submit the appropriate nondiscrimination certification form to the awarding Department prior to contract execution.

III. PROGRAM INFORMATION

A. DEPARTMENT OVERVIEW

The Connecticut Department of Public Health (DPH) is the state's leader in public health policy and advocacy and is an integral part of the public health system. The agency is the center of a comprehensive network of public health providers, and, is a partner to local health departments for which it provides advocacy, training and certification, and technical assistance, consultation and oversight. The agency is a source of accurate, up-to-date health information to the Governor, the Legislature, the federal government and local communities. This information is used to monitor the health status of Connecticut's residents, set health priorities and evaluate the effectiveness of health initiatives. The agency is focused on health outcomes, maintaining a balance between assuring quality and administrative functions among personnel, facilities and programs. DPH is a leader on the national scene through direct input to Federal agencies and the United States Congress.

The mission of 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.

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

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

Within the CT DPH Public Health Initiatives Branch is the Community, Family Health and Prevention Section (CFHPS) that works to improve the health of the overall population across the lifespan, especially mothers, infants, children, adolescents and other vulnerable groups, by establishing opportunities that support healthy living habits through education, early detection, access to care and chronic disease prevention. The CFHPS is comprised of seven (7) program units, including the Office of Oral Health, the Nutrition, Physical Activity and Obesity, and Diabetes Prevention and Control Programs.

A. Office of Oral Health (OOH)

The OOH promotes the oral health of Connecticut residents and the reduction of disease and health disparities to ensure the public's overall health and well-being. Our vision is to provide leadership and expertise in dental public health and maintain a strong and sustainable infrastructure to support essential public health activities related to oral health. The Office of Oral Health supports Connecticut residents through assessment, policy development, and assurance activities that include:

- Collecting, analyzing, and reporting oral health data;
- Implementing an oral health surveillance system to identify and detect disease, to inform policy, and to plan and evaluate programs;

- Providing leadership in developing plans and policies through a collaborative process;
- Mobilizing community partnerships to identify and implement solutions to address oral health needs;
- Informing and empowering the public regarding oral health problems and solutions;
- Supporting access to quality oral health services; and
- Promoting laws and regulations that protect the public's well-being.

B. Nutrition, Physical Activity, and Obesity Prevention Program (NPAO)

The Nutrition, Physical Activity, and Obesity Prevention Program supports education and public health policies, system, and environmental change strategies aimed at reducing obesity by promoting healthy eating and active living for CT residents of all ages, with an emphasis on addressing health disparities.

C. Diabetes Prevention and Control Program (DPCP)

The mission of the DPCP is to create a comprehensive system of care for the prevention and treatment of type 2 diabetes, with the goal of reducing the incidence or delaying the onset of type 2 diabetes and its complications and enhancing the quality of life for people affected by type 2 diabetes. The overarching goals are based on priorities established by the CDC and include:

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

A. PROGRAM OVERVIEW

Background: The burden of cavities, or dental caries (tooth decay), and obesity is great among CT's youth. An estimated 18.1% of CT children (<18 years old) have been told in the past year they have tooth decay, while 12.3% of CT high school students and about 20.1% of children aged 5-12 years are obese.^{1,2} Childhood tooth decay and obesity are more prevalent among certain population groups. Among children aged 5-12 years living in households with annual incomes less than \$25,000, 41.6% are obese and 16.4% have been told that they have tooth decay.²

Relationships exist between the common modifiable risk factors for tooth decay and unhealthy weight in children. Dental providers have long focused on prevention as it relates to oral health by encouraging reduced consumption of sugary foods and beverages to prevent tooth decay, however, few health care settings are integrating dental, nutrition, and primary care to address these risk factors.

Oral disease, prediabetes, and diabetes impose a significant health burden upon CT residents. In CT, 9.6% of adults age 65 years and older have had all of their natural teeth

¹ 2015 Connecticut School Health Survey. Connecticut Department of Public Health Website. <http://www.portal.ct.gov/DPH/Health-Information-Systems--Reporting/Hisrhome/Connecticut-School-Health-Survey>. Accessed March 9, 2018.

² Results of the 2016 Connecticut Behavioral Risk Factor Surveillance Survey. Connecticut Department of Public Health Website. <http://www.portal.ct.gov/DPH/Health-Information-Systems-Reporting/Hisrhome/Connecticut-Behavioral-Risk-Factor-Surveillance-System-CT-BRFSS>.

extracted.³ An estimated 9.4%, or 270,000 adults, have been diagnosed with diabetes and 33.9% of U.S. adults have prediabetes - this translates to over 950,000 CT adults with prediabetes.^{4, 5} However, only 8.9% of CT adults report having ever been told that they have prediabetes. Adults with diabetes experience a significantly higher rate of tooth loss (70.0%) than those who do not have diabetes (35.9%).³ Relationships also exist between oral disease, prediabetes, and type 2 diabetes, and again, few health care settings are integrating dental and primary care to address common modifiable risk factors.

A designated dental Health Professional Shortage Area (HPSA) is a federal designation used to identify areas, populations, and facilities which have a shortage of dental providers as measured by the ratio of available discipline-specific providers to the population of the area, a specific population group, or the number of those served by the facility. As of March 2018, there are thirty-eight dental HPSAs in CT. The poverty rate ranges from 82% to 99% in CT dental HPSA sites. Given the relationship between poverty and childhood caries and obesity, the rate of untreated decay is approximately 16% and obesity rate is approximately 40% among the population served by CT dental HPSA sites.⁶ Dental HPSA providers are uniquely positioned to improve oral health and reduce obesity among at-risk children, and to increase prediabetes screenings, counseling, and referral for at-risk adults, within their organizations by increasing inter-professional collaboration and care coordination system-wide.

DPH was awarded two federally funded grants in September 2018 to implement innovative medical-dental integration projects in Federally Qualified Health Centers (FQHCs): 1) the HRSA 18-014 grant, *Grants to States to Support Oral Health Workforce Activities*, and 2) the CDC 18-1810 grant, *State Actions to Improve Oral Health Outcomes Component 2*. Both funding opportunities are available at:

- <https://bhw.hrsa.gov/fundingopportunities/default.aspx?id=644305ed-b467-4617-84a4-7790ef9a11b>
- <https://www.grants.gov/web/grants/search-grants.html?keywords=dp18-1810>.

- A. HRSA 18-014 Grants to States to Support Oral Health Workforce Activities
The four (4) year funding will support state efforts to develop and implement innovative programs to address the dental workforce needs of designated dental HPSAs and increase oral health services accessibility and quality for populations living in dental HPSAs.
- B. CDC 18-1810 State Actions to Improve Oral Health Outcomes
The five (5) year funding will assist states to decrease dental caries, oral health disparities, and other chronic diseases co-morbid with poor oral health by

³ Zheng X., Stone, C. L. (2017) Health Indicators and Risk Behaviors in Connecticut: Results of the 2015 Connecticut Behavioral Risk Factor Surveillance Survey, Connecticut Department of Public Health, Hartford, Connecticut (<http://www.ct.gov/dph/BRFSS>).

⁴ Stone, CL, Brackney, M (2016) Health Indicators and Risk Behaviors in Connecticut: Results of the 2014 Connecticut Behavioral Risk Factor Surveillance Survey, Connecticut Department of Public Health, Hartford, Connecticut. Retrieved April 27, 2018 at <http://portal.ct.gov/DPH/Health-Information-Systems-Reporting/Hisrhome/Connecticut-Behavioral-Risk-Factor-Surveillance-System-CT- BRFSS>.

⁵ Centers for Disease Control and Prevention (CDC). Diabetes Report Card 2014. Atlanta, GA: CDC, US Dept. of Health and Human Services; 2015. Retrieved from www.cdc.gov/diabetes/data/statistics/statistics-report.html. <http://www.cdc.gov/diabetes/pdfs/library/diabetesreportcard2014.pdf>.

⁶ Connecticut health center 2016 profile. Health Resources and Services Administration (HRSA) Health Center Programs Website. <https://bphc.hrsa.gov/uds/datacenter.aspx?q=d&year=2016&state=CT#glist>. Accessed March 9, 2018

implementing a medical-dental integration strategy to integrate oral health with other chronic disease programs.

Through a combination of funding from both grants, DPH intends to select five (5) FQHCs with dental HPSA designation to implement a medical-dental integration innovation project.

Focus of this grant: There are two components to this grant; Component 1 and Component 2. **All applicants are required to respond to Component 1. Applicants have the option to apply for Component 2.** Two of the five awardees will be selected to implement Component 2 in addition to Component 1.

Component 1: The focus of Component 1 is to address the common risk factors associated with obesity and dental caries in children by developing a systematic approach to identifying at-risk children in dental HPSAs, to provide basic nutrition and oral health counseling as it relates to these risk factors, to initiate referrals to primary medical care and dietitians for follow-up when indicated, and to establish client tracking and bi-directional communications systems and payment sustainability.

The three main goals are:

1. Increase the knowledge and skills of dental professionals to address common modifiable risk factors associated with childhood obesity and tooth decay through nutrition screening, counseling, and referral.
2. Establish site practice workflows, referral and tracking mechanisms, and bi-directional flow of relevant client information.
3. Institute a payment policy and billing strategy to actively monitor and recommend changes in the payment environment.

In addition, Component 1 seeks to evaluate the effectiveness of the innovation project, by measuring daily consumption of sugary drinks, consumption of fruits and vegetables, and the experience of dental decay in a cohort of recruited patients.

Component 2: The focus of Component 2 is to integrate prediabetes screening, counseling and referral into dental settings at designated dental HPSAs by identifying adults at risk for type 2 diabetes and initiating referrals to primary medical care for follow up, as well as a referral from dental care providers to a CDC recognized, LCP. Component 2 also aims to implement a multi-faceted, innovative approach to engage dental providers to integrate evidence-based, prediabetes screening, referral and education into daily dental practice.

The four main goals are to:

1. Integrate medical and dental operations to address patients at risk for prediabetes, type 2 diabetes, and oral disease.
2. Engage medical and dental providers in participating in grand rounds and trainings on the connection between oral health and type 2 diabetes prevention and management, which includes motivational interviewing and usage of a prediabetes screening tool identify adults at high risk.
3. Increase the number of bidirectional referrals between medical and dental providers for at risk adults.
4. Establish workflows and tracking systems to screen, refer, confirm prediabetes through a blood glucose test, enroll those with prediabetes into a CDC-recognized LCP, and track the number of patients who are referred and enroll who complete the program.

The five FQHC contractors identified through this RFP will work with DPH and any additional contractors to accomplish program goals as per HRSA and CDC grant requirements. **Each of the FQHCs will be required to address the following prevention and management strategies for oral health and childhood obesity (Component 1). For those**

pursuing funding under Component 2, applicants will also address the following for prediabetes:

- Medical-Dental Integration
 - Implement bidirectional referral systems to increase communication, coordination, and collaboration between medical and dental providers and ensure a continuity of care.
- Inter-professional Work Group/Bi-directional Communication
 - Develop and maintain an internal work group of key medical and dental personnel to provide oversight and leadership throughout the project life. The work group will develop a plan of action to improve medical-dental integration operations, including program expansion and sustainability.
 - One representative from each FQHC must be designated to participate in the DPH convened Medical-Dental Advisory Group.
- Professional Training and Motivational Interviewing (MI)
 - Dental and other applicable health care providers at the dental HPSA sites will receive professional training provided by DPH on screening and counseling, inter-professional education, systemized bi-directional referral, and cross-discipline collaboration to address:
 - common risk factors related to poor oral health and childhood obesity for patients ages 0 to 21.
 - risk factors that impact adults, ages 18+, with poor oral health and prediabetes/type 2 diabetes for Component 2 awardees.
 - Providers will also receive motivational interviewing training.
- Patient Engagement
 - Develop internal and external patient recruitment strategies to identify and engage the target populations.
- Counseling, Screening and Bi-directional Referral System
 - FQHCs will identify dental providers to conduct screenings once annually to all patients in the target population and based on screening scores, patients will receive counseling and/or be provided a referral for follow up care as applicable.
 - FQHCs will work with primary care providers to refer patients who are due or overdue for their recommended dental visits.
 - A bi-directional referral system is necessary to facilitate follow up action per the results of screening and support bi-directional communication between departments and programs.
- Tracking and Follow Up
 - Develop systems and workflows to ensure a continuum of care for patients identified in dental settings who require medical follow up.
 - Develop systems and workflows to ensure a continuum of care for patients identified in primary care settings who require dental follow up.
 - Engage HIT experts, with experience in practice transformation, to assess the IT capacities of each FQHC to develop workflows, bi-directional referral systems, tracking mechanisms, and bidirectional communication of relevant client information.
- Sustainability
 - Institute a payment policy and billing strategy to actively monitor and recommend changes in the payment environment by engaging a payment

sustainability expert to assess billing and to identify opportunities to sustain the project beyond the funding period.

Applicants are not to respond to the above activities; they are provided for contextual purposes only.

C. MAIN PROPOSAL COMPONENTS (16 page maximum for Component 1 only; 24 page maximum for Components 1 & 2)

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

a. Purpose, Mission, Vision, Values

The applicant must provide a brief overview of the history and structure of their organization. The applicant must explain how the proposal will fit into the organization's overall mission with a specific focus on oral health, childhood obesity prevention and prediabetes in adults, if also applying for Component 2.

b. Entity Type / Years of Operation

Applicants must indicate their entity type and years of operation. Proposals will be accepted from CT FQHCs and community health centers, with dental HPSA designation. Organizations who are not a duly formed business entity are ineligible to participate in this procurement.

c. Location of Offices / Clients

Applicants must identify the specific locations where proposed project services will be provided. Colocation of medical and dental services is not required, but preferred. Also include demographics of the target population(s).

d. Organizational Experience and Range of Services

Applicants must describe what, if any, services are currently being delivered in each of the following areas:

i. Dental Services

Provide an overview of dental services offered to address dental caries and periodontal disease. Also include any available services in the dental setting that address nutrition, obesity risk factors, and type 2 diabetes, including who provides these services, how the services are billed, and what systems are in place for referral and follow up.

ii. Nutrition Services

Provide an overview of nutrition services offered at your organization, and how patients with nutrition or obesity risk factors are provided nutrition counseling and education. Include who provides these services, how services are billed, if applicable, and what existing systems are in place for referral and follow-up.

iii. Diabetes Services

Provide an overview of diabetes services, especially for prediabetes, including ADA/AADE recognized/accredited diabetes education and the National DPP CDC- recognized LCP. If you do not have a CDC recognized LCP, identify what program is used or if patients are referred out (if so, include where). Also include who provides these services, how the services are billed and what systems are in place for referral and follow up.

iv. Medical-Dental Integration

- Describe any existing medical-dental integration strategies, bi-directional communication, and bi-directional referral systems.
- v. Training
Describe existing capacity to train providers and/or clinical team members and implement a “train-the-trainer” model.
 - vi. Patient Engagement
Describe your current strategies to engage new or existing patients within the community and within the health care site.
 - vii. Screening
Describe any existing systems for medical screenings within the dental setting that may be applicable to this project, including who conducts the screening and follow up action.
 - viii. Counseling
Describe any existing systems within your dental setting to provide medical counseling after a screening, including by whom and next steps.
 - ix. Referral System
Describe any existing systems for referral within your dental settings for patients requiring medical care as a follow up to a screening, including how the referrals are determined, who coordinates/tracks the referral, how you ensure the referral occurs, and if the systems are integrated.
 - x. Tracking and Follow Up
Describe existing systems and workflows to track and ensure follow up for referrals.
 - xi. Sustainability
Describe existing payment policies, billing strategies, and previous experience to continue projects past grant funding.
 - xii. Information Technology
Describe existing HIT capacities and how data is collected, workflows developed, and EMR enhancements are made. Also include if these services are available in house or if you work with an external contractor.
 - xiii. Quality Improvement
Describe your quality improvement approach and capacity to track and collected data on quality measures specific to oral health, nutrition, and prediabetes, if also applying for Component 2, including how they are reported and monitored.
 - xiv. Subcontractors/Consultants
Experience working with subcontractors and/or consultants to implement practice transformation and develop workflows and referral systems, including successes/challenges.
- e. Accreditation / Certification / Licensure
Please define any relevant organizational accreditations, certifications or licensure, e.g. ADA/AADE recognition or accreditation, CDC recognized LCP, etc.
 - f. Completion of Cover Sheet and Applicant Information Form (See Sect V.A.1)

2. Service Requirements – Scope of Services (Weighted Value = 30 points)

- a. Your proposal, at a minimum, must describe the following:
- Catchment Area(s) that will be served by this innovation project.
 - Community Needs and resources – i.e. any recently completed needs assessments and current resources available in the proposed catchment area, focusing on oral health, childhood obesity and prediabetes, if also applying for Component 2.
 - Location of Offices and Facilities -Identify locations and sites where the project will be implemented. Also indicate if medical and dental services are collocated at these sites, and if not, include a plan to ensure a continuum of patient care.
 - Target Populations – Identify the number of patients who will be served by this project. The target populations are children ages 0 to 21 for Component 1 and adults ages 18+ for Component 2, including demographics.
 - Describe how culturally competent services will be provided, including CLAS standards.
 - Describe any proposed community/partner collaborations and the internal and external coordination that will be established between medical and dental settings.
 - Describe how the applicant will integrate and coordinate with ongoing or anticipated initiatives that may compete/overlap.
- b. Outline a proposal to implement an innovative medical-dental integration project to improve the health outcomes associated with childhood obesity and type 2 diabetes in dental settings. **Your proposal must discuss how you will achieve the project performance and outcomes measures (See attachment V. A. 3.)** by addressing the following elements for Component 1 or Component 1 and 2 combined, if applying for both:

Component 1 Only:

1. Inter-professional Work Group/Bi-directional Communication - Identify staff to form an internal work group to oversee the implementation of the project, address barriers/challenges, monitor quality improvement activities and ensure inter-professional communication and collaboration. The work group should include at a minimum primary care, nutrition, and dental representatives.
2. Training –
DPH will provide:
 - Professional training and education for staff on:
 - addressing common modifiable risk factors for childhood obesity and dental caries
 - the role of dental providers in preventing childhood obesity
 - how to use MI to engage patients and facilitate behavior change
 - Ongoing follow-up guidance after the training with subject-matter experts to support implementation
 - A toolkit to support the trainings
 - A “train-the-trainer” training for identified staff

Describe how you will build capacity for training, engage your providers and clinical teams to participate, use the learnings and toolkit, and how you will implement a “train-the-trainer” model.

3. Patient Engagement -
Outline a plan to inform new and existing patients about the medical - dental innovation project and provide education on the connections between oral health and nutrition.
4. Screening and Counseling -
Describe a plan to screen and counsel the target population in the dental setting using the DPH provided screening tool, including who will be responsible and the number of estimated patients reached each year.
5. Bi-Directional Referral System –
Describe how you will adapt your current referral system to accommodate bi-directional medical and dental referrals for identified patients, including who manages the referrals.
6. Tracking and Follow Up –
Describe a plan to develop bi-directional medical-dental workflows, referral and tracking mechanisms, and bi-directional communication of relevant client information. Also, how you will ensure patients follow up on their referrals and complete referred services. Include a proposed work flow diagram.
7. Sustainability –
Develop a sustainability plan to ensure the continuation of the coordination between oral health and primary care medical services beyond the funding period. Include a payment policy, billing strategies and any other mechanisms for sustainability. Identify any technical assistance needs you may have.
8. Health Information Technology -
Describe a plan to assess your current IT needs and capacities, including how you will collect data, develop workflows, make and track referrals, and conduct EMR enhancements as necessary. Specify if you can do this in-house or if you will subcontract with an IT consultant.
9. Evaluation –
Describe how you will collaborate with a DPH provided evaluator to identify and recruit a sample patient cohort to follow and provide data as per evaluator time table. In addition, MI sessions conducted by identified dental providers will be videotaped and evaluated.

Component 2:

Only respond to this section if applying for both Components 1 and 2.

1. Inter-Professional Work Group/Bi-directional Communication
Identify staff to form an internal work group to oversee the implementation of the project, address barriers/challenges, monitor quality improvement activities and ensure inter-professional communication and collaboration. The work group should include at a minimum primary care, including a prediabetes lead, and dental representatives.

2. Training –

DPH will provide the following training and support:

- Professional education and training for staff on:
 - Grand rounds on the correlation between oral health and diabetes management/control, including risk factors associated with prediabetes and the evidence base for delaying the onset of type 2 diabetes by completing the year-long National DPP CDC-recognized LCP
 - how to use MI to engage patients and facilitate behavior change
- Ongoing follow-up guidance after the training with subject-matter experts to support implementation
- A toolkit to support the trainings
- A “train-the-trainer” training for identified staff

Describe how you will build capacity for training, engage your providers and clinical teams to participate, use the learnings and toolkits, and how you will implement a “train-the-trainer” model.

3. Patient Engagement –

Outline a plan to inform new and existing patients about the medical - dental innovation project and provide education on the connections between oral health and prediabetes and type 2 diabetes.

4. Screening and Counseling –

Describe a plan to screen and counsel the target population in the dental setting using the DPH provided tool, including who will be responsible and the number of estimated patients reached each year.

5. Bi-Directional Referral System –

Describe how you will adapt your current referral system to refer a patient with a positive paper screening test for prediabetes to receive a glucose test to confirm diagnosis.

- If patient is diagnosed with prediabetes, refer to a CDC recognized LCP for appropriate follow up care.
- If patient is diagnosed with type 2 diabetes then refer for diabetes education.
- If your FQHC does not have a CDC recognized LCP, then you must identify which community program (including virtual) you refer to. If your catchment area does not have a LCP, then you must become certified in a CDC recognized LCP.
- Include details on accommodating bidirectional medical and dental referrals for identified patients, including who manages the referrals.

6. Tracking and Follow Up –

Describe a plan to develop bi-directional medical-dental workflows, referral and tracking mechanisms, and bi-directional communication of relevant client information. Also, how you will ensure patients follow up on their referrals and complete referred services. Include a proposed work flow diagram.

7. Sustainability –

Develop a sustainability plan to ensure the continuation of the coordination between oral health and primary care medical services beyond the funding period. Include a payment policy, billing strategies and any other mechanisms for sustainability. Identify any technical assistance needs you may have.

8. Health Information Technology - Describe a plan to assess your current IT needs and capacities, including how you will collect data, develop workflows, make and track referrals, and conduct EMR enhancements as necessary. Specify if you can do this in-house or if you will subcontract with an IT consultant.

c. Quality Improvement

- All applicants must include a description of their overall quality improvement approach to ensure the quality of services delivered at the FOHCs. The selected applicant will be required to submit a detailed plan, which explains how you will monitor performance, identify opportunities for improvement and plan effective strategies for improving services. Applicants must also have a quality improvement team with experience in Plan Do Study Act (PDSA) cycles.

3. Staffing Requirements – Staffing Plan (Weighted Value = 15 points)

a. Staffing Plan Narrative

The proposal must describe the key personnel assigned to this program. **If you are also applying for Component 2, indicate whether the proposed staff will be working on Component 1, Component 2, or on both.** Your staffing plan must specify who will provide:

- i. Project Lead – identify the staff member who will coordinate any staff providing direct patient services, technical assistance, and project implementation. This person should serve as the key point of contact with DPH. This staff member must be dedicated at a minimum of 0.25 FTE to the project.
- ii. Direct Implementation – identify staff who will be providing the patient services, referrals and tracking. The applicant must indicate that adequate staff and time are allocated to manage the services to be provided.
- iii. Inter-professional Work Group – identify the staff who will comprise a workgroup to oversee the project and ensure inter-professional communication. The workgroup should include member(s) to demonstrate leadership support.
- iv. Medical-Dental Advisory Group representative – identify the staff who will represent the applicant for the DPH led advisory group.

For each staff person identified, include in the narrative:

- A brief job description
- Description of the individual's role and the extent to which he or she has appropriate training, qualifications, credentials, and experience to perform assigned duties
- Number of hours dedicated to this project, per staff, per week
- Hourly rates for each staff person funded through this project.
- If applying for Component 2 as well, indicate which component each staff person will be assigned to.

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

- Full job descriptions
- Resumes for all professional staff.

The Applicant must complete and attach the Position Schedule 2a, Attachments Section V. A. 7.

b. Staffing Levels & Qualifications

The applicant must complete and attach an organizational Work Force Analysis in Attachments Section V. A. 13. The applicant must also provide evidence that the applicant will utilize small and minority businesses whenever feasible and appropriate in the purchase of supplies and services.

c. Organization Chart

The applicant must include an organizational chart in Attachments Section V. A. 14.

d. Recruitment, Hiring, Retention Plan & Staff Turnover Plans

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

a. Data and Technology Requirements (Weighted value = 5 points)

a. E-Mail/Internet Capabilities

Applicant must define current capabilities as well as system restrictions. Applicants must have access to and be able to open 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

The applicant must identify the current medical EHR/EMR system and dental EHR/EMR, if different, capacity to meet the HIT requirements of this project, and if you will utilize in-house IT support or subcontract with a vendor.

c. Records / Data Collection / Storage / Reporting / Deliverables

The applicant must describe how project related records and data will be securely collected and stored to ensure compliance with applicable confidentiality laws and regulations. In addition, selected applicants will be required to report data and outcomes for each component separately. The applicant must describe its ability to track and report activities and data for each component.

d. Performance Measures / Outcome Measures / Program Evaluation

The applicant must detail how it will collaborate with DPH to gather and report required performance measure and outcome measure data as part of the overall program evaluation. A list of minimum required outcome measures are included in Attachments Section V. A. 3.

b. Subcontractors

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

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

NOTE: The proposal must include a completed Subcontractor Schedule A Detail Form for each subcontractor proposed (If known at application time, otherwise, applicant will be required to submit during contract negotiations; see Attachments Section V. A. 8.

c. Work Plan (Weighted value = 20 points)

Component 1

A work plan is required and must describe how the applicant plans to implement all of the required strategies and activities to achieve program outcomes. For Year 1, outline activities in the Work Plan table as indicated on the worksheet in the Appendices section. Outline the continued work in a narrative format for Years 2 through 3. The work plan (Work Plan Table and Narrative) must not exceed 6 pages. The selected FQHCs will submit a detailed work plan as a post-award requirement and update at least annually as a contingency to receive continued funding. **Please see Attachments Section V. A. 9. for the work plan form.**

Component 2

A work plan is required and must describe how the applicant plans to implement all of the required strategies and activities to achieve program outcomes. For Year 1, outline activities in the Work Plan table as indicated on the worksheet in the Appendices section. Outline the continued work in a narrative format for Years 2 through 4. The work plan (Work Plan Table and Narrative) must not exceed 4 pages (total of 10 pages with Component 1). The selected FQHCs will submit a detailed work plan as a post-award requirement and update at least annually as a contingency to receive continued funding. **Please see Attachments Section V. A. 9. for the work plan form.**

D. COST PROPOSAL COMPONENTS (weighted value = 15 points)

1. Financial Requirements - Profile

Funding for these prospective services are from the CDC18-1810 grant, which has been awarded to the CT DPH for the five year project period of 9/1/2018 – 8/31/2023 and the HRSA 18-014 grant, awarded to CT DPH for the four year project period of 9/1/2018 – 8/31/2022. **Budgets per FQHC for services requested in this RFP for each year of the project are contingent as funds are available and are anticipated to be as follows:**

Component 1 only

Year 1 – ends 8/31/2020: \$ 30,500
 Year 2 – ends 8/31/2021: \$ 29,500
 Year 3 – ends 8/31/2022: \$ 27,900
TOTAL: \$87,900

Component 2

Year 1 – ends 8/31/2020: \$ 50,000
 Year 2 – ends 8/31/2021: \$ 50,000
 Year 3 – ends 8/31/2022: \$ 50,000
 Year 4 – ends 8/31/2023: \$ 50,000
TOTAL: \$200,000

Financial Management Systems: The applicant must describe its capacity to engage with CT DPH Grants and Contracts Management Unit through the CORE-CT web-based contract platform for all aspects of contract development, execution and reporting including budgets and fiscal reporting. In addition, selected applicants will be required to report expenditures for each component separately. The applicant must describe its ability to track funds separately for each component.

2. Budget Requirements – Budget and Budget Narrative

The proposal must contain a written narrative for each component, if applying for both Components 1 and 2, and an itemized budget with justification for each line item on the budget forms included in the Attachments Section.

- a.** The narrative explaining all line item costs (personnel, travel, printing, supplies, subcontractor costs, cost standards, etc.) must be included in the proposal. Competitiveness of the budget will be considered as part of the proposal review process (Please note: lower levels of Administrative and General Costs will be looked upon more favorably during the proposal evaluation process.)
- b.** Please complete and attach the budget summary and budget justification forms in Attachments Section V. A. 5. and 6. Add pages to the required forms as needed in the format provided. If applying for both components, be sure to complete the budget forms as required for each component.
- c.** The State of Connecticut is exempt from the payment of excise, transportation and sales taxes imposed by the Federal and/or State government. Such taxes must not be included in contract prices.
- d.** The maximum amount of the bid may not be increased after the proposal is submitted. All cost estimates will be considered as “not to exceed” quotations against which time and expenses will be charged.
- e.** The proposed budget is subject to change during the contract award negotiations.

Appendices (Weighted Value = 5 points)

IV. PROPOSAL OUTLINE

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

A. Cover Sheet		1
1. Applicant Information Form		2
B. Table of Contents		etc.
C. Declaration of Confidential Information	(Per instructions: Section I. C.12.)	
D. Conflict of Interest – Disclosure Statement	(Per instructions: Section I. C.13)	
E. Executive Summary	(Per instructions I. D.4)	
F. Main Proposal		
1. Organizational Profile		
2. Scope of Services		
3. Staffing Plan		
a. Narrative		
b. Position Schedule #2a		
c. Organization Chart		
4. Data and Technology		
5. Subcontractors		
6. Work Plan		
a. Narrative		
b. Work Plan Form		
G. Cost Proposal		
1. Financial Profile		
2. Budget and Budget Narrative		
a. Narrative		
b. Budget Summary Form		
c. Budget Justification Schedule B		
H. Appendices		
1. Curricula		
2. Job Descriptions		
3. Resumes		
I. Forms		
1. Workforce Analysis		
2. Acknowledgement of Contract Compliance		
3. Notification of Bidders (CHRO)		
4. Consulting Agreement Affidavit (OPM Ethics Form 5)		

V. ATTACHMENTS

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

1. Cover Sheet	33
2. Applicant Information Form (continuation)	34
3. Performance and Outcome Measures.	35
4. Budget Summary Instructions	36
5. Budget Summary Form (Component 1).	38
6. Budget Justification Schedule B Form (Component 1)	39
7. Position Schedule #2a Form (Component 1)	40
8. Subcontractor Schedule A Detail Form (Component 1).	41
9. Budget Summary Form (Components 1 & 2).	42
10. Budget Justification Schedule B Form (Components 1 & 2).. . . .	43
11. Position Schedule #2a Form (Components 1 & 2)..	45
12. Subcontractor Schedule A Detail Form (Components 1 & 2).	47
13. Work Plan Forms	48
14. OPM Consulting Agreement Affidavit	50
15. Contract Compliance Policy Statement	51
16. Notification to Bidders	52
17. Workforce Analysis	53

The remainder of this page is intentionally blank

VI. APPLICATION FORMS

COVER SHEET

REQUEST FOR PROPOSAL RFP DPH Log# 2019-0903

CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

Applicant Information

Applicant Agency: _____
Legal Name

_____ Address

_____ City/Town State Zip Code

_____ Telephone No. FAX No. Email Address

Contact Person: _____ Title: _____

Telephone No: _____

TOTAL PROGRAM COST: \$ _____

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

Signature of Authorizing Official:

Date

Typed Name and Title

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

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

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

Applicant Information Form (continuation)

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

Contract and Legal Documents/Forms:

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

Program Progress Reports:

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

Financial Expenditure Reporting Forms:

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

Incorporated: YES NO

Agency Fiscal Year:

Type of Agency: Public Private Other,
Explain: _____

Profit Non-Profit

Federal Employer I.D. Number:

Town Code No:

Medicaid Provider Status: YES NO

Medicaid Number:

Minority Business Enterprise (MBE): YES NO

Women Business Enterprise (WBE): YES NO

Performance and Outcome Measures

NOTE: These are the minimum outcome measures the Department will require awardees to report. The Department reserves the right to request additional metrics be tracked and reported as necessary.

Component 1

Goal 1

- Increase the knowledge and skills of dental professionals in identified Dental HPSA sites to address common modifiable risk factors of childhood obesity and dental decay experience through nutrition screening, counseling, and referral

Outcome Measures

- 1:1 By August 2022, 90% of identified dental providers in the targeted Dental HPSA sites provide general nutrition screening to all pediatric patients 0-21 years of age annually.
- 1:2 By August 2022, 75% of pediatric patients seen by identified dental providers in targeted Dental HPSA sites are provided nutrition screening annually.
- 1:3 By August 2022, 90% of pediatric patients' ages 0-21 years old with nutrition screening scores greater than one will be provided nutrition counseling by identified dental providers in the targeted Dental HPSA sites.
- 1:4 By August 2022, 75% of pediatric patients' ages 0-21 years old with high nutrition screening scores will be provided a referral to a primary medical professional and/or a dietitian for follow-up by identified dental providers in the targeted Dental HPSA sites.

Goal 2

- Establish specific Dental HPSA site practice workflows, referral and tracking mechanisms, and bi-directional flow of relevant client information

Outcome Measures

- 2:1 By August 2020, complete a practice assessment outlining IT and practice workflow design needs to support the project
- 2:2 By August 2021, adopt at least one IT modification and one practice redesign modification in support of the project.
- 2:3 By August 2022, have operational referral, tracking and bi-directional information flows.
- 2:4 By August 2022, 90% of clients and/or families report satisfaction with the care coordination aspects of the model.
- 2:5 By August 2022, 90% of dental providers report satisfaction with the care coordination aspects of the model.

Goal 3

- Institute a payment policy and billing strategy to actively monitor and recommend changes in the payment environment.

Outcome Measures

- 3:1 By August 2020, commit to sustainability planning.
- 3:2 By August 2022, finalize a plan to sustain the program beyond grant period.

Component 2

Goal 1

- Integrate oral health and medical operations at FQHC(s) to address patients at risk for type 2 diabetes and oral disease.

Outcome Measures

- 1:1 By August 2023, 100% of targeted patients receive a prediabetes screening.
- 1:2 By August 2023, 100% of identified at risk patients are referred to primary care for follow up.

A. Budget Summary Instructions**1. Position Schedule #2a**

- a. Complete the schedule for all positions to be funded even if currently vacant.
- b. Complete one Position Schedule #2a for each Program/Fund to be included in the Budget.

2. Personnel (lines #1 - #2)

- a. Line #1 **Salary and Wages:** Enter the total salary charged, as listed on Position Schedule 2a.
- b. Line #2 **Fringe Benefits Line:** Enter the total fringe benefits charged, as listed on Position Schedule 2a.

3. Line #8 Contractual (Subcontracts): Provide the total of all subcontracts and complete Subcontractor Schedule.**4. Lines #3 - #7, #9, and #10:** Complete categories as appropriate,**5. Line #11:** Other Expenses are any other types of expense that do not fit into the categories listed.

For example: Equipment. Please note that the state's definition of equipment is tangible personal property with a normal useful life of at least one year and a value of at least \$5,000 or more.

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

7. Administrative and General Costs, Line Item #12

- a. Are defined as those costs that have been incurred for the overall executive and administrative offices of the organization or other expenses of a general nature that do not relate solely to any major cost objective of the overall organization. Examples of A&G costs include salaries of executive directors, administrative & financial personnel, accounting, auditing, management information systems, proportional office costs such as building occupancy, telephone, equipment, and office supplies. Please review the OPM website on Cost Standards for more information at:

http://www.opm.state.ct.us/finance/pos_standards/coststandards.htm.

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

8. Other Program Income list any other program income, if appropriate, such as in-kind contributions, fees collected, or other funding sources and include brief explanation on Budget Justification.**9. Multiple Funding Period Contracts:** Please complete a full budget for each Funding Period of the contract, clearly indicating the Period on each form. Absent other instructions, assume level funding for the second year.**B. Budget Justification Schedule B**

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

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

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

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

C. **Subcontractor Schedule A--Detail**

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

 A. Budget Basis B. Fee for Service C. Hourly Rate.
 - b. Choose whether the subcontractor is a minority or woman owned a business:
 - c. MBE WBE Neither
 - d. Provide the detail for each subcontract just as for the primary contract budget referencing the corresponding program of the contract. Detail must be provided for each subcontractor listed in the Summary.

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

Budget Summary Form

***USE IF APPLYING FOR COMPONENT 1 FUNDING ONLY**

Applicant's Organization Name

FUNDING PERIOD: 2/1/2020 to 8/31/2020

Contract Period: 2/1/2020-8/31/2022

Budget Summary: Component 1

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

**Complete Sub-contractor Schedule A

Budget Justification Schedule B*

*USE IF APPLYING FOR COMPONENT 1 FUNDING ONLY

Applicant's Organization Name**FUNDING PERIOD: 2/1/2020 to 8/31/2020****Contract Period: 2/1/2020-8/31/2022****Budget Justification Schedule B****Program/Site: Component 1/HRSA**

Line Item (Description)	Amount	Justification including Breakdown of Costs

Position Schedule #2a

***USE IF APPLYING FOR COMPONENT 1 FUNDING ONLY**

Applicant's Organization Name

FUNDING PERIOD: 2/1/2020 to 8/31/2020

Contract Period: 2/1/2020-8/31/2022

Position Schedule #2a

Program/Fund

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

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

Subcontractor Schedule A-Detail

*USE IF APPLYING FOR COMPONENT 1 FUNDING ONLY

Applicant's Organization Name**FUNDING PERIOD: 2/1/2020 to 8/31/2020****#1**

Subcontractor Name:

Address:

Telephone: () (-)

Select One: A Budget Basis B Fee-for-Service C Hourly RateIndicate One: MBE WBE Neither

Program:	Comp 1	Total
Fund:	HRSA	
Line Item(s)		
Total Subcontract Amount:		

#2

Subcontractor Name:

Address:

Telephone: () (-)

Select One: A Budget Basis B Fee-for-Service C Hourly RateIndicate One: MBE WBE Neither

Program:	Comp 1	Total
Fund:	HRSA	
Line Item(s)		
Total Subcontract Amount:		

#3

Subcontractor Name:

Address:

Telephone: () (-)

Select One: A Budget Basis B Fee-for-Service C Hourly RateIndicate One: MBE WBE Neither

Program:	Comp 1	Total
Fund:	HRSA	
Line Item(s)		
Total Subcontract Amount:		

Budget Summary Form

***USE IF APPLYING FOR COMPONENT 1 AND COMPONENT 2 FUNDING**

Applicant's Organization Name

FUNDING PERIOD: 2/1/2020 to 8/31/2020

Contract Period: 2/1/2020-8/31/2023

Budget Summary: Component 1 and 2

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

**Complete Sub-contractor Schedule A

Budget Justification Schedule B*

***USE IF APPLYING FOR COMPONENT 1 AND COMPONENT 2 FUNDING**

Applicant's Organization Name

FUNDING PERIOD: 2/1/2020 to 8/31/2020

Contract Period: 2/1/2020-8/31/2023

Budget Justification Schedule B (part 1)

Program/Site: Component 1/HRSA

Line Item (Description)	Amount	Justification including Breakdown of Costs

Budget Justification Schedule B*
*USE IF APPLYING FOR COMPONENT 1 AND COMPONENT 2 FUNDING

Applicant's Organization Name

FUNDING PERIOD: 2/1/2020 to 8/31/2020

Contract Period: 2/1/2020-8/31/2023

Budget Justification Schedule B (part 2)

Program/Site: Component 2/CDC

Line Item (Description)	Amount	Justification including Breakdown of Costs

Position Schedule #2a

*USE IF APPLYING FOR COMPONENT 1 AND COMPONENT 2 FUNDING

Applicant's Organization Name**FUNDING PERIOD: 2/1/2020 to 8/31/2020****Contract Period: 2/1/2020-8/31/2023****Position Schedule #2a (part 1)****Component 1/HRSA**

Position Description and Staff Person Assigned	Site/ Location	Hours wk/ wks per Year	Hourly Rate	Total Salary Charged	Fringe Benefit Rate %	Total Fringe Benefits
17.Position: Name:		/			%	
18.Position: Name:		/			%	
19.Position: Name:		/			%	
20.Position: Name:		/			%	
21.Position: Name:		/			%	
22.Position: Name:		/			%	
23.Position: Name:		/			%	
24.Position: Name:		/			%	
25.Position: Name:		/			%	
26.Position: Name:		/			%	
27.Position: Name:		/			%	
28.Position: Name:		/			%	
29.Position: Name:		/			%	
30.Position: Name:		/			%	
31.Position: Name:		/			%	
32.Position: Name:		/			%	
Totals						

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

Position Schedule #2a

***USE IF APPLYING FOR COMPONENT 1 AND COMPONENT 2 FUNDING**

Applicant's Organization Name

FUNDING PERIOD: 2/1/2020 to 8/31/2020

Contract Period: 2/1/2020-8/31/2023

Position Schedule #2a (part 2)

Component 2/CDC

Position Description and Staff Person Assigned	Site/ Location	Hours wk/ wks per Year	Hourly Rate	Total Salary Charged	Fringe Benefit Rate %	Total Fringe Benefits
33.Position: Name:		/			%	
34.Position: Name:		/			%	
35.Position: Name:		/			%	
36.Position: Name:		/			%	
37.Position: Name:		/			%	
38.Position: Name:		/			%	
39.Position: Name:		/			%	
40.Position: Name:		/			%	
41.Position: Name:		/			%	
42.Position: Name:		/			%	
43.Position: Name:		/			%	
44.Position: Name:		/			%	
45.Position: Name:		/			%	
46.Position: Name:		/			%	
47.Position: Name:		/			%	
48.Position: Name:		/			%	
Totals						

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

Subcontractor Schedule A-Detail

*USE IF APPLYING FOR COMPONENT 1 AND COMPONENT 2 FUNDING

Applicant's Organization Name

FUNDING PERIOD: 2/1/2020 to 8/31/2020

Contract Period: 2/1/2020-8/31/2023

#1

Subcontractor Name:

Address:

Telephone: () (-))

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

Indicate One: MBE WBE Neither

Program:	Comp 1	Comp 2	Total
Fund:	HRSA	CDC	
Line Item(s)			
Total Subcontract Amount:			

#2

Subcontractor Name:

Address:

Telephone: () (-))

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

Indicate One: MBE WBE Neither

Program:	Comp 1	Comp 2	Total
Fund:	HRSA	CDC	
Line Item(s)			
Total Subcontract Amount:			

#3

Subcontractor Name:

Address:

Telephone: () (-))

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

Indicate One: MBE WBE Neither

Program:	Comp 1	Comp 2	Total
Fund:	HRSA	CDC	
Line Item(s)			
Total Subcontract Amount:			

Component 1 Work Plan Form

Year 1 February 1, 2020 through August 31, 2020

(Maximum 6 sides of paper – 3 sheets double-sided for year 1 work plan table and narrative for years 2-3)

Activities	Staff Responsible	Deliverables	Time Frame (Quarter 1,2,3 or 4)

Years 2 – 3 Narrative:

Component 2 Work Plan Form

Year 1 February 1, 2020 through August 31, 2020

(Maximum 4 sides of paper – 2 sheets double-sided for year 1 work plan table and narrative for years 2-4)

Activities	Staff Responsible	Deliverables	Time Frame (Quarter 1,2,3 or 4)

Years 2 – 4 Narrative:



STATE OF CONNECTICUT CONSULTING AGREEMENT AFFIDAVIT

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

INSTRUCTIONS:

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

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

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

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

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

Consultant's Name and Title

Name of Firm (if applicable)

Start Date

End Date

Cost

Description of Services Provided: _____

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

If YES: _____
Name of Former State Agency

Termination Date of Employment

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

Printed Name of Bidder or Vendor

Signature of Chief Official or Individual

Date

Printed Name (of above)

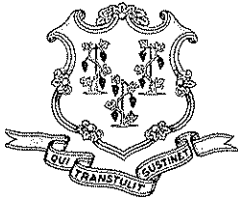
Dept. of Public Health
Awarding State Agency

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

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

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



OFFICE OF COMMISSIONER

AFFIRMATIVE ACTION CONTRACT COMPLIANCE POLICY STATEMENT


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

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

DPH considers bidders success in these factors in reviewing the bidder's qualifications under the Contract Compliance requirements. Accordingly, any individual or organization that desires to do business with DPH shall:

- Not discriminate or permit discrimination against any protected class person or protected group in the performance of contracts
- Not engage in discriminatory practices *or* permit discriminatory practices in their workplace
- Cooperate with the Connecticut Commission on Human Rights and Opportunities in all activities
- In all contract solicitations or advertisements, state that they are an "affirmative action-equal opportunity employer"
- Sign a Notification to Bidders Form, and complete a workforce analysis questionnaire necessary for the contract award process

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



Jewel Mullen, MD, MPH, MPA
Commissioner, DPH



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:

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

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

1. Nondiscrimination Certification Instructions	55
2. Nondiscrimination Certification	56
3. False Claims Act Notification	57
4. False Claims Act Policy	58
5. False Claims Act Procedure	61
6. SEEC Form 11	64
7. Technical Review Criteria Worksheet	66

The remainder of this page is intentionally blank

Nondiscrimination Certification Instructions

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

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

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

IMPORTANT

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

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

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

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

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

*** We can supply additional forms if necessary.

cert.instr. 7/10/09



STATE OF CONNECTICUT
NONDISCRIMINATION CERTIFICATION – Affidavit
7/8/09
By Entity
For Contracts Valued at \$50,000 or More

Form C

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 _____, _____.

Commissioner of the Superior Court/
Notary Public

Commission Expiration Date

FALSE CLAIMS ACT
COMPLIANCE NOTIFICATION

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

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

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

	False Claims Act (Policy)	PL-CGMS C-001 Revision: 1.0 Effective Date: 05/21/2010
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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.

	False Claims Act (Procedure)	PR-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	
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Connecticut General Statutes (C.G.S.)	Section 17b-127 General Assistance

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

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

2.0 Scope

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

3.0 Definitions and Acronyms

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

3.1 Acronyms

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

3.2 Definitions

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

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


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

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

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

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

Subcontractor – See "Contractor or Agent" above.

	<h2>False Claims Act (Procedure)</h2>	<p>PR-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."

DEFINITIONS

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

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

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

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

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

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

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

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

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

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

Preliminary Review Team Technical Review Criteria Worksheet	
Medical – Dental Innovation Project: Integrating Oral Health and Chronic Disease - DPH RFP Log # 2020-0903	
Applicant:	
<u>Criteria</u>	<u>Max Pts.</u>
Applicant Organizational Requirements and Profile: The extent to which the applicant has provided and/or demonstrated:	
a brief overview of the history and structure of the organization how the proposal will fit into the applicant organization’s overall mission and meet the intent of the RFP	10
a description of its entity type and years of operation	
a description of locations where the proposed services will be provided and target population demographics	
a description of the current range of services provided by the applicant organization in each of the following areas: <ul style="list-style-type: none"> • dental services • nutrition services • diabetes services • medical – dental integration • trainings • patient engagement • screening • counseling • referral system • tracking and follow up • sustainability • information technology • quality improvement • subcontractors/consultants 	
• inclusion of any relevant organizational accreditations, certifications or licensures	
Service Requirements - Scope of Services: The extent to which the applicant has:	
<ul style="list-style-type: none"> • defined the catchment area(s) • demonstrated the community needs and resources focused on oral health, childhood obesity, and prediabetes • identify project site locations and a plan to ensure a continuum of care if medical and dental are not co-located • identify the demographics and number of patients who will be served by this project in the target population(s) • described how culturally competent services will be provided, including CLAS standards • describe any community/partner collaborations, including internal and external coordination • describe how the project will be integrated and coordinated with ongoing or anticipated initiatives that may compete/overlap 	30
COMPONENT 1: described how the applicant will implement an innovative medical-dental integration project by addressing the following elements: <ul style="list-style-type: none"> • inter-professional work group/bi-directional communication • training • patient engagement • screening and counseling • bi-directional referral system • tracking and follow up • sustainability • health information technology • evaluation 	
COMPONENT 2: described how the applicant will implement an innovative medical-dental integration project by addressing the following elements: <ul style="list-style-type: none"> • inter-professional work group/bi-directional communication • training • patient engagement • screening and counseling • bi-directional referral system • tracking and follow up • sustainability • health information technology 	
Describe the organization’s overall quality improvement approach, including a detailed plan addressing performance monitoring, identifying opportunities for improvement and strategies to improve services.	

Staffing Requirements – Staffing Plan: The extent to which the applicant has described, identified, or included:	
the staff assigned as the lead, for a minimum of 0.25 FTE	
all staff assigned to the project, regardless of funding source, including whether they are working on Component 1, Component 2, or both	
staff identified to participate in the inter-professional work group	
for each staff person identified above, the following was provided in the narrative: <ul style="list-style-type: none"> • a brief job description • description of the individual's role in the project • the extent to which he or she has appropriate training, qualifications, credentials and experience to perform assigned duties • the number of hours dedicated to this program per staff person, per week 	15
a Position Schedule 2a and the following are included in Attachments or as an Appendix: <ul style="list-style-type: none"> • full job descriptions • resume/CVs for all professional staff • organizational chart • recruitment, hiring, retention, and turnover plans 	
If subcontractors are proposed, the services to be provided by subcontractors, oversight plan for subcontractors, completed Subcontractor Schedule A-Detail Form for each proposed subcontractor if known at the time of application, are included	
Data and Technology Requirements: The extent to which the applicant:	
<ul style="list-style-type: none"> • describes email and internet capabilities • identifies the medical EMR and dental EMR, if different and capacity to meet the HIT requirements • describes how the project related records and data will be securely collected and stored • includes how the applicant will collaborate with DPH to collect, analyze, and report performance and outcome data 	5
Work Plan: The extent to which the applicant:	
COMPONENT 1: completed a work plan for the first funding period (02/01/19 – 08/31/20)	
COMPONENT 2: completed a work plan for the first funding period (02/01/19 – 08/31/20)	
created a work plan form for each component that: <ul style="list-style-type: none"> • is comprehensive and realistic • is consistent with the proposal and project's goals • includes specific details, timeframes, and responsible parties for activities • identifies milestones • outlines tasks to be performed by subcontractors 	20
included a high-level narrative for each component outlining the subsequent year's proposed activities which is consistent with the first year work plan and the project's goals	
Cost Proposal Requirements: The extent to which the applicant:	
describes its capacity to manage contract development and reporting, and its ability to report expenditures for each component separately	
includes a written narrative for each component, if applying for both	
includes the required budget narrative details which: <ul style="list-style-type: none"> • explains all line item costs • includes a detailed breakdown of included administrative and general costs • does not include taxes 	15
proposes a competitive budget for the project which does not exceed the total amount of funding per year as listed in the financial requirement profile	
includes completed budget forms from the Attachments	
Appendices: The extent to which the applicant:	
includes all required appendices	5
TOTAL	100