PROCUREMENT NOTICE

State of Connecticut – Department of Public Health
Public Health Initiatives Branch
Community Health and Prevention Section
Tobacco Use Prevention and Control Program

REQUEST FOR PROPOSAL # 2013-0906
for
Tobacco Use Cessation Services in Connecticut

ADDENDUM # 1: Questions and Answers

The questions received as of May 23, 2013 on RFP 2013-0906 are provided verbatim as submitted. The questions and their responses are:

1) Is the anticipated contract start date Nov 1 or Dec 1? There are 2 different dates in the RFP (page 5 and page 6).

   Answer:
   The contract start date depends on the length of the review and selection process, the processing of the contract language within the Department as well as the length of time to obtain all necessary signatures. Although we hope that all contracts will be executed by November 1, there is always the possibility that it will be even later than that.

2) If the Prospective Proposer subcontracts with organizations that can demonstrate the ability to provide cost-effective tobacco use cessation services, but does not provide those services themselves, can that meet the minimum qualifications?

   Answer:
   Subcontractors must possess the minimum qualifications if the applicant is only providing an administrative/fiscal function for the grant and using subcontractors to perform the services.

3) Does the page limit of 12 pages (2-sides) mean 12 pages back to back (in other words 24 pages)?

   Answer:
   The 12 page limit (2-sides) means 12 pages of text or 6 sheets of paper double-sided.

4) Can the work plan or other sections be in landscape format?

Answer:
The work plan can be in landscape format but for ease of reading for the reviewers, the narrative should be in portrait format.

5) Does the 12 page limit include the Cover page and Table of Contents?

Answer:
No.

6) It states that "All services and materials must adhere to the *DHSS Clinical Practice Guidelines- Treating Tobacco Use and Dependence*. The link and Surgeon General site does not seem to contain the document anymore. Could you provide additional guidelines to be used?

Answer:
Sorry. The DHHS Clinical Practice Guidelines-"Treating Tobacco Use and Dependence" can be found at
www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf

7) Who is eligible to provide the face to face 30 minutes counseling session, individual counseling, or group counseling sessions? Does it need to be a clinically credentialed provider? If so, please list. If not, can it be a well-trained community health worker or Medical Assistant, or do they need a certain amount of education to qualify?

Answer:
The person/people providing the type of counseling required for this grant must be appropriately trained in the evidence-based, approved curriculum used by the agency awarded the grant. This person does not need to be a credentialed provider.

8) Can service providers who are participating in Rewards to Quit through DSS offer the Rewards to Quit program as one of the options for individuals or group counseling? And if so, would that require that both the Rewards to Quit and the DPH enrollment form be completed separately?

Answer:
Yes, service providers can participate in both programs although there can be no overlap in reimbursement from either agency. Billing for Medicaid and this grant must be kept separate. At this time, both programs require their own data; however, we will work with the Department of Social Services to minimize duplication of effort.

9) How long do the counseling sessions need to be in order to count as a session?

Answer:
The individual intensive counseling session should be at least 30 minutes long; the individual counseling session should be at least 20 minutes long; and the group counseling session should be at least 60 minutes long in order to be counted as a session.

10) If data is to be collected at 3 and 7 months post-enrollment, what happens when someone enrolls into the program 8 months into the grant year, is the expectation that a report is provided to DPH of all those enrolled during the grant year. In other words, will it be requested that the program report out on progress to DPH 8 months after the grant period ends?

Answer:
DPH does not require grant activities be conducted once the end date of the contract has been reached. DPH would like any data that an agency is able to collect should the agency continue to keep in contact with the participants after the end of the grant, as that data is used to review effectiveness of offering tobacco use treatment and to provide information to grantors for future funding opportunities. All data is helpful for this purpose.

11) Can the DPH data collection forms be scanned into the electronic medical record of the client?

Answer:
Yes. The data can be exported from the electronic records and sent to DPH in the requested format.

12) Does this preclude including in the budget of the RFP funds for refreshments, incentives, materials, transportation assistance, translation services, and/or child care services?

Answer:
No, these items can be included in the budget but collaborations should be developed in order to encourage more referrals and to minimize expenses.

13) Under Option B Budget Basis it states: "Quarterly expenditure reports will be required that must include invoices and receipts for all purchases or services make with grant funds. What kind of invoices and receipts are needed? Do you need them from subcontractors as well? Are these timesheets, purchases made for pharmaceuticals, supplies…Please provide an example.

Answer:
Invoices and receipts for all purchases or services include items such as but not limited to office supplies, medical supplies including quit medications, education materials, supplies used for groups, mileage reimbursement, room rental, incentives. Records may include timesheets, payroll or subcontractor receipts should any questions on these expenditures arise.

14) Under option B it states that: "Should the number of proposed clients anticipated to be counseled not be met, the cost per client provided may be used to reconcile actual program costs and to determine funding to be returned to the Department." Can you clarify what anticipated to be counseled means?

Does it mean:
1. The number of clients enrolled in the program?
2. The number of clients who have received the 30 minutes of individual intensive cessation counseling?
3. The number of clients who have attended some but not all of the one-on-one or group counseling?
4. The number of clients who have attended ALL 5 of the one-on-one counseling sessions or ALL 6 of the group counseling sessions?

Answer:
On the Cover Page of the application to be submitted to DPH, each applicant is required to place the number of participants they will provide counseling to during the course of the grant with the amount of funding they are requesting. This number is the number of clients that will receive *at least* the 30-minute individual intensive cessation counseling. This is the number used for "anticipated to be counseled".

15) How is the "cost per client" being computed.
1. Total budget costs/goals.
2. Total direct costs/goals.
3. Is there already an established "cost per client?"

Answer:
The applicant should tell DPH how much their "cost per client" is by using their own computations and indicating what items are being included in that cost. (Some examples can include counselor's time, quit kits and educational materials) DPH does not currently have an established "cost per client".

16) How many grants overall do you expect to award?

Answer:
See RFP Page 5, Item 3. Contract Awards. The number of awards will be determined based upon the competitiveness of the applications received and the size and complexity of the programs proposed. It is expected that multiple awards will be made.

17) How many new grants vs. continuing grants will you be awarding?

Answer:
The number of awards to be made will be determined based upon the competitiveness of the applications received and the size and complexity of the programs.

18) What is range of award amount?

Answer:
Grant award amounts will depend on the number of participants to be served as well as the complexity of the proposed project(s).

19) What is average amount of award expected?

Answer:
See answer to question 18.

20) Does DPH have a per client cost that you want us to base our budget on? If yes, please share.

Answer:
DPH does not have a "cost per client" that has already been established.

21) Could you please list current grantees, current grant award amounts, their target populations, and their service areas funded through the Tobacco and Health Trust Fund for both general community-based programs and services targeting individuals with mental illness?

Answer:
Most of the current contracts will have ended by the time these grants are beginning. The two contracts that will still be in place are the CommuniCare grant working currently in the Bridgeport and Stamford area and the Northwest Regional Mental Health Board currently working in the Danbury, Torrington and Waterbury areas. Both of these contractors are targeting clients who are mentally ill.

22) Can you please tell me roughly how many applications your office received in the last round of funding, and of those, how many were awarded?

Answer:
Under DPH Request for Proposal # 2011-0917, five of the eight applications that were received were funded.

23) On Page 6 of the RFP, #7. Letter of Intent. it reads, indicate the component to be applied for. Could you explain what this means? Do you want geographical area that the organization intends to serve?

Answer:
Although this phrase was included in the boilerplate, this RFP only has one component and therefore this phrase can be disregarded for this RFP. The service area should be included in the Scope of Services.

24) On Page 23, under F. Main Proposal. 1.h., it reads Two Letters of Reference from businesses for whom contractor has provided similar services. Then on Page 24 under H. Appendices., it reads two letters of reference from previous employer/grantors. Are these the same two letters referred to on Page 23?

Answer:
Yes

25) Do you want the letters of reference to be from funders or from organizations for which we have provided similar services? Can they be current grantors?

Answer:
It is preferable to have the letters come from organizations that the applicant has provided similar services for, either currently or in the past.

26) Can medication to assist in the treatment of tobacco use dependence be provided to the target population (e.g., persons with mental illness) and not provided to the general population?

Answer:
No, all participants enrolled in the program are to have equal access to services, including quit medications offered to them at no cost through the awarded grant.

27) Would there be consideration of applications from facilities that may not be listed as FQHC but do focus on delivery of care to uninsured and underserved populations?

Answer:
Yes. Also see answer to Question 28.

28) The definition of eligible applicants includes "a private provider organization, CT State agency, or municipality." But later in the RFP it specifically mentions "Applications will be accepted from hospitals, community health centers, city, district and town health departments, community action agencies, and other human service organizations." Is this list all inclusive? Does it prohibit us (XXX) from applying with a structure of subcontracted direct care providers.

Answer:
The list is not all-inclusive: Only individuals are not able to apply. See also answer to Question 2.

29) If so, would an application from another State of CT facility (a UCHC outpatient clinic) be considered? Would an application from a VA community based outpatient clinic be considered?

Answer:
Yes, see answers to Questions 27 and 28 as well.

30) What is the maximum duration of the contract? Is it renewable, and if so for how long?

Answer:
Applicants should complete their proposal assuming their activities will be completed within 12 months. This funding was made available through the Tobacco and Health Trust Fund as a single allocation and it is not known if additional funding will be available in the future.

31) Is there a maximum total allowable contract cost?

Answer:
There is $1,400,000 available for this RFP. It is expected that multiple awards will be made.

32) I see that fringe is allowed in the budget for RFP #2013-0906. Are indirect costs allowed? Our indirect rate is 25%.

Answer:
Indirect costs are not allowed. The state cost standards can be located at the following link:
http://www.ct.gov/opm/lib/opm/POSCostStandards090106.pdf

33) Can subcontractors participate in more than one proposal?

Answer:
Yes.

34) What exactly is included in the 12 pages? Under the Proposal Outline on pages 23-24, is it A-F including all references, resumes, and letters of collaboration? Does it include the Appendices, Forms?

Answer:
Page 8 of the RFP indicates that the 12 pages include the proposal narrative and the work plan. References, resumes, letters of collaboration and forms are included in the appendices and are not included in the 12 page count.

35) Can we provide a diagram to show the flow of patients through the tobacco cessation program and if so can the text be less than 12 point and can the diagram be in landscape format.

Answer:
Yes, this can be included in the appendices.

36) In the Proposal Outline (F. Main Proposal #2 item h.) it states that the contractor should describe services listed in Section C2, 1-15. Is this in the RFP page 17-19 under C3 Services to be Provided 1-16?

Answer:
In the Proposal Outline under F. Main Proposal, #2, item h) refers to RFP pages 17-19, Section C3. Services to be Provided, items 1-16.

37) Do you need to offer both individual and group counseling services to patients? What if you don't have space to provide group sessions or that your population is not conducive to group sessions, do you still need to offer group sessions?

Answer:
Both group and individual counseling sessions are to be made available to participants. The participant may choose which type of session they want to enroll into.

38) Do you need to provide both 5 individual and 6 group sessions for a total of 11 sessions for individuals to attend? Or do they have to choose between individual and group?

Answer:
Participants will choose between individual or group sessions. The participant is not required to attend both types of counseling.

39) If the person participant in both individual and group, is there a minimum number of each that they need to participate in? For example, what if the person starts off in group and then decides to do individual sessions, what is the minimum number then need to participate in. Also, can you mix individual and group or do they have to do one or the other?

Answer:
A participant may attend both individual and group sessions if they want to. The participant should attend enough sessions of both types of counseling to complete the program curriculum. It is unlikely that less than five sessions will meet this criterion.

40) For the 30 minute counseling session, what exactly needs to be done at that time and is there a specific curriculum you'd like to have offered or is that for the contractor to decide?

Answer:
The curriculum for the entire program, including the 30-minute intensive individual counseling and other sessions will be developed by the contractor and approved by DPH prior to implementation. We do not have a specific curriculum that must be used. The coaching time should be spent in part examining the reasons the person wants to quit, why they use tobacco, medication options, developing support systems, strategies to deal with triggers and options for counseling.

41) Does the enrollment into the tobacco cessation program need to be conducted at the same time as the 30 minute counseling session?

Answer:
No. In our experience, this is usually when the intake is conducted but the two functions can be separated.

42) Would revenue generated for services billed to Medicaid for individual or group counseling be reported as an off-set to grant funding? If so, what % should be used for that off-set?

Answer:
Billing for Medicaid and this grant must be kept separate. It is up to the contractor as to whether to include Medicaid reimbursement as an in-kind donation towards this grant but it should not be added to the amount of funding requested for this grant.

43) Can the count toward achieving goal (number of patients counseled) include patients whose counseling services were billed to and paid for by Medicaid.

Answer:
Yes, however patients being paid for by Medicaid cannot be charged to this grant, therefore this should be taken into consideration when requesting the amount of funding needed through this RFP.

44) Under 1 h: Can the two letters of reference from businesses for whom contractor has provided similar services be from subcontractors we will contract with for this grant? We have similar programs we are currently working on with the subcontractors and would like to use them for our references?

Answer:
Yes, but these types of partnerships may be more useful as letters of collaboration. Should you use the subcontractors as your references, DPH will require different agencies be used for your Letters of Collaboration for Active Partners.

45) Under 1 i: Letter of Collaboration from Community Partners: Are these for collaborations we've had with other entities in the past or is it collaborations for the RFP? How many letters are requested?

Answer:
As seen on page 24 of the RFP document, Letters of Collaboration are from active partners that will be part of this grant. There is no official number of letters requested.

46) Under 2c: Community Collaboration: Are you looking for information about ongoing community collaborations, or potential collaborations that could be formed as a result of this grant?

Answer:
In this section of the outline we are looking for information about current collaborations that will be used to assist with this grant, as well as potential collaborations that will be formed to assist with the services of this grant.

47) Under 5 e: Subcontractor Oversight: What is it that you are looking for here? Do you want how the contractor will provide oversight to the subcontractor of how the subcontractor provides oversight to ensure that their own program implementation and outcomes are met at?

Answer:
The applicant should indicate how they will provide oversight to the subcontractor to ensure that all program implementation and outcome measures are met.

48) Under 5 f: Subcontract Cost and Terms: What are you looking for here?

Answer:
The applicant should describe the contract terms and budget line item costs of the subcontractor's contract.

49) Under 6: Work plan: Can we add other categories and columns and put the table in landscape format? Or do you want us to use the exact table on page 56?

Answer:
The work plan form can be placed in landscape format. The integrity of the table should be maintained. For purposes of clarification, an additional appendix may be attached that has the added categories and columns.

50) How do you define a client being "served?" If a client completes only a portion of the sessions, how will that impact the reimbursement to the funded agency?

Answer:
"Client served" is defined as a client who completes the intensive 30-minute intensive individual session and enrolls into further counseling sessions. The reimbursement methodology is dependent on which option is chosen by the RFP applicant. Contractors are not reimbursed for counseling sessions that are either not held or not attended.

51) Should we budget for all program participants to receive NRT, or should we allow the participant's insurance to pay for it when covered under the individual's plan?

Answer:
In determining the budget for NRT and medications, remember that not all participants will use or be medically eligible for NRT or other quit medications; not all insurance companies cover these medications without some cost to the participant; and not every participant will use the medications for the period needed. The budget should include the cost of all medications to be provided to program participants.

52) For how long should we offer NRT to the client?

Answer:
Twelve weeks of medications should be made available. Also, please note that both Nicotine Replacement Therapies and pharmacotherapies should be offered to program participants.

53) Is individual or group therapy given a preference in this application?

Answer: *Both* individual and group counseling are to be offered.