

**PROCUREMENT NOTICE**

State of Connecticut – Department of Public Health  
Public Health Initiatives Branch  
Health Education, Management, and Surveillance Section  
Tobacco Use Prevention and Control Program

**REQUEST FOR PROPOSAL  
# 2011-0917**

**for  
Tobacco Use Cessation Services in Connecticut**

**ADDENDUM # 1  
Questions and Answers**

The questions received as of April 14, 2011 on RFP 2011-0917 are provided verbatim as submitted.

**CLARIFICATION:** MONTHLY REPORTING is expected by contractors under the resulting contracts to this RFP. Although this is stated in the RFP, there is another statement regarding quarterly reporting that may appear to be a conflict. Data reporting and invoices will be submitted on a monthly basis.

The questions and their responses are:

- 1) *In reviewing the request for DPH RFP # 2011-0917, we noted existing “Generalized Tobacco Use Cessation Programs” in xxx and xxx, CT. Can you tell us who is offering these programs, are they DPH-funded, and where are they located?*

*We printed the available programs in Connecticut off of the DPH website and programs were not listed in these towns. It seems the request would give preference to communities where programs do not exist, and we want to make sure we are not duplicating services.*

**Answer:**

All funded programs are supposed to do marketing & outreach within their service areas to community service providers/health institutions to alert them to available program services and to solicit referrals. The list on our website only includes the main location of each program. Also, be aware that some of the current program contracts expire at the end of December 2011. We encourage anyone interested in providing services to submit an application.

- 2) *The RFP states that total funding for this project is \$600,000 over a 2 year period. Is that \$600,000 expected to cover all the areas on the provided CT map (pg. 21) that do not already have a tobacco use cessation treatment program?*

Answer:

No.

- 3) *We are a well-established large non-profit behavioral health provider that serves close to 4500 clients per year. We already have a tobacco cessation program that utilizes evidence-based treatment that we would like to expand. We have the capability with funding to serve several hundred clients per year. Is there a cap or an expected funding amount we are allowed to request under this RFP?*

Answer:

No. There is a total of approximately \$600,000 available, and as stated on Page 5, the size of each of the awards will depend on the anticipated number of participants to be served as well as the scope of the project.

- 4) *There is a large data component to this project, are we allowed to hire additional staff if necessary under this RFP, as well as utilize existing staff?*

Answer:

Yes.

- 5) *Do we need to subcontract if we are able to provide all the services?*

Answer:

No.

- 6) *Is the expectation that each client receive up to 12 weeks of nicotine replacement therapies (nrts) under this program?*

Answer:

If medically appropriate and/or prescribed, each client may receive up to 12 weeks' worth of medications and pharmacotherapies. Note: Disbursement of medications to coincide with attendance at counseling sessions is most effective.

- 7) *The cost of nrts can be quite expensive for each individual and a huge portion of the budget when serving several hundred clients; can we offset this cost by not providing 12 weeks of nrts by referring individuals to the CT Quitline which will provide them with up to 2 months of nrts? In other words, we could provide one month of nrts plus treatment and continue to provide individual and group counseling but refer them to CT Quitline for the other 2 months of either gum, patches, lozenges etc.*

Answer:

The Connecticut Quitline offers free NRT to callers participating in their counseling program contingent on funding. Participants of awarded local cessation programs will not be eligible for NRT through the Quitline while in the local cessation program. NRT and Pharmacotherapy cost should be included in your proposal (and budget) and should be provided at no cost to program participants.

- 8) *Since we are expected to bill for clients after services are rendered, are we expected to purchase nicotine replacement therapies first and then be reimbursed or are we given a certain amount to begin programming?*

Answer:

We will make one payment upon execution of the contract to help get programs up and running. Subsequent payments will be made as services are provided.

- 9) *If we have the clients to fulfill program numbers, are we still expected to market and outreach to the greater community for referrals into our program?*

Answer:

Programs are expected to market their services. Should the number of clients contracted for be reached, the contractor can continue to market if they would like to receive additional clients and be reimbursed for them, subject to available funding. The contract is open for a total of two years and services can be offered during that time period.

- 10) *Is there training by DPH on their Tracking/Evaluation forms, Attendance Tracking/Program form, Completion form, Follow-up form, etc., or do we assign a staff person to train our Tobacco Use Prevention and Control Program staff?*

Answer:

We will provide training to a representative from the agency who can in turn train other staff.

- 11) *What is DPH's definition of "severe" mental illness in terms of the population to be served? Are co-occurring diagnosis of mental illness and substance abuse included in this category?*

Answer:

For this funding opportunity, people diagnosed with mental illness and those with co-occurring mental illness and substance use dependence are eligible to be served.

12) *Does our agency have to focus on all the disparate populations bulleted on page 1 of 85 in the RFP or if we can focus on 5 or 6 of those populations, would that be enough?*

Answer:

Applicants should state which of the disparate populations they expect to focus on, agencies do not need to focus on all listed disparate populations.

13) *Are audit expenses allowed to be included in the budget?*

Answer:

As a contract operated on a fee for service reimbursement basis, it is not expected that there would be a budget line for audit expenses. See also Answer to Question 17.

14) *The contract awarded under this RFP requires reimbursement on a fee for services basis. It is our understanding that salary and fringe benefits of the project coordinator is not included in that calculation but rather as a separate hourly rate line item as illustrated by the example on page 77 of the RFP. Is this understanding correct?*

Answer:

No, project coordinator time would be included in the fee for service calculation. An example is that a group counseling rate could include staff time and materials. We also want to see the individual items that make up the calculation (in this example, the staff time and materials) listed on the budget justification forms.

15) *If one agency serves as a lead agency and subcontracts with other agencies to dedicate staff to this project at their respective sites does the subcontract budget need to be based on fee for service or can staff be charged as an hourly rate plus fringe?*

Answer:

Subcontractors should also operate on a Fee for Service basis.

16) *Subsection 5(b) of part III.C.3, Services to be Provided of the RFP states that individual counseling programs must consist of no less than 5 sessions. If an individual drops out of counseling before completing five sessions will the contractor be able to charge for the sessions the individual did complete?*

Answer:

Yes.

17) *Are administrative costs allowed? If so is there a standard percentage or range of percentages that the Department expects to be used?*

Answer:

Under the fee for service model we would not anticipate any separate billing for administrative costs, however, the state standards can be accessed at <http://www.ct.gov/opm/cwp/view.asp?a=2981&q=382994>

18) *Will the Department reimburse for outreach activities and time spent on promoting the program? If yes, should these be included as a fee for service calculation for outreach/promotion or as separate line items?*

Answer:

Outreach/promotion can be shown either way but must be clearly identified as a separate activity, to include justification and description of activities.

19) *Motivational incentives (also known as contingency management) and incentives to attend groups have been shown to increase participation. Could incentives be included in the proposed budget? If so, can costs for incentives be folded into the fee for service rate or should they be included as a separate line item?*

Answer:

Incentives should be included as a separate line item in the proposal for better calculation of cost effectiveness among programs. Reimbursement for incentives will occur as they are distributed.

20) *Is there a minimum number of individuals that are required to participate in group sessions for these sessions to be billable?*

Answer:

Ideally, a group would be 10-15 people. However, since attendance varies, a session where only three people attend could be billed.

21) *Can the purchase of evidence-based smoking cessation curricula for individuals and groups be included in the proposed budget?*

Answer:

Yes

22) *Is there a limit to the number of subcontractors that a contractor can have?*

Answer:

No

23) *Do client participants need to be identified by first and last name if served by a subcontractor or can a unique identifier be used instead?*

Answer:

Unique identifiers should be used. All data sent to DPH must be de-identified for submission; the contractor is responsible for creating the unique identifier for each participant and should maintain a cross-reference.

24) *Would the purchase of 3 exhaled carbon monoxide monitors to be used by participants to monitor their progress be an allowable expense?*

Answer:

The purchase of carbon monoxide monitors is an allowable expense.

25) *Would the hiring of peer support specialists be an allowable expense?*

Answer:

All staff time/support should be calculated into the fee for service rate

26) *Could agencies that are not funded by this project but participate in the program/initiative conduct groups with other resources? Could they also provide participant data for planning purposes?*

Answer:

Only contracted agencies will be reimbursed for expenditures on services provided. In-kind resources can also be utilized.

27) *Is training an allowable expense? If so would this be included as a separate line item or folded into the hourly rate.*

Answer:

Training is an allowable expense and should be clearly listed as a separate line item.

28) *What is the contract start date? (page 5 notes two contract start dates July 1, 2011 and September 1, 2011)*

Answer:

The actual start date for a contract to be fully executed remains unknown.

29) *Does RFP 2011-0917 replace current funding distributed under 2009-0920?*

Answer:

RFP 2011-0917 has been released to increase the number of tobacco use cessation services that are available. This tobacco use cessation funding is an addition to funds already allocated through executed contracts.

30) *DPH will only pay for appointments completed by the client?*

Answer:

Yes, only completed sessions for which there is accurately documented data entered into the DPH database

31) *How do we capture outreach expense?*

Answer:

See Answer to Question 18

32) *How do we capture expenses related to recruiting clients?*

Answer:

See Answer to Question 18

33) *How do we capture expenses related to phone calls with clients for tasks such as follow up, scheduling future appointments?*

Answer:

These expenses would be included in the cost of counseling

34) *How do we capture expenses related to data entry and report writing?*

Answer:

These expenses would be included in the cost of counseling.

35) *On page 7 of 85 of the RFP under **6. Style Requirements** it states that the page limit is 15 pages and includes the proposal narrative, budget documents and work plan and the print style is **2-sided**. Does this therefore mean the narrative can be printed double sided front and back making it actually a 30 page limit?*

Answer:

No, there is a 15 page limit, not 15 pieces of paper.

36) *As there is nothing in section IV Proposal Outline (pages 18 and 19 of 85), labeled "proposal narrative", I am making the assumption that the "proposal narrative" is F. Main Proposal sections 1-6. Therefore, F. Sections 1-6 would have a limit of 15 pages (or 30 pages) and Letters A-E, H and I, would not be considered part of this page limit? Is that correct?*

Answer:

Correct – Item F-Main Proposal Sections 1 through 6 and Item G-Cost Proposal constitute the 15-page limit. The proposal narrative is the Main Proposal as listed in Section IV. Proposal Outline.

37) *The RFP indicates that "special emphasis will be placed on geographic areas in Connecticut that are not currently being served by DPH-funded tobacco use cessation programs". Does this mean that applications from sites currently being funded will be excluded from consideration?*

Answer:

No.

38) *Would it be acceptable for a site that is currently funded through DPH to partner with a site in an area that is not currently funded? Could a portion of the budget be earmarked for such a subcontract?*

Answer:

Yes

39) *On page 3 of the RFP it states "any program currently funded by DPH to provide tobacco use cessation services must clearly state additional service areas that would be targeted should additional funding be provided." Can you define what a service area is?*

Answer:

Service Area is defined as the geographical area(s) in which your agency provides services.

40) *Where in the budget would we account for funding for outreach and promotional program materials since they are not part of the individual or group visit?*

Answer:

See Answer to Question 18.

41) *Do we include a fee for service amount in the budget for the number of people screened to determine if they are ready and willing to participate in the program?*

Answer:

No.

42) *Who are the current providers with contracts for generalized tobacco cessation services and specialized tobacco cessation services?*

Answer:

Generalized Tobacco Use Cessation Services

AIDS Project – New Haven

Fair Haven Community Health Center

Generations Family Health Clinic, Inc.

Hartford Gay and Lesbian Health Collective

Hospital of Saint Raphael

Ledge Light Health District

Specialized Tobacco Use Cessation Services

CommuniCare, Inc.

43) *Please provide the current contracted rates that DPH is paying for the services listed under the General Terms and Conditions of the contract – Section 4 b ) Payment and Payment Schedule, section (i), 2-11 for generalized tobacco cessation services and specialized tobacco cessation services? i.e initial intensive counseling session (with clean, complete data ); 3) individual cessation counseling session , etc.? Please provide the range and the average for these rates.*

Answer:

We do not currently have fee for service contracts.

44) *DPH has awarded a large contract to an agency to provide tobacco cessation services to a population of persons with severe mental illness that includes training of other providers in the model. Given that this large contract is targeting persons with mental illness, will proposals targeting other populations mentioned in the RFP (low socio-economic status, low educational attainment, young adults 18-24, pregnant women, Hispanic youth and adults, and lesbian/gay/ bisexual/transgender youth) receive a higher priority than those targeting persons with mental illness in the review of the proposals?*

Answer:

No.

45) *On page 17, section 2, Budget requirements, are you looking for a weekly cost per participant for the cessation pharmacotherapy?*

Answer:

Yes, this cost should be listed per participant.

46) *Is there a limit to general and administrative costs and if so what is the limit? How does DPH define general and administrative costs?*

Answer:

See also answer to Question 17. The state standards can be accessed at <http://www.ct.gov/opm/cwp/view.asp?a=2981&q=382994>

**Reminder:**

**Fiscal competitiveness and a cost-effective budget are two portions of the application review and scoring process.**

- Thank you for your interest in RFP 2011-0917: Tobacco Use Cessation Treatment Services in Connecticut. All applicants are reminded that letters of intent are due on May 6, 2011 and proposals are due on May 19, 2011 by 2:00 PM EDST.