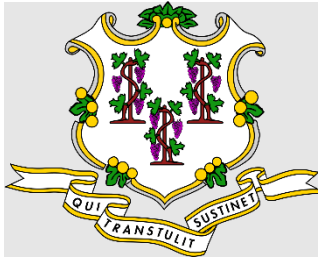


STATE OF CONNECTICUT PROCUREMENT NOTICE



Request for Proposals (RFP) for Tuberculosis (TB) Prevention and Clinical Services

Issued By:

The Department of Public Health

April 25, 2025

The Request for Proposal is available in electronic format on the State Contracting Portal by filtering by Organization for Department of Public Health at:

<https://portal.ct.gov/DAS/CTSource/BidBoard>

or from the Department's Official Contact:

Name: Michelle Arcata, Health Program Associate
Address: 410 Capitol Avenue, MS#11TUB
Hartford, CT 06134-0308
Phone: (860) 509-7826
Fax: (860) 730-8271
E-Mail: DPH-TB-RFPSubmissions@ct.gov

The RFP is also available on the Department's website at:

<https://portal.ct.gov/DPH/Request-For-Proposals/Request-for-Proposals>.

The deadline for submission of proposals is July 11, 2025

3:00 PM EST

The Department of Public Health is an Equal Opportunity/Affirmative Action Employer. The Department reserves the right to reject any and all submissions or cancel this procurement at any time if deemed in the best interest of the State of Connecticut (State).

TABLE OF CONTENTS

| | Page |
|--|------|
| Section I — GENERAL INFORMATION | 3 |
| A. Introduction | 3 |
| B. Instructions | 3 |
| Section II — PURPOSE OF RFP AND SCOPE OF SERVICES. | 7 |
| A. Department Overview | 7 |
| B. Program Overview | 7 |
| C. Scope of Services Requirements. | 13 |
| D. Performance Measures | 19 |
| E. Contract Management/Data Reporting | 19 |
| Section III — PROPOSAL SUBMISSION OVERVIEW | 22 |
| A. Submission Format | 22 |
| B. Evaluation of Proposals | 23 |
| Section IV — PROPOSAL SUBMISSION OUTLINE | 26 |
| A. Cover Sheet | 26 |
| B. Table of Contents. | 26 |
| C. Executive Summary | 26 |
| D. Main Proposal Submission Questions | 26 |
| E. Attachments | 29 |
| F. Declaration of Confidential Information. | 29 |
| G. Conflict of Interest – Disclosure Statement. | 29 |
| H. Statement of Assurances | 30 |
| Section V — MANDATORY PROVISIONS. | 31 |
| A. POS Standard Contract, Parts I and II | 31 |
| B. Assurances | 31 |
| C. Terms and Conditions | 32 |
| D. Rights Reserved to the State | 33 |
| E. Statutory and Regulatory Compliance | 34 |
| Section VI — APPENDIX | 37 |
| A. Abbreviations / Acronyms / Definitions | 37 |
| B. Statement of Assurances | 41 |
| C. Proposal Checklist | 42 |
| D. Additional RFP Forms and Information | 44 |

I. GENERAL INFORMATION

■ A. INTRODUCTION

1. **RFP Name or Number.** Tuberculosis (TB) Prevention and Clinical Services.
DPH20260902
2. **RFP Summary.** The Department is seeking proposals from private healthcare provider organizations, local health districts, local health departments, community health centers, and Federally Qualified Health Centers (FQHC) to serve as a lead Contractor to deliver a full range of TB Prevention and Clinical services to all state of Connecticut residents, regardless of insurance or immigration status, in four (4) TB clinics within the Regional Division Areas that are defined by the Department. This lead Contractor shall coordinate services and/or subcontracts with agencies within the priority service areas identified by the Department.
3. **RFP Purpose.** This request for proposal is for up to \$500,000 annually of state funds available to support these services. Funding will be for five (5) years, beginning approximately July 1, 2025 through June 30, 2030, subject to the availability of funds and satisfactory program performance.
4. **Commodity Codes.** The services that the Department wishes to procure through this RFP are as follows:
 - 85000000: Healthcare Services

■ B. 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. Proposers, Prospective Proposers, 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. Proposers or Prospective Proposers who violate this instruction may risk disqualification from further consideration.

Name: Michelle Arcata, Health Program Associate
Address: Department of Public Health, TB Control Program
410 Capitol Avenue, MS#11TUB
Hartford, CT 06134-0308

Phone: 860-509-7826
E-Mail: DPH-TB-RFPSubmissions@ct.gov

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

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

- Non-profit status, if applicable
- Notification to Bidders, Parts I-V
- Campaign Contribution Certification (OPM Ethics Form 1):
<https://portal.ct.gov/OPM/Fin-PSA/Forms/Ethics-Forms>

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

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

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

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

| RFP Activity | RFP Timeline |
|----------------------------|---------------------|
| *RFP Release | May 12, 2025 |
| Letter of Intent (LOI) Due | May 26, 2025 |
| Deadline for Questions | May 26, 2025 |
| RFP Conference | June 11, 2025 |
| Answers Released | June 18, 2025 |
| Proposals Due | July 11, 2025 |
| *Start of Contract | January 1, 2026 |

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

- Total Funding Available: \$2,500,000
- Number of Awards: One (1)
- Contract Cost: To be negotiated with the successful Proposer
- Contract Term: Five (5) Years
- Funding Source: State Funds

6. Eligibility. Private healthcare provider organizations, LHDs, community health centers, and FQHCs are eligible to submit proposals in response to this RFP. Individuals who are not a duly formed business entity are ineligible to participate in this procurement.

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

- Proposer must be a public, non-profit, or private organization.

- Proposals must be complete and must comply with all requirements in the RFP.
- Proposers must be in good standing with the Department and have no outstanding, significant unresolved issues on current or prior contracts with the Department.
- Proposers must have:
 - Knowledge of the community/area(s) to be served, including any emerging trends, populations, or service needs/gaps;
 - Demonstrated knowledge and experience with TB and providing services to uninsured and underserved populations;
 - Documented ability to execute the proposed plan of service delivery, including established accounting and financial reporting systems and sound fiscal stability;
 - Sufficient experienced staff, or the ability to hire qualified personnel and/or the ability to subcontract for services to execute the proposed plan of service delivery; and
 - Demonstrated experience managing and subcontracting the intended services.

8. Letter of Intent. This RFP requires a Letter of Intent (LOI). The LOI is non-binding and does not obligate the sender to submit a proposal. The LOI must be submitted to the Official Contact via e-mail by the deadline established in the Procurement Schedule. The LOI must clearly identify the sender, including name, postal address, telephone number, and e-mail address. It is the sender's responsibility to confirm the Department's receipt of the LOI. Failure to submit the required LOI in accordance with the requirements set forth herein shall result in disqualification from further consideration.

9. Inquiry Procedures. All questions regarding this RFP or the Department's procurement process must be directed electronically via email to DPH-TB-RFPQuestions@ct.gov before the deadline specified in the Procurement Schedule. The early submission of questions is encouraged. Questions will not be accepted or answered verbally, in person, or 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. Because this RFP requires a LOI, the Department reserves the right to answer questions only from those who have submitted such a letter. The Department may combine similar questions from more than one (1) Proposer and give only one (1) 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.

The Department will release the answers to questions on the date(s) established in the Procurement Schedule. The Department will publish any and all amendments to this RFP on the State Contracting Portal and, if available, on the Department's RFP web page.

At its discretion, the Department may distribute any amendments to this RFP to Prospective Proposers who submitted a LOI or attended the RFP Conference.

10. RFP Conference. An RFP Conference will be held to answer questions from Prospective Proposers. The virtual conference will take place on Wednesday, June 11, 2025, from 1:00 PM to 3:00 PM. A link to the virtual conference will be sent out via email.

11.Proposal Due Date and Time.

The Official Contact is the only authorized recipient of proposals submitted in response to this RFP. The Official Contact must receive proposals on or before the due date and time of **Friday, July 11, 2025 at 3:00 PM EST.**

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

An acceptable submission must include the following:

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

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

The electronic copy of the proposal must be e-mailed to Michelle Arcata at DPH-TB-RFPSubmissions@ct.gov for this procurement. The subject line of the email must read: **RFP#2026-0902 Tuberculosis Prevention and Clinical Services.**

Forms and appendices may be scanned and submitted as PDFs at the end of the main proposal document. Please ensure the entire e-mail submission is less than 25MB, as this reflects the Department's server limitations. Proposers should work to ensure that no additional Information Technology (IT) limitations exist.

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

II. PURPOSE OF RFP AND SCOPE OF SERVICES

■ A. DEPARTMENT OVERVIEW

The Connecticut Department of Public Health is the state's leader in public health policy and advocacy and is an integral part of the public health system. The Department is the center of a comprehensive network of public health providers and is a partner to local health departments.

The Department 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 Department is focused on health outcomes, maintaining a balance between assuring quality and administrative functions among personnel, facilities, and programs.

The Department's mission 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.

■ B. PROGRAM OVERVIEW

The Tuberculosis (TB) Control Program is part of the Infectious Disease Section at the Department of Public Health. Its mission is to interrupt and prevent the transmission of TB and the emergence of drug-resistant TB, and to reduce and prevent death, disability, illness, emotional trauma, family disruption, and social stigma associated with TB.

TB is caused by a bacterium called *Mycobacterium Tuberculosis* (MTB). TB typically infects the lungs but can infect any body part, such as the kidneys, spine, and brain. Not everyone infected with MTB becomes sick. As a result, two (2) TB-related conditions exist: Latent TB Infection (LTBI) and Active TB Disease.

People with LTBI have MTB inside their bodies, but their immune system controls it. These individuals have no symptoms, do not feel sick, and cannot spread MTB to others. About five (5) to ten (10) percent of people with LTBI will develop Active TB Disease at some time in their lives. LTBI treatment prevents ninety (90) percent of these infections from progressing to Active TB Disease. The CDC estimates that up to thirteen million (13,000,000) people in the United States live with LTBI, and without treatment, one (1) in ten (10) people will get sick with Active TB Disease.

People develop Active TB Disease when their immune system can no longer control the MTB growing inside their body. People with Active TB Disease are more likely to spread TB to people they spend time with every day, including family members, friends, co-workers, and classmates. Active TB Disease is treatable and curable; however, people can die if they do not receive proper medical treatment.

Program Authorization:

To ensure the proper management of people diagnosed with Active TB Disease and LTBI, Connecticut has enacted state statutes that define the authority and responsibilities of, and confer jurisdiction to, local health departments (LHD) for TB control and management. Therefore, LHDs work closely with healthcare providers, community organizations, and the TB Control Program to manage Active TB Disease and LTBI care for those affected residents within their respective communities.

These statutes were drafted to ensure that individuals who are diagnosed with Active TB Disease are treated as quickly as possible to prevent further spread, to ensure that people with Active TB Disease complete their treatment, to prevent the emergence and spread of Multidrug-Resistant TB, and to ensure that people who need help complying with their TB treatment receive assistance.

The applicable state statutes pertaining to TB management are C.G.S. 19a, Chapters 368a-II, Secs. 19a-1 to 19a-911: Public Health and Well-Being, and C.G.S. 19a, Chapter 368e, Secs. 19a-200 to 19a-239: Municipal Health Authorities.

Program Policies/Guidelines:

Early detection of TB disease and prompt treatment initiation is intended to reduce poor treatment outcomes, health sequelae, and adverse social and economic consequences. The CDC, American Thoracic Society, Infectious Diseases Society of America, and other professional organizations offer guidance documents that address all stages of prevention, treatment, and control of TB in various populations.

The following TB guidelines on prevention, treatment, and control of TB, as updated from time to time, include, but are not limited to:

- Updates on the Treatment of Drug-Susceptible and Drug-Resistant Tuberculosis: An Official ATS/CDC/ERS/IDSA Clinical Practice Guideline. 2025: <https://www.atsjournals.org/doi/10.1164/rccm.202410-2096ST>
- TB Testing and Diagnosis includes guidance for general population testing as well as for healthcare personnel, pregnant persons, and BCG-Vaccinated persons: (https://www.cdc.gov/tb/testing/?CDC_AAref_Val=https://www.cdc.gov/tb/topic/testing/default.htm)
- Treatment for Latent TB Infection and TB Disease: (<https://www.cdc.gov/tb/topic/treatment/default.htm>) includes treatment and regimens for LTBI and for TB disease, including in special populations.
- Drug-Resistant Tuberculosis Disease: (<https://www.cdc.gov/tb/treatment/drug-resistant-tuberculosis.html>)
- American Academy of Pediatrics Red Book: Report of the Committee on Infectious Diseases
- DPH TB Control Program's website includes 2017 Tuberculosis Evaluation and Care: Resources, Guidelines and Recommendations documents: (<https://portal.ct.gov/-/media/DPH/Tuberculosis/StandardofCarewithNAAfinalpdf.pdf>)

It is recommended that Proposers review these publications and incorporate these guidelines into their response. The successful Proposer will be expected to follow and incorporate these guidelines into the delivery of TB services in an executed Contract.

Problem Statement:

Over the last five (5) years, Connecticut has averaged sixty-two (62) Active TB Disease cases annually. Individuals who are diagnosed with TB often have medically and socially complex backgrounds that may involve issues with drug and substance abuse, and difficulty in navigating complicated social networks. These complexities can make it difficult to find, test, and treat individuals with Active TB Disease.

Treating LTBI is equally important because five (5) to ten (10) percent of infected persons who do not receive LTBI treatment will develop Active TB Disease. The people most at risk of developing LTBI are people with weakened immune systems, especially those with HIV.

The CDC published state-level prevalence estimates of LTBI within the United States, and it is estimated that in 2015, there were sixty-two thousand (62,000) untreated cases of LTBI in Connecticut.

Within the last three (3) years, Connecticut has experienced a sharp increase in immigration which has increased the demand for LTBI screening, testing, and treatment. More people are immigrating to Connecticut as Refugees, Asylees, immigrants with Class B1/B2/B3 status, unaccompanied alien children, victims of trafficking, and survivors of torture. In 2023, Connecticut reported six hundred and seventy-two (672) Refugee entrants compared to fifty-seven (57) in 2021. Similarly, in 2023, Connecticut reported two hundred and twenty-five (225) immigrant Class B1/B2/B3 TB entrants, compared to forty-four (44) in 2021.

Additionally, the federal government developed specific Humanitarian Parole immigration programs in response to current global events, such as Uniting for Ukraine (U4U) and Operation Allies Welcome, which brought an influx of people from Ukraine and Afghanistan into Connecticut. The U4U Program brought two thousand, five hundred and thirty-one (2,531) Ukrainians to Connecticut in 2022 and one thousand, eight hundred and nineteen (1,819) in 2023. Each entrant must be screened and tested for TB at least once in the USA.

This RFP seeks to address the increased incidence of both Active TB Disease and LTBI in uninsured, underinsured, undocumented, or otherwise vulnerable people by providing supportive TB-related services such as screening, evaluation, and treatment for all Connecticut residents.

Program Components:

The Department is seeking proposals from private healthcare provider organizations, local health districts, local health departments, community health centers, and Federally Qualified Health Centers (FQHC) to serve as a lead Contractor to deliver a full range of TB Prevention and Clinical services to all state of Connecticut residents, regardless of insurance or immigration status, in four (4) TB clinics within the Regional Division Areas that are defined by the Department. This lead Contractor shall coordinate services and/or subcontracts with agencies within the priority service areas identified by the Department.

Proposers must describe how they will achieve the deliverables corresponding to the four (4) program components described below.

Component 1

Administrative Practices are practices that describe how the successful Proposer shall track and report on clinic personnel, data security, staff training, and clinic schedule details. The successful Proposer will be expected to:

- a. Submit one hundred (100) percent of Clinical Personnel licenses via email or fax to the Department within one (1) month of the Contract start date or personnel hire date.
- b. Submit one hundred (100) percent of Clinical and Non-Clinical Personnel TB Management training certificates via email or fax to the Department within three (3) months of the Contract start date or three (3) months of new hire date or assignment date to provide the services required in this RFP. Required TB Management training(s) will be determined by the Department and included in an executed Contract with the successful Proposer.
- c. Require one hundred (100) percent of Clinical and Non-Clinical Personnel to complete and submit refresher TB Management training certificates to the Department via email or fax within twenty-four (24) months of the previous training course.
- d. Establish a schedule of locally available TB Clinic Services hours that meet all Department requirements; that is, no less than eighteen (18) hours across a minimum of three (3) days per week in each Regional Service Area. This includes a service window for a minimum of three (3) hours on one (1) weekday of the week between 5 PM and 8 PM and on one (1) Saturday or Sunday in each calendar month for a minimum of three (3) hours.

Component 2

TB Screening and Chest X-ray Services Utilization are test results based outcomes that reflect the utilization of clinic services. The successful Proposer must:

- a. Record and store at least ninety five (95) percent of Mantoux Skin Tests (TST) and Interferon-Gamma Release Assay (IGRA) tests conducted on-site or via referral by another medical provider, in an EMR system. The following information is required: patient name, date of birth, address, medical provider name, and test result.
- b. Record and store at least ninety five (95) percent of chest x-rays or other diagnostic procedures, such as CT-Scans, conducted on-site or via referral by another medical provider, in an EMR system. The following information is required: patient name, date of birth, address, medical provider name, and test result.

Component 3

TB Disease Reporting must be performed by the successful Proposer who shall ensure:

- a. One hundred (100) percent of TB Surveillance Report Forms reporting Active TB Disease are submitted to the Department within twenty-four (24) hours of the TB case diagnosis.

Component 4

LTBI Reporting must be performed by the successful Proposer who shall ensure:

- a. Ninety (90) percent of TB Surveillance Report Forms recording LTBI testing, diagnosis, and treatment regimen are submitted to the Department within one (1) week of a patient being diagnosed with LTBI.
- b. Fifty (50) percent of diagnosed LTBI patients complete recommended LTBI Treatment.

Background – Connecticut Epidemiological Data:

In Connecticut, reporting Active TB Disease is mandatory for healthcare providers and laboratories.

- In 2023, sixty-six (66) Active TB Disease cases were reported in Connecticut. This equates to an incidence rate of 1.8/100,000 residents.
- Nationally, nine thousand, six hundred and fifteen (9,615) TB cases were reported in 2023, corresponding to an incidence rate of 2.9/100,000 individuals. This is a sixteen (16) percent increase compared to 2022.
- Characteristics of TB Cases in CT in 2023 were reported as follows:
 - a. Sex: Male 66.7%; Female 33.3%
 - b. Race / Ethnicity: White 12.1%; Black 4.5%; Asian 28.9%; Hispanic 54.5%
 - c. Country of Birth: Non-U.S. Born 95.5%; U.S.-Born 4.5%
 - d. Primary Site of TB Disease: Pulmonary 69.7%; Multidrug-Resistant 1.5%
 - e. TB Cases by Connecticut County: Fairfield County (28 cases); New Haven County (19 cases); Hartford County (11 cases); New London County (5 cases); Litchfield County (2 cases); Tolland County (1 case); Middlesex County (0 cases); and Windham County (0 cases).

These statistics were published in **Tuberculosis At-A-Glance 2023** which can be located on the Department of Public Health webpage at: https://portal.ct.gov/-/media/dph/Tuberculosis/2023tbataglace_04052024_final.pdf

Regional Division and Priority Service Areas to Provide Core Interventions:

Table 1: Regional Division and Priority Service Areas: 1 (one) award for each Regional Division Area.

| Regional Division Areas | Priority Service Areas | Core Interventions |
|--|---|-------------------------------------|
| Region 1: Western Connecticut Council of Governments, Northwest Council of Governments, Connecticut Metropolitan Council of Governments. | Greenwich, Stamford, Danbury, Norwalk, Bridgeport | TB Prevention and Clinical Services |
| Region 2: Naugatuck Valley Council of Governments, South Central Regional Council of Governments | New Haven, Waterbury | |
| Region 3: Capitol Region Council of Governments | Hartford, Manchester, New Britain | |
| Region 4: Northeastern Connecticut Council of Governments, Southeastern Connecticut Council of Governments, Lower Connecticut River Valley | Norwich, New London, Windham | |

Providing Accessible Services:

The Department will support four (4) Regional Division Areas across Connecticut to provide TB Prevention and Clinical Services. The successful Proposer shall establish a clinic in one (1) of the Priority Service Areas municipalities identified within each of the four (4) Regional Division Areas.

The successful Proposer will act as the lead Contractor for Core Interventions for these four (4) Regional Division Areas and shall provide and/or coordinate all statewide TB Prevention and Clinical Services.

TB Program Guiding Principles:

TB disproportionately affects certain population groups based on one (1) or more of the following statuses, and these groups are identified as Priority Populations for purposes of this RFP. Priority Populations include persons who are: uninsured; underinsured; a member of a predisposed racial or ethnic group; Refugee/immigrant; persons whose preferred language is other than English; of low socioeconomic status; disabled; experiencing homelessness; diagnosed with a mental illness; veterans; incarcerated; and users of alcohol and/or injecting and non-injecting drugs.

- **Centering on Health Equity**

Diagnosing, treating, and controlling TB can be challenging due to limited resources and loss of Public Capacity, which may include access to medical care, and maintaining clinical and public health expertise. Regardless of these factors, the Department is committed to promoting Health Equity by delivering inclusive TB Prevention and Clinical Services throughout Connecticut.

- **Providing Culturally Competent Care**

Healthcare providers must demonstrate a high level of cultural competency to interact effectively with TB patients. TB patients have diverse cultural and religious beliefs and values and different concepts of illness and healthcare. Healthcare providers must work at a high level of cultural competency to maintain a respectful patient-healthcare provider relationship to ensure the best possible health outcomes for TB patients.

- **Providing Patient Confidentiality**

Maintaining confidentiality is a crucial component of treating patients with TB. Confidentiality protects all patient information, including but not limited to patient medical records and personal information discussed during appointments and encounters. Trust is essential to the patient-healthcare provider relationship and is crucial for TB management due to the length of treatment and required adherence to complex TB medication regimens. Healthcare providers must maintain confidentiality, respect a patient's autonomy and provide complete and accurate medical information when treating and working with TB patients.

■ C. SCOPE OF SERVICE REQUIREMENTS

1. Organizational Information and History

The Proposer must describe its organization and provide information about its administrative and operational capabilities.

- a. Purpose, Mission, Vision, and History of Organization
The Proposer must provide a brief overview of the history and structure of the organization. The Proposer must explain how the proposal will fit into the organization's overall mission.
- b. Entity Type
The Proposer must indicate entity type and years of operation.
- c. Location of Offices
The Proposer must provide all location names, addresses, and hours of operation, including nontraditional locations and hours.
- d. Accreditation / Certification / Licensure
The Proposer must provide a summary of, and copies of any organizational accreditations, certifications, and/or licensure.
- e. Current Range of Services / Clients
Describe the organization's current range of services and populations served, including the number of patients served each year.

2. Catchment Areas

The Proposer must describe how TB Prevention and Clinical Services shall be provided to all Connecticut residents within the Priority Service Areas in the four (4) identified Regional Division Areas (see [Table 1](#)). This must include an address and description of the locations of each of the four (4) clinics the Proposer shall establish, and a description of how TB patients will access each of the four (4) clinics.

3. Number/Types of Clients

The Proposer must describe how they will track and record the number of TB patients they provide TB Prevention and Clinical Services to at each of the four (4) clinic locations.

a. Capacity

The Proposer must describe each clinic's capacity to provide TB Prevention and Clinical Services. This shall include:

- i. An estimate of how many LTBI and Active TB Disease patients can be served at each location;
- ii. A description of how the required TB Prevention and Clinical Services shall be provided to Active TB Disease and LTBI patients; and
- iii. A workflow diagram to illustrate the specific operational steps of how an LTBI and an Active TB Disease patient will receive care.

4. Service Requirements

The Proposer must describe the following service requirement specifications, including serving Priority Populations and uninsured patients.

a. Priority Population

Proposers must describe how TB Prevention and Clinical Services shall be provided to the Priority Populations in each of the four (4) identified Regional Division Areas, including delivering equitable and Culturally Competent Care.

- b. The Proposer shall also discuss how they will prioritize uninsured and underinsured patients over insured patients.

5. TB Prevention and Clinical Services

The Proposer must explain how all TB Prevention and Clinical Services shall be provided to patients within the four (4) Regional Service Areas. The TB Prevention and Clinical Services listed below must be provided in each of the four (4) Regional Service Areas. TB Prevention and Clinical Services include, but are not limited to:

- a. Physical examinations, consultations, and evaluations in a confidential private space.
- b. Administration of on-site TB testing, which includes:
 - i. IGRA (QuantiFERON or T-Spot); and
 - ii. Mantoux Skin Test (TST).
- c. HIV screening on-site, or a documented referral process to an outside contractor or provider.
- d. Chest x-rays on-site, or a documented referral process to an outside contractor or provider.
- e. Other diagnostic testing on-site, such as CT scans, EKGs, or eye exams, or alternatively, the ability to order other diagnostic test(s) or make referral to outside contractors or providers.
- f. Interpretation of TB test(s), chest x-ray(s), and other diagnostic test(s) and communicating results to the patient.
- g. Prescription medication orders sent to the patients' local or preferred pharmacy for treatment of LTBI and Active TB Disease.

- i. For uninsured and underinsured patients, prescription medication orders must be sent to the Department's preferred pharmacy, which is the UConn Health Specialty Pharmacy.
- h. Printed educational materials and verbal patient education on LTBI and Active TB Disease.
- i. Printed educational materials and verbal patient education about TB treatment, such as potential medication side effects and the importance of medication adherence.
- j. Routine follow-up care for TB patients.
- k. Language interpretation in the patient's preferred language during all interactions.

5. Required Hours of Operation for TB Prevention and Clinical Services

The Proposer must explain how the clinic's access requirements will be met in each of the four (4) regional service areas.

- a. The Proposer must meet the mandated clinic access requirements:
 - i. TB Prevention and Clinical Services must be provided for at least eighteen (18) hours across at least three (3) days per week in each region. This includes providing services on one (1) day of the week (Monday to Friday) between the hours of 5 PM and 8 PM for a minimum of three (3) hours and on one (1) Saturday or Sunday in each calendar month for three (3) hours minimum.
- b. The Proposer may split the required service hours throughout the week.
 - i. For example, a clinic could provide TB Prevention and Clinical Services six (6) days per week for three (3) hours daily.

6. Management of TB Patient Billing for Insured Patients

The Proposer must explain and describe how they will identify patients with health insurance and describe the process for how they will bill a patient's health insurance provider.

- a. The Proposer must identify and bill any existing health insurance provider for insured TB patients. All TB care services costs must be submitted to a patient's existing health insurance provider.
- b. The Proposer shall make every effort to ensure that services are not inappropriately billed to the patient when patients are referred to an outside contractor or provider for TB care services.
- c. The Proposer shall ensure that outside contractors or providers do not balance bill any TB patient for referral services.

7. TB Clinical Reporting Requirements

The Proposer must describe how they will fulfill all TB Clinical reporting requirements and must identify who will be responsible for submitting such reports to the Department via email or fax.

- a. All LTBI cases must be reported to the Department of Public Health TB Program using a TB Surveillance Report Form via fax by the Department, within one (1) week of LTBI diagnosis.

- b. All Active TB Disease cases must be reported to the Department of Public Health TB Program using a TB Surveillance Report Form via fax, within twenty-four (24) hours of diagnosis.
 - i. All Active TB Disease cases must be reported to the Department TB Program and the LHD of the patient's residence via phone immediately upon diagnosis.
- c. Any Clinical or Non-Clinical Personnel changes must be submitted to the program in writing via email or fax within fourteen (14) days.
- d. Any changes in TB Clinical hours must be submitted to the program in writing via email within seven (7) days.

8. Staffing Expectations

The Proposer must describe all Clinical and Non-Clinical Personnel who will perform work under this RFP. All proposals must address the following staffing specifications:

- a. Staffing Expectations:

The Proposer must name and describe the staff who will be assigned to this RFP. This includes job descriptions, the number of hours worked per week, and hourly rates for all staff to be funded through this Proposal. If your organization requires additional staffing for this Project, describe the process and mechanisms used to recruit, hire, train, and retain staff.

 - i. Staff Forms

The Proposer must complete the attached Position Schedule Form that can be found in Section VIII. Forms and may add pages as needed in the format provided.
 - ii. Types of Staff

The Proposer must identify Clinical and Non-Clinical Personnel and provide an organizational chart that identifies supervisory and subordinate roles. Resumes and job descriptions for all staff assigned to this Project must be attached as appendices.

 - 1. Clinical Personnel
 - a. The Proposer must hire or retain at least one (1) Clinical Personnel at each clinic site location within the four (4) identified regions to provide TB Prevention and Clinical Services.
 - 2. Non-Clinical Personnel
 - a. There is no minimum or maximum number of Non-Clinical Personnel to be hired for this proposal.
- b. Credentials / Licensure

The Proposer must describe the process for submitting medical licenses and credentials to the Department. Submission must include the name of the staff member responsible for submitting licenses and credentials and how the information will be submitted.

 - i. All Clinical Personnel must hold a current medical license in the State of Connecticut and be in good standing.

c. Training

The Proposer must describe the process and method by which completed training(s) will be submitted to the Department in addition to the name of the designated staff member responsible for submitting the information.

- i. All personnel must complete and submit proof of at least one (1) TB Management training course within three (3) months of the contract start date of the contract or within three (3) months of the date of hire. The Department will provide required training course options to the successful Proposer upon Contract execution.
- ii. All personnel must complete and submit at least one (1) refresher TB Management training course within twenty-four (24) months of their last completed training.

d. Organizational Chart

The Proposer must include an organizational chart of the staff participating in this RFP.

e. Subcontractors

For Subcontractors, specify the following information for each one:

- i. Legal name of agency, address, and FEIN (Federal Employer Identification Number).
- ii. Contact person, title, phone, fax, and email address.
- iii. Services currently provided.
- iv. Services to be provided under subcontract.
- v. Subcontractor oversight.
- vi. Subcontract cost and contractual dates.
- vii. Subcontractor qualifications (see staffing requirements above).
- viii. The proposal must include a completed Subcontractor Schedule A-Detail Form that can be found in Section VIII – Forms for each subcontractor proposed. If Subcontractors are unknown at the time of the application, any Subcontractor information must be submitted during contract negotiations.

9. Data and Technology Requirements

The Proposer is responsible for describing the following:

a. EMR System

- i. The Proposer must use an EMR system to collect, retain, and record medical information. The Proposer must provide the name of their EMR system and how it will be used to record and track the care of TB patients.
- ii. The Proposer is required to make all TB patient records available to the Department staff upon request.
- iii. The Proposer shall be responsible for all software, computer equipment, program maintenance, development, and operating procedures for the EMR system.

b. Email / Internet Capabilities

- i. The Proposer must describe and define their current email system and internet capabilities. The Proposer must have internet and email

access for data collection, reporting, and TB training models and webinars. The Proposer shall describe systems and procedures in place to ensure and maintain confidentiality of communications using their systems.

c. IT / Infrastructure

- i. The Proposer must describe their current computer operating system and include all staff members' information designated for IT management. The information must include staff member names, titles, phone numbers, email addresses, fax numbers, and assigned working hours.
- ii. Proposers shall include a copy of their data security policies and procedures and a description of their process to prevent disclosure of Protected Health Information (PHI) and Personally Identifiable Information (PII).

10. Budget Expectations

a. Budget Narrative and Budget

The Proposer must provide an itemized budget with justification for each line item on the Budget Forms.

- i. The proposal must include all costs (e.g., medical supplies, printable handouts, travel, etc.).
- ii. All Proposers must complete the attached budget summary and budget justification forms in Section VIII. Forms. Add pages to the required forms as needed in the format provided.

11. Financial Requirements

The Proposer must submit a cost-effective proposal for providing TB Clinical and Prevention Services.

a. Fiscal Competitiveness

The Proposer must describe how the proposal is fiscally competitive, how the company provides services cost-efficiently, and how it maintains qualified staff.

b. Financial Controls Procedures

The Proposer must have established financial control procedures to verify that the work performed under this proposal will be appropriately tracked and submitted.

- i. The Proposer must have adequate fiscal staff members to ensure precise reporting, reconciliation, and tracking of work performed under this proposal and processes to ensure prompt reporting to the Department.

If applicable, the Proposer must have a process in place for reimbursing Subcontractors for work performed under this proposal.

12. Work Plan

Proposers shall discuss the following regarding the Work Plan:

- a. The proposal must contain a comprehensive and realistic Work Plan with SMART objectives which describe the proposed services, expected outcomes, measures of success, and timelines. The Work Plan template can be found in Section VIII. Forms. SMART objectives are Specific, Measurable, Achievable, Realistic, and Time-bound. The Work Plan must be consistent with the service goals and objectives of this RFP. The Work Plan must include a description of:
 - i. Overall five (5) year plan;
 - ii. Detailed Year One (1) plan;
 - iii. Year One (1) activities;
 - iv. Objectives;
 - v. Responsible person for each requirement;
 - vi. Expected timeline; and
 - vii. Completion date.

The detailed Work Plan form must be completed in landscape format and provided in the required format that can be found in Section VIII. Forms.

■ D. PERFORMANCE MEASURES

Below are sample performance measures that successful Contractors monitor and report to the Department to ensure accountability and timeliness. The Proposer must describe the mechanism used to meet these performance measures. The successful Proposer must also use Department data collection systems and forms to document and report all services provided.

| TB Administrative Practices Components and Deliverables | |
|---|---|
| Components | Deliverable(s) |
| The Contractor's TB Clinical Services schedule is responsive to community needs. | The Contractors' schedule of established locally available TB Clinic Services hours shall meet all requirements; no less than eighteen (18) hours across a minimum of three (3) days per week in each Regional Division Area. This includes providing services on one (1) weekday (Monday to Friday) between the hours of 5 PM and 8 PM for a minimum of three (3) hours and on one (1) Saturday or Sunday in each calendar month for a minimum of three (3) hours. |
| The Contractor's Clinical Personnel submit timely evidence of their licensure. | One hundred (100) percent of Clinical Personnel medical licenses are submitted via email or fax to the Department within one (1) month of the Contract start date or hire date. |
| Contractor Clinical and Non-Clinical Personnel submit evidence of required TB training. | One hundred (100) percent of Clinical and Non-Clinical Personnel TB Management training certificates are submitted via email or fax to the Department within |

| | |
|--|--|
| | three (3) months of the Contract start date or three (3) months of the hire date. |
| The Contractor's Clinical and Non-Clinical Personnel submit evidence of required TB refresher training. | One hundred (100) percent of Clinical and Non-Clinical Personnel complete and submit via email or fax TB Management refresher training certificates to the Department within twenty-four (24) months of the previous training course. |
| TB Screening and Chest X-ray Services Utilization: Documentation and Reporting | |
| Components | Deliverable(s) |
| Documentation of patient's TB TST and blood test (IGRA) data are recorded and retained by the Contractor. | Ninety-five (95) percent of TST and IGRA tests conducted by or ordered by the Contractor on-site or offsite are recorded and stored in an EMR system and shall include the following information: patient name; date of birth; address; provider name; test type (e.g., TST or IGRA); and test result. |
| Documentation of patient's on-site and referred chest x-rays and other diagnostic procedures data are recorded and retained by the Contractor. | Ninety five (95) percent of chest x-rays or other diagnostic procedures, such as a CT scan, conducted by or ordered by the Contractor on-site or offsite, are recorded and stored in an EMR system and shall include the following information: patient name; date of birth; address; provider name; type of procedure; and test result. |
| TB Disease: Case Management Components and Deliverables | |
| Components | Deliverable(s) |
| Confirmed active TB Disease cases are reported to the Department. | One hundred (100) percent of TB Surveillance Report Forms reporting active TB disease shall be submitted to the Department via fax within twenty-four (24) hours of diagnosis. |
| LTBI Case Management Components and Deliverables | |
| Components | Deliverables(s) |
| Confirmed LTBI cases are reported to the Department. | One hundred (100) percent of TB Surveillance Report Forms reporting LTBI shall be submitted to the Department via fax within twenty-four (24) hours of diagnosis. |
| LTBI patients complete treatment. | Fifty (50) percent of diagnosed LTBI patients complete LTBI treatment. |

■ E. CONTRACT MANAGEMENT/DATA REPORTING

As part of the State's commitment to becoming more outcomes-oriented, the Department seeks to actively and regularly collaborate with providers to enhance contract management, improve results, and adjust service delivery and policy based on learning what works.

Reliable and relevant data is necessary to ensure compliance, inform trends to be monitored, evaluate results and performance, and drive service improvements. As such, the Department reserves the right to request/collect other key data and metrics from Contractors, as service needs may change from time to time.

III. PROPOSAL SUBMISSION OVERVIEW

■ A. SUBMISSION 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 will not be evaluated.
2. **Cover Sheet.** The Cover Sheet is page one (1) of the proposal. Using the template provided in Section VII, submit a completed Cover Sheet.
3. **Table of Contents.** All proposals must include a Table of Contents that conforms with the required proposal outline.
4. **Executive Summary.** Proposals must include a high-level summary, not exceeding two (2) pages of the main proposal and cost proposal.
5. **Attachments.** Attachments other than the required Appendices or Forms identified in the RFP are prohibited 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.** The proposals submitted must conform to the following specifications:
 - **Paper Size:** 8.5" x 11"
 - **Page Limit:** Executive Summary (page limit two (2) pages; Main Proposal Components (page limit 15 pages)). These page limits do not include Required Forms and Attachments
 - **Font Size:** No smaller than 11-point type
 - **Font Type:** Easily readable (e.g. Arial, Times New Roman, Verdana)
 - **Margins:** No less than 0.5" top, bottom, left and right margins
 - **Line Spacing:** 1.5 line spacing
7. **Pagination.** The Proposer's name must be displayed in the header of each page. All pages must be numbered in the footer, including the required Appendices and Forms.
8. **Declaration of Confidential Information.** Proposers are advised that all materials associated with this procurement are subject to the terms of the Freedom of Information Act (FOIA), the Privacy Act, and all rules, regulations and interpretations resulting from them. If a Proposer deems that certain information required by this RFP is confidential, the Proposer must label such information as CONFIDENTIAL prior to submission. In subsection C of the proposal submission, the Proposer must reference where the information labeled CONFIDENTIAL is located in the proposal. *Example: "Section G.1.a.* For each subsection so referenced, the Proposer must provide a convincing explanation and rationale sufficient to justify an exemption of the information from release under the FOIA. The explanation and rationale must be stated in terms of (a) the prospective harm to the competitive position of the Proposer that would result if the identified information were to be released and (b)

the reasons why the information is legally exempt from release pursuant to C.G.S. § 1-210(b).

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

■ B. EVALUATION OF PROPOSALS

1. Evaluation Process. The Department intends to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. When evaluating proposals, negotiating with successful Proposers, and awarding contracts, the Department will conform to its written procedures for POS and PSA procurements (pursuant to C.G.S. § 4-217) and the State's Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85). Final funding allocation decisions will be determined during contract negotiation.
2. Evaluation Review Committee. The Department will designate a Review Committee to evaluate proposals submitted in response to this RFP. The Review Committee will be composed of individuals, Department staff, or other designees as deemed appropriate. The contents of all submitted proposals, including any confidential information, will be shared with the Review Committee. Only proposals found to be responsive (that is, complying with all instructions and requirements described herein) will be reviewed, rated, and scored. Proposals that fail to comply with all instructions will be rejected without further consideration. The Review Committee shall evaluate all proposals that meet the Minimum Submission Requirements by score and rank ordered and recommend awards. The Department Head will make the final selection. Attempts by any Proposer or representative of any Proposer to contact or influence any Review Committee member may result in the Proposer's disqualification.
3. Minimum Submission Requirements. To be eligible for evaluation, proposals must: (1) be received on or before the due date and time; (2) meet the Proposal Format requirements; (3) meet the Eligibility and Qualification requirements to respond to the procurement; (4) follow the required Proposal Outline; and (5) be complete. Proposals that fail to conform to these minimum submission requirements will not be reviewed further. The Department will reject any proposal that deviates significantly from the requirements of this RFP.
 - Proposers with significant outstanding unresolved issues on current and/or prior year contracts with the Department or other state agencies may be removed from consideration for additional or future funding.

4. Evaluation Criteria. Proposals that meet the Minimum Submission Requirements will be evaluated according to Department established criteria. The criteria are objective standards the Review Committee will use to evaluate the technical merits of the proposals. Only the criteria listed below will be used to evaluate proposals.

| Evaluation Criterion Title | The examples below are intended to provide some guidance and are not an exhaustive list of items to be considered. To address the criterion, Proposers should refer to the specific connect requirement through the RFP. |
|-----------------------------------|--|
| Organizational Requirements | Ex: The Proposer has a history of providing TB Prevention and Clinical Services. They have a skilled, culturally diverse, competent workforce and have evidence of sound administrative and financial structures. |
| Scope of Services | Ex: The Proposer demonstrates how they shall provide each of the required TB Prevention and Clinical Services and hours of operation in each priority area. The Proposer shall describe how they will complete the fiscal and programmatic reporting requirements. |
| Staffing Plan | Ex: The Proposer describes and identifies the type and number of staff needed to provide all Clinical and Non-Clinical components of the proposal. The Proposer describes the specific skill set of Clinical and Non-Clinical Personnel and the overall supervision of the proposed Prevention and Clinical Services activities. |
| Data and Technology | Ex: The Proposer demonstrates expertise with a relevant EMR system and other tools that will be used to process TB patient information. |
| Work Plan | Ex: The Proposer provides a detailed Work Plan, which includes timelines for how and when the scope of services will be provided. |
| Financial Profile | Ex: The Proposer provides proper documentation of previous financial records to demonstrate financial stability. |
| Budget and Budget Narrative | Ex: The Proposer provides a fiscally competitive proposal detailing relevant costs to meet the logistical and staffing requirements. There are no math errors in the budget. |

Note:

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

- Upon completing its evaluation of proposals, the Review Committee will submit the rankings of all proposals to the Commissioner or Agency Head. The final selection of a successful proposer is at the discretion of the Commissioner or Agency Head. Any proposer selected will be so notified and awarded an opportunity to negotiate a contract with the Agency. Such negotiations may, but will not automatically, result in a contract. Any resulting contract will be posted on the State Contracting Portal. All unsuccessful proposers will be notified by e-mail or U.S. mail, at the Agency's discretion, about the outcome of the evaluation and proposer selection process. The Agency reserves the right to decline to award contracts for activities in which the Commissioner or Agency Head considers there are not adequate respondents.

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 Proposer selection process. The e-mail sent date or the postmark date on the notification envelope will be considered "Day One (1)" 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 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 (1)" of the thirty (30) days. The filing of an appeal shall not be deemed sufficient reason for the Department to delay, suspend, cancel, or terminate the procurement process or execution of a contract. More detailed information about filing an appeal may be obtained from the Official Contact.
8. Contract Execution. Any contract developed and executed as a result of this RFP is subject to the Department's contracting procedures, which may include approval by the Office of the Attorney General. Fully executed and approved contracts will be posted on State Contracting Portal and the Department website.

IV. REQUIRED PROPOSAL SUBMISSION OUTLINE AND REQUIREMENTS

A. Cover Sheet**B. Table of Contents****C. Executive Summary****D. Main Proposal****E. Attachments** (clearly referenced to summary and main proposal where applicable)**F. Declaration of Confidential Information****G. Conflict of Interest - Disclosure Statement****H. Statement of Assurances*****A: Cover Sheet***

The Proposer must complete and submit the Cover Sheet included in Section VII.

Legal Name is defined as the name of a private healthcare provider organization, LHD, community health center, or FQHC submitting the proposal. *Contact Person* is defined as the individual who can provide additional information about the proposal or has immediate responsibility for the proposal. *Authorized Official* is defined as the individual empowered to submit a binding offer on behalf of the Proposer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto.

B: Table of Contents

Proposals must include a Table of Contents that lists sections and subsections with page numbers that follow this proposal's organization outline and sequence.

C: Executive Summary

The page limit for this section is two (2) pages briefly describing how the Proposer meets the eligibility criteria outlined in the Proposal Overview and a brief overview of why the Proposer should be selected for the activities highlighted in the scope of services.

D: Main Proposal Submission Questions

***Please note the maximum total page length for this section is fifteen (15) pages (all appendices and other attachments should be referred to in Section D. and then placed in Section E. The Department Review Committee will not read answers longer than fifteen (15) pages in this section.

1. Organizational Requirements

Organization Description and History: Proposers must provide a general overview of their organization's history and prior experiences providing healthcare services.

- a. Purpose, Mission, Vision, and History of Organization
The Proposer must provide a brief overview of the organization's history and structure and explain how the proposal will fit into the organization's overall mission.
- b. Entity Type (Profit/Non-Profit) / Years of Operation
The Proposer must indicate entity type and years of operation.
- c. Location of Office(s) or Facilities / Hours of Operation
The Proposer must provide all location names, addresses, and hours of operation, including non-traditional locations and hours.
- d. Accreditation / Certification / Licensure
The Proposer must provide copies of any applicable organizational accreditations, certifications, and licensure.
- e. Current Range of Services / Clients
Describe the organization's current range of services and populations served, including the number of patients served each year.

2. Catchment Areas

- a. Catchment Areas
The Proposer must describe how TB Prevention and Clinical Services will be provided to all Connecticut residents within the priority service areas in the four (4) Regional Service Areas and how the Priority Populations will be served. The Proposer must identify existing or perceived barriers, describe how patients access their organization, and explain service needs or gaps.
- b. Number / Types of Clients
The Proposer must describe how they will track the number of TB patients they provide TB Prevention and Clinical Services to at each of the four (4) clinic locations located in each of the four (4) Regional Service Areas.
- c. Capacity
The Proposer must describe the organization's capacity to provide TB Prevention and Clinical Services to LTBI and Active TB Disease patients.

3. Service Requirements

The Proposer must describe how TB Prevention and Clinical Services will be provided to the Priority Populations and how they will address providing equitable and Culturally Competent Care. Uninsured and underinsured people should be prioritized over insured people.

4. Required TB Prevention and Clinical Services

The Proposer must explain how all TB Prevention and Clinical Services can be provided in each of the four (4) Regional Service Areas.

5. Required Hours of Operation for TB Prevention and Clinical Services

The Proposer must explain how clinic access requirements will be met in each of the four (4) Regional Service Areas.

6. Management of TB Patient Billing for Insured Patients

The Proposer must explain and describe how they will identify patients with health insurance and describe the process for how they will bill a patient's health insurance provider.

- b. The Proposer must identify and bill any existing health insurance provider for insured TB patients. All TB care services costs must be submitted to a patient's existing health insurance provider.
- c. The Proposer shall make every effort to ensure that services are not inappropriately billed to the patient when patients are referred to an outside contractor or provider for TB care services.
- d. The Proposer shall ensure that outside contractors or providers do not balance bill any TB patient.

7. TB Clinical Reporting Requirements

The Proposer must describe how they will fulfill all TB clinical reporting requirements and shall include who will be responsible for submitting these reports via email or fax to the Department.

8. Staffing Expectations

The Proposer shall describe all Clinical Personnel and Non-Clinical Personnel that will perform work under this RFP.

a. Staffing Expectations

- i. The Proposer must individually name and describe the staff assigned to this RFP. This includes job descriptions, number of hours worked per week, and corresponding hourly rates for all staff funded through this proposal. If your organization does not have the necessary staff for this proposal, describe the process and mechanism to recruit, hire, train, and retain staff.
- ii. The Proposer must identify the Clinical and Non-Clinical Personnel and provide the organizational structure, identifying supervisory and subordinate roles. Resumes and job descriptions for all staff assigned to this proposal must be attached as appendices.

b. Credentials / Licensure

The Proposer must describe the process for submission of medical licenses and credentials to the Department. The successful Proposer shall be required to provide copies of all medical licenses and credentials to the Department.

c. Training

The Proposer must describe the process for submission of documentation and proof of required and completed training(s) to the Department. This shall include the name of the staff member responsible for submitting completed training(s) and how the information will be sent.

d. Organizational Chart

The Proposer shall include an organizational chart in the proposal outline.

e. Subcontractors

If the Proposer intends to hire Subcontractors, all Subcontractor information must be provided.

9. Data and Technology Requirements

The Proposer shall be responsible for providing a description of their EMR system, email and internet capabilities, and IT Infrastructure.

10. Budget Narrative and Budget

The Proposer must provide an itemized budget with a justification for each line item on the Budget Form.

11. Financial Requirements

The Proposer must provide a cost-effective proposal for providing TB Clinical Services, addressing fiscal competitiveness and including financial control procedures.

12. Work Plan

Proposers are required to address the following:

- a. The proposal must contain a comprehensive and realistic work plan with SMART objectives, describing the proposed services and expected outcomes. Measures of success and timelines are provided using the Work Plan form that can be found in Section VIII. Forms. SMART objectives are Specific, Measurable, Achievable, Realistic, and Time-bound. The Work Plan must be consistent with the RFP service goals and objectives. The Work Plan must include a description of:
 - i. Overall five (5) year plan;
 - ii. Detailed Year One (1) plan;
 - iii. Year One (1) activities;
 - iv. Objectives;
 - v. Responsible party(ies);
 - vi. Expected timeline; and
 - vii. Completion date.

E: Attachments

Attachments other than the required attachments identified are not permitted and will not be evaluated. See the Proposal Checklist in Appendix VI for a list of relevant attachments. Further, the required attachments may not be altered or used to extend, enhance, or replace any component required for this RFP. Failure to abide by these instructions may result in disqualification.

F: Declaration of Confidential Information

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

G: Conflict of Interest – Disclosure Statement

Proposers must include a disclosure statement concerning any current business relationships within the last three (3) years that pose a conflict of interest, as defined by C.G.S. § 1-85. A conflict of interest exists when a relationship exists between the Proposer

and a public official, including an elected official, or State employee that may interfere with fair competition or may be adverse to the interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. A conflict of interest may, however, become a legal matter if a Proposer tries to influence, or succeeds in influencing, the outcome of an official decision for their personal or corporate benefit. In the absence of any conflict of interest, a Proposer must affirm such in the disclosure statement. *Example: "[name of Proposer] has no current business relationship (within the last three (3) years) that poses a conflict of interest, as defined by C.G.S. § 1-85."*

H: Statement of Assurances

Place after Conflict of Interest-Disclosure Statement. Sign and return in the Appendix of proposal.

V. MANDATORY PROVISIONS

■ A. STANDARD CONTRACT PROVISIONS

By submitting a proposal in response to this RFP, the Proposer implicitly agrees to comply with the provisions of Parts I and II of the State's standard POS contract. Part I of the standard contract is maintained by the Department and will include the scope of services, contract performance, quality assurance, reports, terms of payment, budget, and other program-specific provisions of any resulting POS contract. A sample of Part I is available from the Department's Official Contact upon request. Part II of the standard contract is maintained by OPM and includes the mandatory terms and conditions of the POS contract. Part II is available on OPM's website at: <https://portal.ct.gov/OPM/Fin-POS/Standards/POS-Standard-Contract-Part-II>.

■ 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 one hundred and eighty (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 shall 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 throughout 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 for submission of proposals, unless specifically requested by the Department. The Department may ask the 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 the sole property of the State. Any product, whether acceptable or unacceptable, that is 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 (1) 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 award of a contract already made to a Proposer and subsequently awarding the contract to another Proposer. Such action by 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 ensure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.
- 3. Consulting Agreements, C.G.S. § 4a-81.** Pursuant to C.G.S. §§ 4a-81 the successful contracting party shall certify that it has not entered into any consulting agreements in connection with this Contract, except for the agreements listed below. "Consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing counsel to a Contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau,

board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information, or (C) any other similar activity related to such contracts. "Consulting agreement" does not include any agreements entered into with a consultant who is registered under the provisions of chapter 10 of the Connecticut General Statutes as of the date such contract is executed in accordance with the provisions of section 4a-81 of the Connecticut General Statutes. Such representation shall be sworn as true to the best knowledge and belief of the person signing the resulting contract and shall be subject to the penalties of false statement.

- 4. Campaign Contribution Restriction, C.G.S. § 9-612.** For all State contracts, defined in section 9-612 of the Connecticut General Statutes as having a value in a calendar year of \$50,000 or more, or a combination or series of such agreements or contracts having a value of \$100,000 or more, the authorized signatory to the resulting contract must represent that they have received the State Elections Enforcement Commission's notice advising state Contractors of state campaign contribution and solicitation prohibitions, and will inform its principals of the contents of the notice, as set forth in "Notice to Executive Branch State Contractors and Prospective State Contractors of Campaign Contribution and Solicitation Limitations." Such notice is available at:
https://seec.ct.gov/Portal/data/forms/ContrForms/seec_form_11_notice_only.pdf

- 5. Gifts, C.G.S. § 4-252.** Pursuant to section 4-252 of the Connecticut General Statutes and Acting Governor Susan Bysiewicz's Executive Order No. 21-2, the Contractor, for itself and on behalf of all of its principals or key personnel who submitted a bid or proposal, represents:

(1) That no gifts were made by (A) the Contractor, (B) any principals or key personnel of the Contractor, who participate substantially in preparing bids, proposals or negotiating State contracts, or (C) any agent of the Contractor or principals and key personnel, who participates substantially in preparing bids, proposals or negotiating State contracts, to (i) any public official or State employee of the State agency or quasi-public agency soliciting bids or proposals for State contracts, who participates substantially in the preparation of bid solicitations or requests for proposals for State contracts or the negotiation or award of State contracts, or (ii) any public official or State employee of any other State agency, who has supervisory or appointing authority over such State agency or quasi-public agency;

(2) That no such principals and key personnel of the Contractor, or agent of the Contractor or of such principals and key personnel, knows of any action by the Contractor to circumvent such prohibition on gifts by providing for any other principals and key personnel, official, employee or agent of the Contractor to provide a gift to any such public official or State employee; and

(3) That the Contractor is submitting bids or proposals without fraud or collusion with any person.

Any bidder or Proposer that does not agree to the representations required under this section shall be rejected and the State agency or quasi-public agency shall award the contract to the next highest ranked Proposer or the next lowest responsible qualified bidder or seek new bids or proposals at its discretion.

- 6. Iran Energy Investment Certification C.G.S. § 4-252(a).** Pursuant to C.G.S. § 4-252(a), the successful contracting party shall certify that it has not made a direct investment of twenty million dollars or more in the energy sector of Iran on or after October 1, 2013, as described in Section 202 of the Comprehensive Iran Sanctions,

Accountability and Divestment Act of 2010, and has not increased or renewed such investment on or after said date. If the Contractor makes a good faith effort to determine whether it has made an investment described in the previous sentence of this subsection, the Contractor shall not be subject to the penalties for false statement pursuant to section 4-252a of the Connecticut General Statutes. A "good faith effort" for purposes of this subsection includes a determination that the Contractor is not on the list of persons who engage in certain investment activities in Iran created by the Department of General Services of the State of California pursuant to Division 2, Chapter 2.7 of the California Public Contract Code. Nothing in this subsection shall be construed to impair the ability of the State agency or quasi-public agency to pursue a breach of contract action for any violation of the provisions of the resulting contract.

- 7. Nondiscrimination Certification, C.G.S. §§ 4a-60 and 4a-60a.** If a Proposer is awarded an opportunity to negotiate a contract, the Proposer must provide the State agency with *written representation* in the resulting contract that certifies that the Proposer complies with the State's nondiscrimination agreements and warranties. This nondiscrimination certification is required for all State contracts – regardless of type, term, cost, or value. Municipalities and CT State agencies are exempt from this requirement. The authorized signatory of the contract shall demonstrate his or her understanding of this obligation by either (A) initialing the nondiscrimination affirmation provision in the body of the resulting contract, or (B) providing an affirmative response in the required online bid or response to a proposal question, if applicable, which asks if the Contractor understands its obligations. If a Proposer or vendor refuses to agree to this representation, such Proposer or vendor shall be rejected and the State agency or quasi-public agency shall award the contract to the next highest ranked vendor or the next lowest responsible qualified Proposer or seek new bids or proposals.
- 8. Access to Data for State Auditors.** The Contractor shall provide OPM access to any data, as defined in C.G.S. § 4e-1, concerning the resulting contract that are in the possession or control of the Contractor upon demand and shall provide the data to OPM in a format prescribed by OPM [or the Client Agency] and the State Auditors of Public Accounts at no additional cost.
- 9. State Business-Related Call Center and Customer Service Work:** Pursuant to subsection (h) of section 31-57aa of the Connecticut General Statutes, Grantee shall perform all required state business-related call center and customer service work entirely within the State of Connecticut. If Grantee performs work outside of the State of Connecticut and adds customer service employees who will perform work pursuant to this Contract, then Grantee shall employ such new employees within the State of Connecticut prior to any such employee performing any work pursuant to this Contract.
- 10. Compliance with Consumer Data Privacy and Online Monitoring:** Pursuant to section 4 of Public Act 23-16 of the Connecticut General Assembly, Contractor shall at all times comply with all applicable provisions of sections 42-515 to 42-525, inclusive, of the Connecticut General Statutes, as the same may be revised or modified.

VI. APPENDICES

A. ABBREVIATIONS / ACRONYMS / DEFINITIONS / MAP

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

Acronyms

| | |
|--------|--|
| BFO | Best and Final Offer |
| C.G.S. | Connecticut General Statutes |
| CHRO | Commission on Human Rights and Opportunity (CT) |
| CT | Connecticut |
| DAS | Department of Administrative Services (CT) |
| EMR | Electronic Medical Records |
| FEIN | Federal Employer Identification Number |
| FOIA | Freedom of Information Act (CT) |
| HIV | Human Immunodeficiency Virus |
| IRS | Internal Revenue Service (US) |
| LHD | Local Health Department or Local Health District |
| LOI | Letter of Intent |
| MTB | Mycobacterium Tuberculosis |
| OAG | Office of the Attorney General |
| OPM | Office of Policy and Management (CT) |
| OSC | Office of the State Comptroller (CT) |
| POS | Purchase of Service |
| P.A. | Public Act (CT) |
| RFP | Request for Proposal |
| SEEC | State Elections Enforcement Commission (CT) |
| STD | Sexually Transmitted Diseases |
| TB | Tuberculosis |
| TST | Tuberculosis Skin Test |
| U.S. | United States |

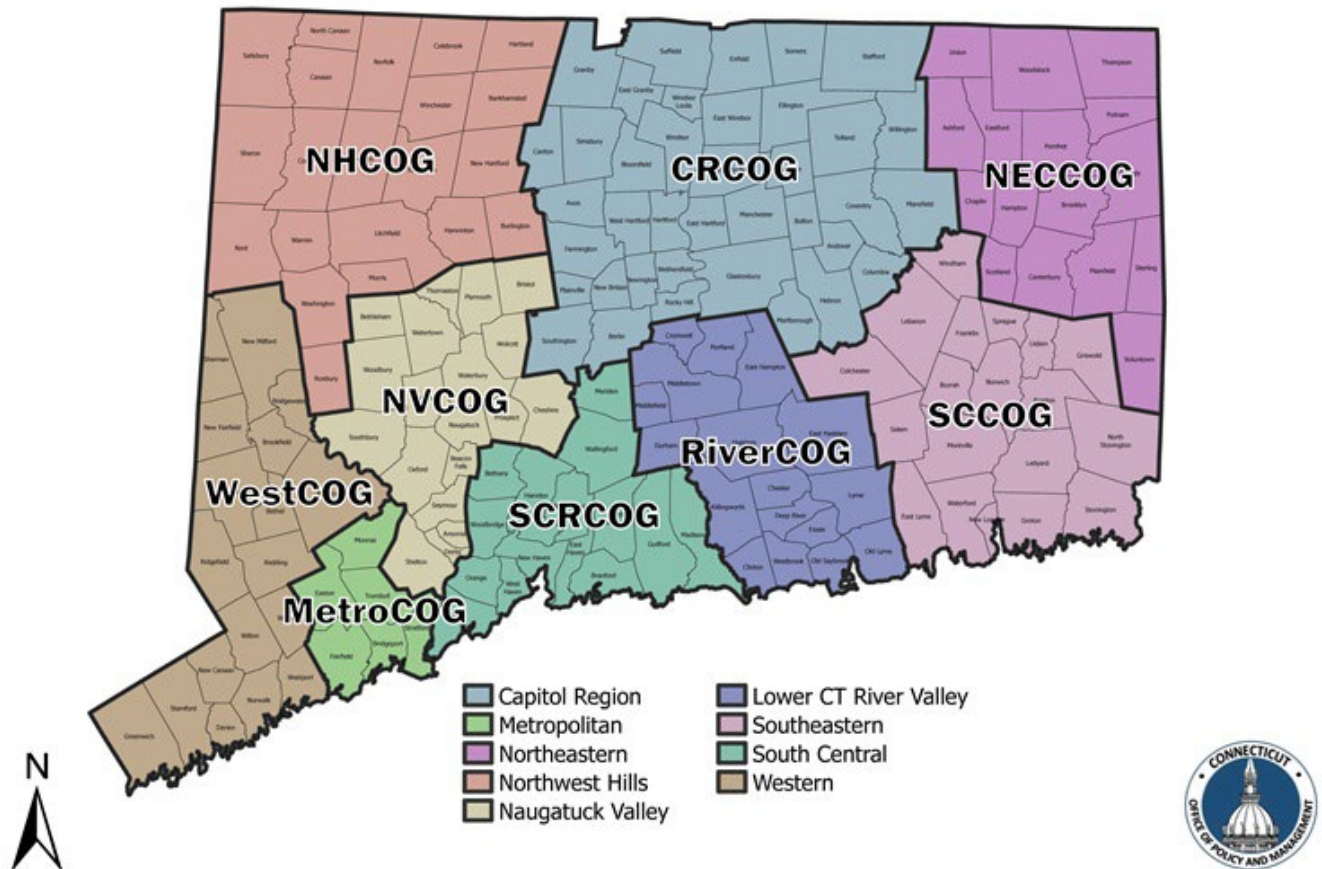
Definitions

- **Active TB Disease** is a disease caused by MTB. The bacteria usually attacks the lungs but can attack any body part, such as the kidneys, spine, and brain.
- **Asylees** are individuals such as students, tourists, businessmen, or people with undocumented status, who travel to the United States independently and subsequently apply for or receive a grant of asylum.
- **Balance Billing** is a bill that a patient may receive for medical services when a medical provider bills them directly for the difference between the amount they charge and the amount that the patient's insurance carrier approves.
- **Bacillus Calmette-Guerin (BCG) Vaccine** is a vaccine for TB. The vaccine is a weakened form of MTB that protects against TB and is commonly administered to infants and children where TB is common.
- **Clinical Personnel** are people performing physical examinations of patients such as Physicians (MD/DO), Advanced Practice Registered Nurses (APRN), Registered Nurses (RN), and Physician's Assistants (PA).

- **Case Contact** is a person identified as having exposure to an Active TB Disease patient during the established infectious period.
- **Contractor** is a private health provider organization, CT State agency, or municipality, local health district, local health department, community health center, or FQHC that enters into a POS contract with the Department because of this RFP.
- **Cultural Competence** is the ability of an individual to understand and respect values, attitudes, and beliefs that differ across cultures and to consider and respond appropriately to these differences.
- **Electronic Medical Record (EMR)** is a digital version of a patient's paper medical chart that contains their medical history and treatment information.
- **Health Equity** is the fair distribution of resources needed for health, fair access to the opportunities available, and fairness in the support offered to people when they are ill.
- **Interferon-Gamma Release Assays (IGRAs)** are whole-blood tests that can aid in diagnosing LTBI and are considered equivalent to the TST in diagnosing LTBI.
- **Latent TB Infection (LTBI)** is when a person has TB bacteria in their body but is not sick. Treatment can be provided to a person with LTBI that can prevent them from ever getting ill and having Active TB Disease.
- **LTBI Treatment** is a regimen prescribed by Clinical Personnel that may include a combination of drugs, including Isoniazid (INH), Rifapentine (RPT), or Rifampin (RIF).
- **Mantoux Tuberculin Skin Test (TST)** is a TB Skin Test administered to detect the presence of MTB.
- **Multidrug-Resistant TB (MDR TB)** is a TB disease caused by bacteria that are resistant to two (2) of the most prescribed TB medications: INH and RIF.
- **Non-Clinical Personnel** are people who provide TB support services, such as an epidemiologist, administrative assistant, or medical assistant.
- **Public Capacity** is the ability of a government, organization or community to perform essential services and functions and achieve its goals.
- **Refugee** is an individual who has been forced to flee his or her country because of persecution, war or violence and are generally unable or unwilling to return home because they fear serious harm.
- **TB Class B Entrants** are all Refugees and immigrants coming to the United States who must have a pre-immigration medical exam overseas and who have been identified during the overseas exam as having been exposed to MTB. Class B is further subdivided into the following designations:
 - a. **Class B1:** the individual had an abnormal chest X-ray with evidence of TB, has a history of treatment for Active TB Disease, or the individual has a known HIV-positive diagnosis.

- b. Class B2:** the individual has been referred for LTBI follow-up evaluation in the U.S.
 - c. Class B3:** the individual is a recent Case Contact of an Active TB Disease patient.
- **TB Surveillance Report Form** is a Department-generated form used for initial TB disease and LTBI, which records demographics and TB evaluation results. This form may be revised or amended occasionally and can be referenced at:
<https://portal.ct.gov/-/media/DPH/Tuberculosis/TBSurveillance-Report-Form.pdf>
- **Tuberculosis (TB)** is a communicable disease of humans and some other vertebrates that is caused by MTB and is often characterized by fever, cough, and weight loss.

Regional Councils of Governments in Connecticut



B. STATEMENT OF ASSURANCES**Department Name**

The undersigned Proposer affirms and declares that:

1) General

- a. This proposal is executed and signed with full knowledge and acceptance of the terms and conditions stated in the RFP.
- b. The Proposer shall deliver services to the Department at the cost proposed in the RFP and within the timeframes specified therein.
- c. The Proposer shall seek prior approval from the Department before making any changes to the location of services.
- d. The Proposer and its officials, and the Proposer's Subcontractors and the Subcontractors' officials, have not received any notices of debarment or suspension from contracting with the State of Connecticut or the Federal Government.
- e. The Proposer and its officials, and the Proposer's Subcontractors and the Subcontractors' officials, have not received any notices of debarment or suspension from contracting with other states within the United States.

Legal Name of Organization:

Authorized Signatory

Date

PROPOSAL CHECKLIST

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

Key Dates

| Procurement Timetable | | |
|---|----------------------------|-----------------|
| The Department reserves the right to modify these dates at its sole discretion. | | |
| Item | Action | Date |
| 1 | *RFP Release | May 12, 2025 |
| 2 | Letter of Intent (LOI) Due | May 26, 2025 |
| 3 | Deadline for Questions | May 26, 2025 |
| 4 | RFP Conference | June 11, 2025 |
| 5 | Answers Released | June 18, 2025 |
| 6 | Proposals Due | July 11, 2025 |
| 7 | *Start of Contract | January 1, 2026 |

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

- Register at: <https://portal.ct.gov/DAS/CTSource/Registration>
- Submit required forms:
 - Campaign Contribution Certification (OPM Ethics Form 1): <https://portal.ct.gov/opm/fin-psa/forms/ethics-forms>

Proposal Content Checklist

- ☐ **Cover Sheet**
- ☐ **Table of Contents**
- ☐ **Executive Summary:** high-level summary of proposal and cost, not to exceed two (2) pages in length
- ☐ **Main proposal body answering all questions with relevant attachments.**
Proposers should use their discretion to determine whether certain required information is sufficiently captured in the body of their proposal or requires additional attachments for clarification. Examples of additional attachments to be included are:
 - Staffing plan with FTE status;
 - Agency and program organizational chart detailing reporting structure;
 - Staff resumes and applicable licensures;
 - Work plan describing the organization's efforts, progress, or plans to diversify the workforce;
 - Detailed plan on Cultural Competence and humility in service delivery;
 - Memoranda of Agreement/Understanding with referral partners;
 - Copies of applicant-created and/or evidence-based model intake, eligibility, enrollment, and assessment forms; and
 - Written financial policies and procedures.
- ☐ **IRS Determination Letter** (for non-profit Proposers)

- ☐ **Two (2) years of most recent annual audited financial statements; OR any financial statements prepared by a Certified Public Accountant** for Proposers whose organizations have been incorporated for less than two (2) years.
- ☐ **Proposed budget**, including budget narrative and cost schedules for planned Subcontractors, if applicable.
- ☐ **Conflict of Interest Disclosure Statement**
- ☐ **Statement of Assurances**

Formatting Checklist

- ☐ Is the proposal formatted to fit 8 ½ x 11 (letter-sized) paper?
- ☐ Is the main body of the proposal within the page limit?
- ☐ Is the proposal in twelve (12) point, Times New Roman font?
- ☐ Does the proposal format follow normal one (1) inch margins and 1 ½ line spacing?
- ☐ Does the Proposer's name appear in the header of each page?
- ☐ Does the proposal include page numbers in the footer?
- ☐ Are confidential labels applied to sensitive information, if applicable?

VII. ATTACHMENTS DPH

APPLICATION FORMS:

1. Attachment A: Cover Sheet and Applicant Information Form
2. Attachment B: Budget Summary Instructions
3. Attachment C: Budget Summary Form
4. Attachment D: Budget Justification Form
5. Attachment E: Position Schedule Form
6. Attachment F: Subcontractor Schedule Form
7. Attachment G: Work Plan Forms

**Connecticut Department of Public Health
STD, TB, HIV, & Viral Hepatitis Section
Attachment A: COVER SHEET
Tuberculosis (TB) Prevention and Clinical Services
DPH RFP Log # 2026-0902 REQUEST FOR PROPOSAL**

Proposer Information

Proposer Agency: Legal Name _____

Address _____

City/Town _____

State _____

Zip Code _____

Telephone No. _____

Fax No. _____

E-Mail Address _____

Contact Person: _____ Title: _____

Telephone No: _____ E-Mail Address: _____

TOTAL PROGRAM COST: \$ _____

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

Signature of Authorizing Official _____

Date _____

Typed Name and Title _____

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

- 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, if any
- Principal contact person for the proposal (person responsible for developing proposal)
- Total program cost

The funding proposal 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 must be included as well as the date on which the application is signed.

APPLICANT INFORMATION FORM:

List the agency contact persons responsible for the completion and submittal of:

Contract and Legal Documents/Forms:

| | | |
|--------|-------|----------|
| | | |
| Name | Title | Tel. No. |
| | | |
| Street | Town | Zip Code |
| | | |
| E-Mail | | Fax No. |

Programmatic Reports:

| | | |
|--------|-------|----------|
| | | |
| Name | Title | Tel. No. |
| | | |
| Street | Town | Zip Code |
| | | |
| E-Mail | | Fax No. |

Financial Expenditure Reporting Forms:

| | | |
|--------|-------|----------|
| | | |
| Name | Title | Tel. No. |
| | | |
| Street | Town | Zip Code |
| | | |
| E-Mail | | 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

Attachment B: 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 the Subcontractor Schedule.
4. **Lines #3 - #7, #9, and #10: Complete categories as appropriate,**
5. **Line #11: Other Expenses:** Please add the Part B service categories and any other types of expenses that do not fit into the categories listed.
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, and management information systems, and proportional office costs such as building occupancy, telephone, equipment, and office supplies. Please review the OPM website on Cost Standards for more information at: <https://portal.ct.gov/opm/fin-pos/standards/pos-cost-standards>**
 - 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, 340B program income, RW Parts A, C and D 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

- a) 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: If the contract provides both a Syringe Services Program and an HIV Testing Program, and Subcontractor "A" is providing services to both programs, there must be a separate budget for Subcontractor "A" for each.
- b) Detail of Each Subcontractor:
 - a. Choose a category below for each subcontract using the basis by which it is paid:
 - ☐ Budget Basis
 - ☐ Fee for Service
 - ☐ Hourly Rate
 - b. Choose whether the Subcontractor is a minority or woman-owned business:
 - ☐ MBE
 - ☐ WBE
 - ☐ Neither
 - c. Provide the details for each subcontract just as for the primary contract budget referencing the corresponding program of the contract. Details 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.

Attachment C: Budget Summary Form
(Insert Applicant's Organization Name)
Log # 2026-0902
Contract Period: 1/1/2026 to 12/31/2030

| Program: | Name | Total |
|--|-------------|--------------|
| 1. Salaries & Wages | | |
| 2. Fringe Benefits | | |
| 3. Travel | | |
| 4. Staff Training | | |
| 5. Office Supplies | | |
| 6. Telephone | | |
| 7. Contractual (Subcontracts)** | | |
| 8. Other Expenses (list) | | |
| a. | | |
| b. | | |
| c. | | |
| d. | | |
| e. | | |
| f. | | |
| g. | | |
| h. | | |
| i. | | |
| j. | | |
| k. | | |
| l. | | |
| m. | | |
| 9. **Administrative and General Costs | | |
| Total DPH Grant | | |
| Other Program Income | | |
| | | |
| | | |
| | | |

***Complete Sub-Contractor Schedule A**

Attachment D: Budget Justification Schedule B* Form**(Insert Applicant's Organization Name)****Log # 2026-0902****Contract Period: 1/1/2026 to 12/31/2030****Program / Site:**

| Line Item (Description) | Amount | Justification including Breakdown of Costs |
|------------------------------------|---------------|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Attachment E: Position Schedule #2A Form**(Insert Applicant's Organization Name)****Log # 2026-0902****Contract Period: 1/1/2026 to 12/31/2030****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: | | / | | | % | |
| Totals | | | | | | |

***Attach resumes and job descriptions for all staff**

Attachment F: Subcontractor Schedule A-Detail Form

(Insert Applicant's Organization Name)

Log # 2026-0902

Contract Period: 1/1/2026 to 12/31/2030

#1 Subcontractor Name: _____

Telephone: () (-)

| | | | |
|--|---------------------------------------|--|----------------------------------|
| Select One: <input type="checkbox"/> | Budget Basis <input type="checkbox"/> | Fee-for-Service <input type="checkbox"/> | Hourly Rate |
| Indicate One: <input type="checkbox"/> | MBE <input type="checkbox"/> | WBE <input type="checkbox"/> | Neither <input type="checkbox"/> |

| Program: | Name | Total |
|----------------------------------|------|-------|
| Fund: | | |
| Line Item(s) | | |
| | | |
| | | |
| | | |
| Total Subcontract Amount: | | |

#2 Subcontractor Name: _____

Telephone: () (-)

| | | | |
|--|---------------------------------------|--|----------------------------------|
| Select One: <input type="checkbox"/> | Budget Basis <input type="checkbox"/> | Fee-for-Service <input type="checkbox"/> | Hourly Rate |
| Indicate One: <input type="checkbox"/> | MBE <input type="checkbox"/> | WBE <input type="checkbox"/> | Neither <input type="checkbox"/> |

| Program: | Name | Total |
|----------------------------------|------|-------|
| Fund: | | |
| Line Item(s) | | |
| | | |
| | | |
| | | |
| Total Subcontract Amount: | | |

Attachment G: Sample Year 1 Work Plan (Make as many blank pages as needed)
Must Complete a work plan for Tuberculosis (TB) Clinical and Prevention Services.

| Overall, 5-year plan: Create one (1) TB Clinic in each of the four (4) Regional Service Areas to maximize access to testing, treatment, and TB prevention services. | | | | |
|---|--|-------------------|-------------------|-----------------|
| Detailed Year 1 plan: Increase access to community-based TB Clinical Services, including screening, testing, and treatment across all four (4) Regional Service Areas. By May 2026 (within the first six (6) months of the contract state date), ABC Agency will have four (4) full clinics in place to provide TB screening, testing, and treatment services. | | | | |
| Objectives | Year 1 Activities | Responsible Party | Expected Timeline | Completion Date |
| Create four (4) TB clinics. | <ol style="list-style-type: none"> 1. Determine the location of each of the four clinics. 2. Create private spaces for physical examinations, consultations, and evaluations. 3. Determine the number of staff members needed at each clinic. 4. Determine the number of administrative staff members needed at each clinic. 5. Determine which location staff members will work at. 6. Ensure all medical personnel have valid licenses. 7. Determine clinic hours of operation (including evenings and weekends). 8. Train staff in TB treatment guidelines and practices. 9. Obtain any necessary equipment, technology, and supplies. | ABC Agency | | |

Attachment G: Sample Year 1 Work Plan (Make as many blank pages as needed)
Must Complete a work plan for Tuberculosis (TB) Clinical and Non-Clinical Services.

Overall, 5-year plan: Create one (1) TB Clinic in each of the four (4) Regional Service Areas to maximize access to testing, treatment, and TB prevention services.

Detailed Year 1 plan: Increase access to community-based TB Clinical Services, screening, testing, and treatment across all four (4) regions. By June 2026 (Six (6) months of contract start date), ABC Agency will have a full clinic in place and be providing TB screening, testing, and treatment services.

| Year 1 Activities | Objectives | Responsible Party | Expected Timeline | Completion Date |
|---|--|-------------------|-------------------|-----------------|
| Implement TB screening, testing, treatment, and prevention at each clinic site. | <ol style="list-style-type: none"> 1. Conduct physical examinations, consultations, and evaluation in confidential space. 2. Administer TB screening testing onsite (blood test or skin test) 3. Provide HIV screening on-site or have a referral process in place. 4. Provide chest X-rays on site or have a referral process in place. 5. Provide other diagnostic tests on site (CT scan, EKG, etc.) or have a referral process in place. 6. Interpret TB results to patients. 7. Provide prescription medication or orders to treat TB patients. 8. Provide education to LTBI and Active TB Disease patients (verbally and with print materials) 9. Provide treatment education (verbal or print materials) 10. Provide routine follow-up care for all LTBI and Active TB Disease patients. 11. Provide language interpretation in patients' preferred language(s). | ABC Agency | | |

THIS PAGE IS INTENTIONALLY BLANK