Connecticut Department of Public Health
Contracts and Grants Management Section

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Commissioner

Plan for Procurement of Health and Human Services
Based on State Fiscal Year 2015 Contracting Activities

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Plan Purpose

Background and Benefit

The mission of the State Department of Public Health (Department) is to protect and improve the health and safety of the people of Connecticut. The Department meets the objectives of its mission by providing a full array of public health activities, mainly through contracts with local communities, private facilities, hospitals, service providers and municipalities throughout the State. These contracts provide funding from the Department to improve and protect the health of people.

The Department specifically enters into Purchase of Service Agreements (POS) with Local Health Departments (LHDs) to provide funding for direct client services to ensure that uninsured, underinsured or underserved individuals have full access to quality healthcare services. POS contracts are the vehicle where-by residents are able to receive direct client care in their own communities. The Department also enters into Personal Service Agreements (PSA) with private entities to support Public Health initiatives other than direct client services.

In 2005 the Connecticut Attorney General (AG) was asked by the Secretary of the Office of Policy and Management (OPM) for a formal opinion regarding the difference between POS and PSA contracts and the applicability of Conn. Gen. Stat. §4-212, et seq to POS contracts. Conn. Gen. Stat. §4-212, et seq requires competitive procurement of contracted services.

The Attorney General's formal opinion indicated that there is no legal distinction between a PSA and a POS, even though the Office of Policy and Management (OPM) may choose to establish certain administrative procedures treating these types of agreements differently. They are both valid vehicles for entering into binding State contracts. Additionally, the opinion stated that POS contracts, like PSA contracts are subject to the competitive procurement provisions of Conn. Gen. Stat. §4-212 et seq.

Based on that opinion, the Department is required by OPM to publish this plan every three years which describes its competitive procurement process for POS contracts issued by the Department. This plan is intended to present in an open and transparent manner the Department's intentions and timeframes for competitive procurement/re-procurement of required services.

Competitive procurements initiated by the Department are administered in accordance with guidelines issued by OPM and the Department of Administrative Services (DAS). Contracting opportunities are posted on the DAS Procurement Portal, the Department's Website, and advertised in appropriate newspapers. For each procurement, a review committee comprised of individuals knowledgeable about the services being procured is convened. Evaluation criteria appropriate to the requested services and Department needs are established prior to issuance of the solicitation and all submitted proposals are evaluated based on those criteria. While cost is a factor in determining the award of a contract other criteria such as the following are also considered as conditions warrant:

- Contractor's demonstrated ability to provide the required services
- Contractor's past performance on similar contracts
- Contractor's Quality of service

- Availability of contractor's service to the target population
- Contractor's Staff to patient ratio
- Contractor's Quality control mechanisms

The review committee determines weighting of the selected criteria based on the needs of the target population and the services being procured. Cost may not be the most determining factor in award of the contract.

When incorporated into the Department's work process, the Procurement Plan allows time and labor intensive Request for Proposal (RFP) processes to be scheduled and staggered, minimizing periodic work surges. The Plan also benefits the Department's service providers by allowing them to anticipate and plan ahead for re-competition as a scheduled activity rather than as a reactive process. Scheduling such a labor intensive activity into normal operations allows a more consistent focus on the provider's core mission of health service delivery to individuals. Additionally, knowing that a service is subject to periodic re-competition, and because significant weight is placed on provider performance during the review process, current providers should maintain a focus on acceptable performance and enhanced client outcomes. Such client focused provision of health services supports the Department's mission to improve the health of Connecticut's residents.

Exemptions from Competition

For the 2015 SFY, the Department has in place approximately 270 POS contracts for the provision of services to the public. A majority of these contracts provide medical and/or counseling services to uninsured, underinsured or underserved populations. Because of unique requirements associated with provision of health services, such as licensing requirements, continuity of care, publicly supported physical sites, and the statutory relationship between the Department and municipal health departments, competitive procurement is not always possible or desirable.

The Plan identifies services that will be non-competitively procured because the services warrant exemption from competition or competition is not possible or desirable. Such identification allows qualifying service providers to become stable and to invest funds for expansion or upgrade of physical structures and equipment without fear of losing critical funding. Equipment and facility modernization supports enhanced health service provision to Connecticut's residents through increased service volume and use of state of the art diagnostic equipment and treatment areas.

When considering whether competitive procurement can be waived for a particular service the Department refers to the following standard criteria for requesting exemptions/waivers from competitive procurement:

- The contract is for core life services for vulnerable clients
- Continuity of care outweighs the need to competitively bid
- Competing providers are not available in a geographic area of need
- Contracts are being issued to all, or most, providers in the system which meet Department or state license requirements, are highly regulated, and inspected
- The state has invested a significant amount of bond money or real estate for a program and the contractor has provided lien and/or lease guarantees the would require repayment
- The contractor has been identified in legislation, by the governor, or by the approved state budget process
- There are zoning or site implications that make competition problematic
- The state is contracting with municipalities or other governmental entities

- Emergency services are needed
- The costs of producing, issuing, advertising, and evaluating the RFP exceed the value of the contracted services

There are two major exemption areas that commonly apply to contracts issued by the Department, which are included in the Procurement Schedule. These exemptions result from meeting one or more of the exemption criteria listed above:

- Grants made to Federally Qualified Health Centers (FQHC) - FQHCs were established in the 1960s as part of the federal government's "War on Poverty." The founders saw quality, personalized medical care as a right of all people and established a policy that no patient would be turned away, regardless of ability to pay. FQHCs are part of the public health infrastructure for Connecticut and have taken on the role that was historically played by public health departments with regard to immunizations, STD testing, health education, and dental care. Connecticut's FQHCs are the state's largest primary care delivery system for the uninsured, underinsured, and underserved population. For more than forty years, these health centers have provided services to those with little or no ability to pay for health care.

  Each health center establishes its own "catchment area" and its federal grants are contingent on its maintenance of "collaborative relationships with other health care providers in the catchment area of the center". See 42 USC 254b(j)(3). See also, 42 CFR Part 5lc. A formal opinion from the Connecticut Attorney General in 2004 stated that FQHCs, do not compete with each other, thereby exempting contracts with these service providers from the requirements of Conn. Gen. Stat. § 4-212 et seq for the purpose of contracts earmarked for such institutions. Fourteen (14) of the contracts the Department considers exempt are to distribute funds to Connecticut's FQHCs to help fund the healthcare services they perform.

- Grants made to Connecticut municipal health authorities - Connecticut's Local Health Departments and/or Local Health Districts act as an extension of the Department for the provision and monitoring of health services in Connecticut. Per legislation, the municipal health authorities "shall enforce or assist in the enforcement of the Public Health Code and such regulations as may be adopted by the commissioner of Public Health". The planning, monitoring, regulatory, oversight and other services provided by Local Health Departments/Districts in their respective communities are essential to the Department's ability to meet its statewide planning, oversight and regulatory goals and critical to protecting the health and wellbeing of Connecticut residents.

Performance Monitoring

The Department must ensure that adequate and appropriate health care services are provided to clients obtaining contracted services. While Competitive procurement encourages service providers to maintain a high level of performance, one may ask about those services that are procured non-competitively. A review of the listed exemption criteria and how they apply to the Department's contracts reveals that those services are typically provided by entities that are licensed by the Department and highly regulated and inspected, or by entities having their operational and performance characteristics established through law, statute, or regulation. Such providers are subject to legislative and/or congressional review resulting in a high level of accountability.

Despite these considerations, the Department employs ongoing performance monitoring activities, regardless of how a contract was awarded, to ensure that services are being provided in

accordance with contractual and operation requirements. All POS contracts include observable and documentable service deliverables, outcomes, and substantiated measures of achievement. Periodic reporting required by the contracts include submission by the service provider of Program Reports that include the status of compliance with all contract deliverables, outcomes, and measures. These reports are reviewed by Department staff upon receipt to verify compliance with contract terms and conditions.

As an additional measure of monitoring, Department staff visit provider sites to audit service volumes, client records, service and financial contract compliance, and record keeping effectiveness. For certain high cost or sensitive services, the Department employs independent evaluators via contract to monitor, review, and report on the quality and effectiveness of service provision. Whether a contract is competitive or not these monitoring activities play a significant role in the decision to maintain service with a current provider or to solicit, through appropriate means, a replacement provider. Individual contracts are also subject to cancellation mid-term if performance requirements are not met.

Procurement Process

Organizational Structure

Contracts and Grants Management Section (CGMS)

CGMS is a unit within the Department's Administration Branch responsible for all administrative processing of contracts for the Department. The CGMS is separate from the Fiscal Office but works in conjunction with that office as well as the Department's Program Sections to perform the activities required for contract establishment and monitoring. The administrative responsibilities of CGMS include:

- Overseeing and managing the Request for Proposal (RFP) process for the Department and providing guidance or assistance needed to ensure compliance with state RFP standards
- Contract initiation in response to Program Section requests
- Securing from internal and external entities the approvals required to enter into contracts
- Developing legally sufficient contract language, deliverables, services, budgets, and contract Terms and Conditions
- Entry and maintenance of contract, monitoring, and tracking information in the CGMS data system
- Assembly of final contracts including all related documents, such as required certifications and attestations
- Execution of contracts by obtaining required signatures of all involved parties
- Providing access to, or distributing, contract documents to other department Sections and providers
- Processing contract payments
- Reviewing and monitoring provider financial reporting to ensure that contract funds are being expended in accordance with contract terms and conditions
- Review and final approval of contract budget revisions
- Controlling release of funds in accordance with Cash Flow procedures
- Determining refund amounts corresponding to unspent or disapproved contract funds
- Performing on-site provider financial reviews, when/as needed
- Reviewing State and Federal Single Audit reports of provider activities and follow-up on findings and/or Corrective Action Plans
- Processing contract amendments, terminations, or renewals

- Maintaining contract related files and documents in accordance with state record retention requirements

Program Sections

Program Sections are divisions within the Department responsible for administration of activities associated with provision of the Department's funded activities. Program Sections are staffed with individuals having medical, clinical, administrative, or support backgrounds appropriate for the services supported by that Program Section. Program staff, in conjunction with, and with guidance from, CGMS:

- Apply for and receive external funding (Grants)
- Maintain and oversee service level budgets
- Allocate funds to appropriate services
- Develop and release RFPs
- Request initiation of contracts and/or amendments
- Negotiate services/budgets with service providers
- Monitor service provision
- Reviews periodic reports and deliverables
- Enforce programmatic and fiscal corrective actions required to achieve contract and/or financial compliance
- Notify CGMS of provider performance issues

Fiscal Office

The Department's Fiscal Office, independent and separate from both CGMS and the Program Sections, provides overall financial support for all activities of the Department, including financial accounting, accounts payable, accounts receivable, and purchasing. The Fiscal Office is responsible for the following in support of contracting activities:

- Maintaining account budget information
- Reviewing requested contract requests to ensure adherence with the approved budget, grant requirements, and funds availability
- Providing Spending Plan information to OPM
- Entering and approving payment requests into the state financial system, generating contract purchase orders and releasing contract payments
- Submitting Grant financial reports to funding authorities as required

Procurement Flow

A typical contractual procurement will follow the following flow of steps with the indicated Department Sections having primary responsibility for completion:

Step	Program Section	CGMS	Fiscal Office
1.	Funding is applied for or received?		
2.	Request for RFP submitted to CGMS		
3.		RFP Approval Request submitted to Fiscal Office	
4.			Request reconciled against funds and approved
5.		RFP approval request to OPM completed and submitted	

Step	Program Section	CGMS	Fiscal Office
6.		Program notified of OPM approval	
7.	Service requirements reviewed and deliverables established		
8.	Number and term of associated contracts determined		
9.	Funding is allocated to the service		
10.		RFP template, procedures, and guidance provided to Program	
11.	RFP created, published, advertised, released		
12.	RFP responses evaluated and award(s) made		
13.	Funding allocated to contract(s) as per award		
14.	Contract initiation requested		
15.		Contract request(s) submitted to Fiscal Office for approval	
16.			Contract amount is verified against grant fund and RFP request, contractual obligation is recorded in the fund budget and contract approved
17.	Services and budgets negotiated with providers		
18.	Draft contract deliverables, services, budget reporting requirements, and payment information submitted to CGMS for review and contract generation		
19.		Contract language and budgets reviewed, modified, and formatted as required	
20.		Contract assembled along with all supporting forms, documentation, and certifications	
21.		Final contract sent to Program to review	
22.	Program reviews and authorizes issuance of contract		
23.		Contract sent electronically to provider with a cover letter, instructions, and a check sheet for return of documents	
24.		Follow-up with provider as necessary until contract is returned	
25.		Contract received, logged, reviewed for completeness and inclusion of all required certifications/affidavits	
26.		AG approval checklist generated and contract prepared/routed to Commissioner for signature	
27.		Signed contract received from Commissioner, logged, and forwarded to OAG for review/approval	

Step	Program Section	CGMS	Fiscal Office
28.		Contract received back from AG with approval, logged, and scanned	
29.		Electronic copy of fully executed contract delivered to provider, Program, and Fiscal Office (Accounts Payable) electronically	
30.		Contract information entered into CORE-CT and scanned contract attached	
31.		Initial contract payment request processed and submitted to Fiscal Office	
32.			Payment information reviewed, purchase order created, and payment information entered into CORE-CT
33.			Contract payment is Approved and released
34.	Receives provider program performance report, reviews for compliance with contact requirements, approves and forwards to CGMS for review	Receives financial performance or expenditure report, reviews for compliance with contact requirements	
35.		Performs detailed financial audit of provider financial reports and follows up with provider for any additional required information	
36.		If report is final for a period, determines refund amount, if any, and requests refund from provider otherwise, if report is acceptable, processes related payment and submits to Fiscal Office, Accounts Payable	
37.			Payment information reviewed, purchase order created, and payment information entered into CORE-CT
38.			Approves and releases payment
39.		Receives refunds due, if any, processes for deposit and submits to Fiscal Office Accounts Receivable	
40.			Processes and deposits refund check
41.		Receives annual State or Federal Single Audit report	
42.		Reviews report in conjunction with submitted provider financial information	
43.		Follows up with provider concerning any financial discrepancies or audit findings	
44.		Requests additional information and/or final Funding Period refund as appropriate from provider	

Step	Program Section	CGMS	Fiscal Office
45.		Collaborates with program staff to determine need for Corrective Action Plan	
46.	Sends provider a formal request for corrective action plan if needed		
47.	Monitors provider progress in achieving resolution outlined in Corrective Action Plan	Monitors provider progress in achieving resolution outlined in Corrective Action Plan	
48.		Receives final Funding Period refund due, if any, processes for deposit and submits to Fiscal Office Accounts Receivable	
49.			Fiscal Office Accounts Receivable processes and deposits final Funding Period refund check

Note: after Step # 38 the process returns to Step # 34 and repeatedly cycles through to Step # 38 until all required reports for a funding period have been received, all payments have been made, and contract is either closed or the following Funding Period is begun. At that point the process resumes at step 39 which, if an additional funding period exists, runs concurrent with the repeating cycle of steps # 34 to # 38 for the new Funding Period.

Barriers

The procurement process as illustrated can be challenging because it involves individuals within different organizational units without a single unified chain of command. Untimely action within a particular unit can create escalating and unreasonable priorities within CGMS.

Previously the work was more distributed than now and there was some duplication of effort in multiple units. To address the situation the Department reorganized the way it manages much of the contract process. Fiscal review staff, who conducted Expenditure Report reviews and who were previously embedded in the Fiscal Office, have been incorporated into CGMS and program staff have been relieved of the responsibility for reviewing Expenditure Reports. This change eliminated two separate reviews of the reports and greatly reduced the amount of time require for report approval. The review of State and Federal single audits was also moved into CGMS allowing all contract financial reviews to be conducted within a single chain-of-command.

There have been a number of other changes in the contract process some made by the Office of Policy and Management (the new workbook) as well as some by the Department of Public Health. Unfortunately, due to the changes, some of which occurred at the same time, CGMS employees and providers found it difficult to understand and complete necessary processes. Training was and is still being provided to all involved so that efficiency is stabilized.

Planning Approach

The Chief of CGMS initiated and coordinated development of this Procurement Plan. Data was collected from prior procurements and input was solicited from operating sections of the Department. The Program Sections with the largest volume of contract activity actively review all existing contract service groups, review the need for services, and verify the goals and outcomes those services achieve. Previous competitive procurement cycles were reviewed and future re-procurement targets along with the re-procurement frequency were verified or established where

needed. Most importantly, the existing waivers from competitive procurement were reviewed to ensure they continue to be based on valid and necessary considerations.

Data was collected and/or developed over a period of six weeks and reviewed by the Chief and Supervisor of CGMS. The Department's Administration Branch was kept informed of the process and status during the development process and reviewed the document prior to distribution.

Procurement Schedule

The table in this section summarizes the Departments re-competition schedule for POS contracts. Additional detailed information for each of the Program Services is included in Appendix. Information in this table represents the principles discussed throughout this Procurement Plan and does not incorporate any unusual exceptions or circumstances. Where competition is listed as "Waived", that assessment is based on qualifications for exemptions as stated in this Plan and which were considered valid and under the Department's previously approved Plan.

Department of Public Health

PROCUREMENT SCHEDULE
For SFY 2016, 2017, 2018

(a) Program/Service Name	*(b) Last RFP (SFY, Qtr)*	*(c) $ Amount (Total)*	*(d) Contracts (Number)*	*(e) Next RFP (SFY, Qtr)*	*(f) RFP Cycle (In Years)*
Child Sexual Abuse	None	$,1271,000	2	Waiver	
Comprehensive State-based Tobacco Use Prevention and Control Program	2012, 2nd	$6,044,702	13	2015, 3rd	5
Community Health Centers	None	$22,745,733	14	Waiver	
Connecticut Breast & Cervical Cancer Early Detection Program	2013, 1st	$14,673,335	11	2018, 1st	5
Connecticut Comprehensive Cancer Control	2011, 3rd	$120,745	1	2017, 1st	5
Family Planning	None	$6,151,871	1	Waiver	
Genetics	None	$2,001,073	2	Waiver	
Hartford Healthy Start	None	$1,738,500	5	Waiver	
HIV/AIDS Health Care & Spprt Srvc.	2010, 4th	$16,606,786	25	2017, 1st	5
HIV Prevention Program	2013, 3rd	$18,627,235	31	2017, 2nd	5
Immunization Program	None	$3,816,505	11	Waiver	
Lead Poisoning Prevention & Cntrl	None	$1,622,574	3	Waiver	
Maternal & Child Health Information & Referral Services (Infoline)	None	$1,007,801	1	Waiver	
Preventive Health & HS Block Grant	None	$710,242	44	Waiver	
Rape Crisis & Prevention Srvcs	None	$5,084,489	1	Waiver	
School Based Health Centers	2014, 3rd	$40,730,673	24	Waiver	
Sickle Cell Program	None	$1,006,714	1	Waiver	

(a) Program/Service Name	*(b) Last RFP (SFY, Qtr)*	*(c) $ Amount (Total)*	*(d) Contracts (Number)*	*(e) Next RFP (SFY, Qtr)*	*(f) RFP Cycle (In Years)*
STD Control Program	None	$1,524,327	10	Waiver	
Supplemental Nutrition Program for Women, Infants & Children	2013, 3rd	$54,990,065	13	2017, 2nd	5
TB Treatment & Prevention Program	None	$1,319,503	7	Waiver	
Waterbury Health Access Program	None	$739,128	1	Waiver	

Planning Factors

Several important factors were considered when determining when and how to re-compete individual contract or service groups. The Department's plan for competitive procurement of human services must meet operational requirements as well as be in accordance with existing legislation (including PA 07-195), regulations, and policies. Contract planning for human services must consider the primacy of the client. Re-bidding of contracts should not take priority over continuity of care for potentially vulnerable populations and should minimize disruption of services. RFP issuance must also be carefully coordinated for multi-funded programs to ensure that programs remain fully operational during the process.

Development of re-bidding schedules should take into consideration the last RFP date and the impact of re-bidding on contracts that may be in place through other state agencies, in an effort to minimize the administrative burden on providers. It also must consider the performance history of current providers. Contracts held by the best performing providers and those that have been recently bid or re-bid are good candidates to be renewed, or extended by amendment, without competition and re-bid at a future date to establish a reasonable re-bidding cycle.

Due to the extra administrative burden created by the RFP process, efficiencies must be introduced into the re-competition schedule. The Department currently issues multi-year contracts with a maximum term of five years to reduce the frequency and administrative burden of re-bidding. The longer term also allows incorporation of a more staggered RFP issuance schedule and facilitates:

- A reduction in paperwork
- Stabilized services and provider relationships
- Long-term program and performance targets

Guidelines for Competitive Procurement

The Department considers the following principles to be sound guidance regarding a competitive procurement process:

- Primacy of client, minimal disruption of services, adequate protection in policies and procedures to ensure necessary continuity of care
- Compliance with existing statutes, regulations and policies, including P.A. 07-195
- Evaluation to include items such as community history, experience with the client population, past performance, etc., to ensure that award is based on best value rather than lowest cost

- Establishment of multi-year, long-term contracts with options for renewal to ensure a stable yet dynamic purchasing process
- Agency procurement policies and procedures conform to OPM guidelines
- All eligible providers have an equal opportunity to compete – no RFP requirements that specify any feature that unnecessarily discriminates, either directly or indirectly, against potential providers
- With all other things being equal current providers should not be given priority consideration
- Inter-agency communication should take place to share procurement information and expertise
- Public and timely notification of procurement opportunities must be provided
- Providers cannot assist in development of an RFP

Communication Protocol

The procurement plan is a document to aid all Department Program Sections that engage in contracting activities and to ensure that procurement initiatives proceed in accordance with the guidelines and schedules identified in the plan. It is also an important tool for use by the Department's administrative sections to monitor contracting activities of the Department. Any activities not conforming to the guidelines and schedule of the Procurement Plan should be identified and corrective actions explored, if the plan is still valid. If policy and/or procedural changes have rendered the plan invalid, a formal amendment to the Plan should be considered for submission.

The CGMS oversees RFP activities covered under the Procurement Plan in addition to normal contracting activities and provides guidance to Department Program Sections desiring to issue an RFP. In addition to printed instructions and checklists CGMS works directly with Program Section staff to ensure that all RFP procedures are adhered to. This includes providing guidance needed to comply with communication protocols and restrictions concerning bidder inquiries and questions to ensure that the RFP process is not compromised.

The final Procurement Plan will be distributed electronically to all Agency employees with a special notification to Section Chiefs that the plan be made available to all individuals engaged in contracting activities. The plan's role as a guidance document will be highlighted in that communication to stress the role it plays in managing the competitive procurement activities of the Department.

External distribution of the Plan to key stakeholders will be accomplished by posting the final Procurement Plan to the OPM and the Department's websites. Any outside questions concerning the Procurement Plan should be directed to the Agencies official Procurement Plan contract Person:

Bruce R. Wallen, Chief
Contracts and Grants Management Section
Department of Public Health
(860) 509-7704

Inquiries can be made by phone to the above number or a request for information can be submitted via the Departments website using the "Contact Us" section or by direct e-mail message to webmaster.dph@ct.gov.

Implementation and Oversight

Within the Department there are five separate oversight processes to ensure that contracting follows approved processes. The CGMS within the Department oversees all RFP processing and the majority of contract processing for the Agency. This ensures conformance with all established requirements prior to and during RFP issuance/award and/or contract execution.

Before a contract or an RFP can be processed, the request must be approved by administrative staff within the issuing Program Section, the CGMS, the accounting staff within the Department's Fiscal Office, and by Fiscal Administration. Before a contract can be executed, an additional review and approval is required by the Department's CGMS leadership. The Department believes these multiple internal reviews are adequate to ensure compliance with State policies.

OPM, as the agency that approves all contracts over $50,000 and all waivers from competitive bidding for contracts over $20,000 provides an additional statewide level of oversight and contracting control for the Department and all other Executive Branch agencies. The Department continues to apply to OPM for waivers from competitive procurement when the criteria for granting exemptions are met and all such requests are referenced to the Department's approved Procurement Plan as appropriate.

Additional Considerations

In the process of adopting requirements of the Procurement Plan it is important to be cognizant of factors that may impact providers and the State. This is especially true when contracting with providers that hold contracts for multiple services and/or with multiple State agencies. Following are examples of items that require consideration when re-competing contracts.

- An individual contract could adversely impact the financial viability of a provider agency or the State's cost for other services. Administrative costs are allocated to various contracts that the provider holds. Loss of one or more contracts may result in costs being redistributed among remaining contracts or being absorbed by the provider.
- Communication between State agencies and between the State and providers can be important. Collaboration should take place when issuing bid requests for similar services by different agencies. There is potential that individual program costs could be reduced by timing contract implementation to coincide with services initiated by another State agency, thereby more effectively utilizing a provider's capacity.
- It is important that the notification system ensure that current providers don't miss an opportunity to re-compete for existing contracts.
- Requests for bid must allow an adequate time for response by providers. Too short a timeframe may prevent a provider from assembling a comprehensive qualifying response.
- The satisfaction of the customer, or client-base, should be considered as part of the evaluation process for re-competition of existing contracts.
- Cost of services may not be the most important consideration when evaluating bid proposals to determine the highest ranked qualified contractors.

Appendix

Connecticut Department of Public Health Human Services Procurement – SFY 2014

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Program Name: Child Sexual Abuse

Statutory Authority: *4-8; 19a-2a; 19a-32*

Abbreviation: **CSA**

Description of Services: The Child Sexual Abuse Program funds multi-disciplinary services in clinical settings which provide evaluation, crisis counseling and/or mental health services and appropriate referrals to children suspected of being victims of sexual abuse. Services may include the provision of educational programs about sexual abuse to community-based professionals who work with children.

Problem/Need for Services: The Connecticut Department of Children and Families received 2,480 reports of sexual abuse in 2004-2005.
Five hundred and eighty-four (24%) of these reports were substantiated. (www.state.ct.us/dcf) Contractors
for which this program provides partial funding are expected to serve approximately 1/2 of the child sexual
abuse victims in the state. The Child Sexual Abuse Program addresses Healthy People 2010 objective
15-33a: Reduce maltreatment of children

Date of Last RFP:

Future RFP is Planned: No

Date of Next RFP:

Non-Competitive Justification/ Explanation: *Funding for the Child Sexual Abuse Programs is specifically allocated by the legislature to the two contracted institutions. Both institutions have specialized capacity to provide these services.*

Non Competitive Justification Criteria:

- ☐ **Contracting is for core life services for vulnerable clients**
- ☑ **Need for continuity of care outweighs need for competition**
- ☐ **Competing providers not available in geographic area of need**
- ☐ **Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements**
- ☐ **Significant bond money investment with contractor providing lien and/or lease guara**
- ☑ **Contractor/s identified by governor, legislation, or approved state budget process**
- ☐ **Zoning or site implications make competition problematic**
- ☐ **State contracting is with municipalies or other public/ governmental entities**
- ☐ **Emergency services are needed**
- ☐ **RFP costs exceed the value of the contracted services**

CSA Contracting During SFY 2008:

RFP (DPH Log#)	Competitive	# Of POS Contracts	Contract Period	Total$	State$	Fed+Other$
	No	2	8/15/2013 - 6/30/2018	$1,271,000	$1,271,000	$0
CSA Total:				**$1,271,000**	**$1,271,000**	**$0**

Program Name: Comprehensive State-based Tobacco Use Prevention and Control Program

Statutory Authority: *4-8; 4-28g; 19a-2a; 19a-6d; 19a-32; 19a-74a*

Abbreviation: **TOB**

Description of Services: The Healthy People 2010 goal for Tobacco use, and the long-term goal of this program ., is to "reduce the illness, disability and death related to tobacco use and exposure to second hand smoke." To accomplish this goal, program activities focus on four key population -based goals: 1) Eliminating exposure to secondhand smoke; 2) Preventing initiation among youth; 3) Promoting quitting among adults and youth; 4) Identifying and eliminating disparities among population sub-groups. These operational goals are implemented in accordance with the best-practice guidelines and recommendations put forward by the CDC for state-based comprehensive tobacco control programs.

Program contractors are responsible for implementing evidence-based programs that focus on cessation, prevention, media or evaluation activities.

Problem/Need for Services: Between 2000 and 2010, the rate of current cigarette smoking among Connecticut residents 17 years of age or older has fallen from 19.9% to 16.7%. Despite this decrease, smoking among certain subpopulations remains high. For example, 25.7% of Hispanic adults, 29.1% of 18-24 year olds, and 28.8% of 25-34 year olds smoke cigarettes. The prevalence of smoking is significantlly higher among adults with salaries of less than $40,000 (28,5%) than those earning $100,000 or more (9.3%).

The 2010 Connecticut School Health Survey (CSHS) indicated that 2.9% of middle school students (grades 6-8) and 14% of high school students (grades 9-12) smoke cigarettes. The HP 2010 target for cigarette smoking was to reduce use among high school students to no more than 16%. Although the smoking rate has declined, the number of never smokers who are susceptible to starting smoking is still 23% in high school.

Connecticut's annual health care costs directly related to smoking are $1.63 billion, of which $430 million are covered by the Medicaid Program. Every year approximately 4,700 adults die in Connecticut as a result of their own smoking, as well as 430 nonsmokers who die from exposure to secondhand smoke. The state and federal tax burden from smoking-caused government expenditures is $665 per Connecticut household.

Date of Last RFP: 10/1/2011

Future RFP is Planned: Yes

Date of Next RFP: 1/1/2015

Non-Competitive Justification/ Explanation:

Non Competitive Justification Criteria:

- ☐ **Contracting is for core life services for vulnerable clients**
- ☐ **Need for continuity of care outweighs need for competition**
- ☐ **Competing providers not available in geographic area of need**
- ☐ **Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements**
- ☐ **Significant bond money investment with contractor providing lien and/or lease guara**
- ☐ **Contractor/s identified by governor, legislation, or approved state budget process**
- ☐ **Zoning or site implications make competition problematic**
- ☐ **State contracting is with municipalies or other public/ governmental entities**
- ☐ **Emergency services are needed**

☐ **RFP costs exceed the value of the contracted services**

TOB Contracting During SFY 2008:

RFP ( )PH Log#)	Competitive	# Of POS Contracts	Contract Period	Total$	State$	Fed+Other$
2009-0925	Yes	1	9/1/2009 - 12/31/2014	$2,163,287	$0	$2,163,287
2014-0902	No	1	7/1/2014 - 6/30/2019	$2,486,984	$0	$2,486,984
2013-0906	No	4	11/1/2013 - 6/30/2015	$562,084	$0	$562,084
2013-0906	Yes	2	11/1/2013 - 6/30/2015	$150,784	$0	$150,784
2013-0906	No	2	11/1/2013 - 4/30/2015	$181,112	$0	$181,112
2013-0906	No	1	1/1/2015 - 3/31/2016	$251,033	$0	$251,033
2011-0917	No	1	3/1/2012 - 8/31/2014	$163,600	$0	$163,600
2011-0917	No	1	11/1/2011 - 12/31/2014	$81,950	$0	$81,950
TOB Total:				**$6,040,834**	**$0**	**$6,040,834**

Program Name: Community Health Centers

Statutory Authority: *4-8; 19a-2a; 19a-32; 19a-5; 19a-7d; 19a-490a*

Abbreviation: **CHC**

Description of Services: This program assures the availability and accessibility of comprehensive primary and preventive heath care, chronic disease management and other essential public health services for low income, uninsured and vulnerable people of all ages. Thirteen community health center corporations provide services at more than fifty sites and serve over 188,000 people annually.

Problem/Need for Services: Low income, uninsured and vulnerable populations often have difficulty obtaining access to quality comprehensive preventive and primary care services including medical, dental and mental health services, substance abuse prevention and treatment services, social services, health education and community based outreach. Improved access results in improved health status of both the individual and the community as a whole. Related to HP 2010: 3-1 through 3-15, 5-4, 8-11, 12-1 through 12-15, 13-5, 14-1, 14-29, 18-14, 19-1 through 19-12, 25-1 through 25-16, 26-9 through 26-11.

Date of Last RFP:

Future RFP is Planned: No

Date of Next RFP:

Non-Competitive Justification/ Explanation: *Community Health Centers (CHCs) or Federally Qualified Health Centers were established through Federal Legislation to provide health care services to un-served or under-served populations. Funding for these Centers is also provided by the State, to all CHCs, to carry out a full range of health services.*

Non Competitive Justification Criteria:

- ☐ **Contracting is for core life services for vulnerable clients**
- ☐ **Need for continuity of care outweighs need for competition**
- ☐ **Competing providers not available in geographic area of need**
- ☑ **Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements**
- ☑ **Significant bond money investment with contractor providing lien and/or lease guara**
- ☑ **Contractor/s identified by governor, legislation, or approved state budget process**
- ☐ **Zoning or site implications make competition problematic**
- ☐ **State contracting is with municipalies or other public/ governmental entities**
- ☐ **Emergency services are needed**
- ☐ **RFP costs exceed the value of the contracted services**

CHC Contracting During SFY 2008:

RFP (DPH Log#)	Competitive	# Of POS Contracts	Contract Period	Total$	State$	Fed+Other$
	No	1	3/1/2013 - 6/30/2015	$450,670	$450,670	$0
	No	13	7/1/2014 - 6/30/2019	$22,295,063	$22,295,063	$0
CHC Total:				**$22,745,733**	**$22,745,733**	**$0**

Program Name: Connecticut Breast and Cervical Cancer Early Detection Program

Statutory Authority: *4-8; 19a-2a; 19a-32*

Abbreviation: **CBCCEDP**

Description of Services: Connecticut Breast & Cervical Cancer Early Detection Program: The purpose of this program is to reduce breast and cervical cancer mortality by diagnosing breast and cervical cancers at earlier stages by providing screening and follow-up services to women in Connecticut who are 40 years of age and older (Age 19 and older for Pap tests, age 35-39 for mammograms, if symptoms are present.) who have no evidence of health insurance or health insurance that does not cover these services.

Problem/Need for Services: Approximately 125,250 Connecticut women ages 19-64 are uninsured or have insurance that does not cover screening tests. Approximately 171,650 of Connecticut's women age 40 and older have not had a mammogram in the last two years in accordance with recommended screening guidelines. (HP2020: c17)

Date of Last RFP: 9/1/2012

Future RFP is Planned: Yes

Date of Next RFP: 9/1/2017

Non-Competitive Justification/ Explanation:

Non Competitive Justification Criteria:

- ☐ **Contracting is for core life services for vulnerable clients**
- ☐ **Need for continuity of care outweighs need for competition**
- ☐ **Competing providers not available in geographic area of need**
- ☐ **Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements**
- ☐ **Significant bond money investment with contractor providing lien and/or lease guara**
- ☐ **Contractor/s identified by governor, legislation, or approved state budget process**
- ☐ **Zoning or site implications make competition problematic**
- ☐ **State contracting is with municipalies or other public/ governmental entities**
- ☐ **Emergency services are needed**
- ☐ **RFP costs exceed the value of the contracted services**

CBCCEDP Contracting During SFY 2008:

RFP (DPH Log#)	Competitive	# Of POS Contracts	Contract Period	Total$	State$	Fed+Other$
2013-0901	No	2	7/1/2013 - 6/30/2018	$2,657,950	$1,900,650	$757,300
	No	9	7/1/2013 - 6/30/2018	$12,015,385	$7,938,270	$4,077,115
CBCCEDP Total:				**$14,673,335**	**$9,838,920**	**$4,834,415**

Program Name: Connecticut Comprehensive Cancer Control

Statutory Authority: *4-8; 19a-2a; 19a-32; 19a-72*

Abbreviation: **CCCC**

Description of Services: The purpose of this program is to develop and implement a comprehensive approach to cancer control to reduce the burden of mortality and morbidity from cancer in the state.

Problem/Need for Services: More than 20,000 new cases of cancer are diagnosed in the state each year. CT had the eighth highest age-adjusted cance incidence rate in the U.S. with 503.7 new cases per 100,000 in 2007.

Date of Last RFP: 3/1/2011

Future RFP is Planned: Yes

Date of Next RFP: 9/1/2016

Non-Competitive Justification/ Explanation:

Non Competitive Justification Criteria:

- ☐ **Contracting is for core life services for vulnerable clients**
- ☐ **Need for continuity of care outweighs need for competition**
- ☐ **Competing providers not available in geographic area of need**
- ☐ **Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements**
- ☐ **Significant bond money investment with contractor providing lien and/or lease guara**
- ☐ **Contractor/s identified by governor, legislation, or approved state budget process**
- ☐ **Zoning or site implications make competition problematic**
- ☐ **State contracting is with municipalies or other public/ governmental entities**
- ☐ **Emergency services are needed**
- ☐ **RFP costs exceed the value of the contracted services**

CCCC Contracting During SFY 2008:

RFP (DPH Log#)	Competitive	# Of POS Contracts	Contract Period	Total$	State$	Fed+Other$
2013-0901	No	1	7/1/2013 - 6/30/2018	$120,745	$0	$120,745
CCCC Total:				**$120,745**	**$0**	**$120,745**

Program Name: Family Planning

Statutory Authority: *4-8; 19a-2a; 19a-32; 19a-116*

Abbreviation: **FP**

Description of Services: Planned Parenthood of Southern New England (PPSNE), the state's Title X provider receives state and Title V Block Grant funds. PPSNE provides, or subcontracts with agencies to provide a Family Planning Program that delivers comprehensive family planning and related preventive health services to low-income of uninsured individuals. The comprehensive reproductive health care services include: Preventive reproductive health examinations and development of a treatment plan that addresses contraception, screenings for cervical cancer (PAP test), STD's inclusive of Chlamydia trachomatis and gonorrhea, breast cancer (clinical breast exam), and HIV/AIDS education; in-service trainings for youth-serving professionals and social services agency staff to enhance referrals and to update staff on, at a minimum, reproductive health, contraception, prevention of sexually transmitted diseases, HIV and available resources for referral; educational presentations in schools, Department of Children and Families (DCF) funded facilities, and in community settings, to the target adolescent population, that includes group sessions for adolescents at-risk for sexually transmitted diseases, HIV and pregnancy; And outreach sessions to women who are incarcerated and/or in homeless/domestic violence shelters.

Problem/Need for Services: Family Planning clinics deliver basic reproductive health care services to low income adolescent and adult women and men. Bilingual staff is available at sites where there is need. Access to early prenatal care is encouraged through free pregnancy testing, options counseling, and assistance in referrals for care where appropriate. STD and HIV screening is routinely available at all sites. The Family Planning Program seeks to reduce teen pregnancy by making it easier for teens to receive counseling, contraceptive care and preventive education. The Family Planning Program addresses Healthy CT 2000 Objectives: 5.1, 5.3, 5.4, 5.6, 18.3, 18.4; and, HP2010 objectives: 1-1, 1-3f, 1-3g, 3-3, 3-4, 25-16, 25-18.

Date of Last RFP:

Future RFP is Planned: No

Date of Next RFP:

Non-Competitive Justification/ Explanation: *Planned Parenthood of Connecticut (PPC) operates 19 health centers throughout the state to provide comprehensive reproductive health services, education, counseling, and outreach to low income adolescent and adult ment and women. PPC has specialized experience, training and capacity to provide these services, developed through years of partnership with the State and Federal Governments. As the State's Title X agency PPC receives a combination of Federally targeted and State provided Title X and Title V grant funds in support of all 19 health centers through this single contract.*

Non Competitive Justification Criteria:

- ☐ **Contracting is for core life services for vulnerable clients**
- ☑ **Need for continuity of care outweighs need for competition**
- ☑ **Competing providers not available in geographic area of need**
- ☑ **Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements**
- ☐ **Significant bond money investment with contractor providing lien and/or lease guara**
- ☐ **Contractor/s identified by governor, legislation, or approved state budget process**
- ☐ **Zoning or site implications make competition problematic**
- ☐ **State contracting is with municipalies or other public/ governmental entities**
- ☐ **Emergency services are needed**
- ☐ **RFP costs exceed the value of the contracted services**

FP Contracting During SFY 2008:

RFP (DPH Log#)	Competitive	# Of POS Contracts	Contract Period	Total$	State$	Fed+Other$
	No	1	10/1/2012 - 9/30/2017	$6,151,871	$5,297,069	$854,802
FP Total:				**$6,151,871**	**$5,297,069**	**$854,802**

Program Name: Genetics

Statutory Authority: *4-8; 19a-2a; 19a-32; 19a-50; 19a-55; 19a-490*

Abbreviation: **GEN**

Description of Services: The Clinical Genetics programs provide comprehensive diagnostic, counseling, testing, treatment and education through state-funded centers. The Maternal PKU program provides genetic and nutritional counseling and high risk pregnancy care. The Pregnancy Exposure Information Service (PEIS) provides information and referral services for pregnant women and health care providers concerning potential teratogenic effects of drugs, maternal illness, and environmental exposure via a state-wide toll free telephone number.

Problem/Need for Services: To improve access to genetics services for citizens of Connecticut thereby decreasing morbidity and mortality due to genetic diseases. About 3% of infants born in the United States have a congenital malformation, often genetic, requiring medical or surgical intervention. Genetic disorders affect 1% of the population and account for 25% to 30% of pediatric hospitalizations. Many genetic conditions can now be treated, and even more treatment options are on the horizon. PEIS was developed in response to the need to diagnose/investigate/provide public information regarding exposure to teratogens during Pregnancy.

Date of Last RFP:

Future RFP is Planned: No

Date of Next RFP:

Non-Competitive Justification/ Explanation: *The Commissioner of Public Health designated two Connecticut Genetic and Metabolic treatment Centers in accordance with Connecticut General Statutes. The Centers were chosen because they are widely accepted as experts in genetic research/testing and employ world renowned geneticists. The knowledge and expertise of these designated Centers cannot currently be replaced.*

Non Competitive Justification Criteria:

- ☑ **Contracting is for core life services for vulnerable clients**
- ☑ **Need for continuity of care outweighs need for competition**
- ☑ **Competing providers not available in geographic area of need**
- ☐ **Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements**
- ☐ **Significant bond money investment with contractor providing lien and/or lease guara**
- ☑ **Contractor/s identified by governor, legislation, or approved state budget process**
- ☐ **Zoning or site implications make competition problematic**
- ☐ **State contracting is with municipalies or other public/ governmental entities**
- ☐ **Emergency services are needed**
- ☐ **RFP costs exceed the value of the contracted services**

GEN Contracting During SFY 2008:

RFP (DPH Log#)	Competitive	# Of POS Contracts	Contract Period	Total$	State$	Fed+Other$
	No	2	7/1/2012 - 6/30/2017	$2,001,073	$1,986,073	$15,000
GEN Total:				**$2,001,073**	**$1,986,073**	**$15,000**

Program Name: Hartford Healthy Start

Statutory Authority: *4-8; 19a-2a; 19a-32*

Abbreviation: **HHS**

Description of Services: To address racial and ethnic perinatal health disparities in the city of Hartford, especially within the Black/African American community, the Hartford federal Healthy Start Program shall: include goals include increasing each of the following: the number of low income, Black/African-American pregnant women in Hartford ("focus population") who enter prenatal care early and receive adequate prenatal care services; interconceptional care among the focus population; the number of women in the focus population who are screened for perinatal depression during the prenatal and postpartum periods; and the number of enrolled women and infants who have a "medical home". To accomplish such goals, DPH shall enter into separate contracts with: five (5) separate community-based Core Contract Partner Agencies (defined as community-based medical clinics and social service organizations in Hartford that provide perinatal services to women of low income, of which this contractor is but one of 5, all of which were identified and specified in the HRSA grant award for the Hartford federal Healthy Start Program), to provide care coordination and outreach/outreach services to: pregnant and postpartum women and their children up to age two.

Problem/Need for Services: The National Healthy Start Association (NHSA) is an organization composed of all 103 sites across the country that is funded by HRSA to develop and sustain federal Healthy Start programs. The Connecticut Department of Public Health was included as a member of this organization in June 2009, when it received a 5-year grant to develop a federal Healthy Start program within the city of Hartford. Therefore, there is not a date for RFP as it has not gone out for RFP.

Date of Last RFP:

Future RFP is Planned: No

Date of Next RFP:

Non-Competitive Justification/ Explanation: *The Grant targets activities to the City of Hartford and contracts are issued to the municpal health department and other licensed providers such as Community Health Centers within the targeted region.*

Non Competitive Justification Criteria:

- ☐ **Contracting is for core life services for vulnerable clients**
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- ☐ **Competing providers not available in geographic area of need**
- ☑ **Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements**
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- ☐ **Contractor/s identified by governor, legislation, or approved state budget process**
- ☐ **Zoning or site implications make competition problematic**
- ☑ **State contracting is with municipalies or other public/ governmental entities**
- ☐ **Emergency services are needed**
- ☐ **RFP costs exceed the value of the contracted services**

HHS Contracting During SFY 2008:

RFP (DPH Log#)	Competitive	# Of POS Contracts	Contract Period	Total$	State$	Fed+Other$
	No	5	9/1/2014 - 5/31/2019	$1,738,500	$0	$1,738,500
	No	5	2/1/2010 - 8/31/2014	$2,598,856	$0	$2,598,856
HHS Total:				**$4,337,356**	**$0**	**$4,337,356**

Program Name: HIV/AIDS Health Care Support Services (HCSS)

Statutory Authority: *4-8; 19a-2a; 19a-32; 124; 121-a, c*

Abbreviation: **AIDS HCSS**

Description of Services: The Health Care and Support Services Unit of the AIDS and Chronic Diseases Section is responsible for the administration and oversight of the Ryan White Part B funded services including the Connecticut AIDS Drug Assistance Program (CADAP); CT Insurance Premium Assistance (CIPA) Program; Minority AIDS Initiative (MAI); medical case management, ambulatory/outpatient medical care; oral health; mental health; medical nutrition therapy; non-medical case management; early intervention services (EIS), emergency financial assistance; housing; medical transportation; food bank/home-delivered meals; linguistic services, and the federal and state funded Medication Adherence Programs (MAP).

Problem/Need for Services: Despite increased prevention and care efforts to decrease HIV transmission and ensure that HIV-positive individuals have access to and remain in-care, HIV still remains a major health concern in Connecticut. Although the number of HIV disease cases diagnosed annually in the state has decreased, the number of People Living with HIV/AIDS (PLWHA) has increased resulting in an increased burden on the health care and support service delivery system. CT disparities in HIV disease continue to include blacks and Hispanics that comprise a combined 23% of the state's population, but represent 64% of all HIV/AIDS cases. This is particularly noted in the three largest cities - Bridgeport, Hartford and New Haven, which have the highest percentage of black and Hispanic populations, and account for more than 49% of all CT PLWHA. Injection drug use (IDU) and men who have sex with men (MSM) drive the infection in Connecticut. Syphilis, virtually once eliminated in CT, has increased annually since 2002 particularly among MSM, many of whom are also HIV co-infected. Poverty, lack of health insurance or inadequate insurance, unemployment, homelessness, inadequate transportation, less access to health care and co-morbidities impact greatly on the health outcomes and quality of life for PLWHA.

Date of Last RFP: 6/1/2010

Future RFP is Planned: Yes

Date of Next RFP: 8/1/2016

Non-Competitive Justification/ Explanation:

Non Competitive Justification Criteria:

- ☐ **Contracting is for core life services for vulnerable clients**
- ☐ **Need for continuity of care outweighs need for competition**
- ☐ **Competing providers not available in geographic area of need**
- ☐ **Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements**
- ☐ **Significant bond money investment with contractor providing lien and/or lease guara**
- ☐ **Contractor/s identified by governor, legislation, or approved state budget process**
- ☐ **Zoning or site implications make competition problematic**
- ☐ **State contracting is with municipalies or other public/ governmental entities**
- ☐ **Emergency services are needed**
- ☐ **RFP costs exceed the value of the contracted services**

AIDS HCSS Contracting During SFY 2008:

RFP (DPH Log#)	Competitive	# Of POS Contracts	Contract Period	Total$	State$	Fed+Other$
	No	16	4/1/2013 - 3/31/2017	$14,625,025	$2,005,610	$12,619,415
	No	1	4/1/2014 - 3/31/2017	$355,047	$0	$355,047
	No	8	7/1/2014 - 6/30/2016	$1,626,714	$600,390	$1,026,324
AIDS HCSS Total:				**$16,606,786**	**$2,606,000**	**$14,000,786**

Program Name: HIV Prevention Services

Statutory Authority: *4-8; 19a-2a; 19a-32; 124; 121-a, c*

Abbreviation: **AIDS Prev**

Description of Services: The HIV Prevention Program maintains a coordinated spectrum of linked HIV prevention and care services that include: HIV teting, risk reduction education, outreach, syringe exchange, case management, social marketing, and public information campaigns.

Problem/Need for Services: HIV is a chronic infectin and many advances in treatment have meant longer life spans. Currently, 42% fo people living with HIV/AIDS are over the age of 50. The aging of this population will have growing implications for care and HIV prevention. Although HIV/AIDS has affected most cities and towns in Connecticut, the highest numbers conitinue to occur in the larges cities. Of the 10,574 people living with HIV/AIDS in CT, half reside in Hartford, New Haven, or Bridgeport. HIV/AIDS is found disporportionately in certain groups including blacks and Hispanics who, although they make up only 20% of Connecticut's HIV/AIDS population, comprised 64% of all HIV/AIDS cases. The largest proportions of Connecticut's HIV/AIDS cases occur in injection drug users (43%) and men who have sex with men (26%). The HIV risk among young gay men, men of color who have sex with men, and recidivism among older gay men are also importanc concerns.

Date of Last RFP: 2/14/2012

Future RFP is Planned: Yes

Date of Next RFP: 10/1/2016

Non-Competitive Justification/ Explanation:

Non Competitive Justification Criteria:

- ☐ **Contracting is for core life services for vulnerable clients**
- ☐ **Need for continuity of care outweighs need for competition**
- ☐ **Competing providers not available in geographic area of need**
- ☐ **Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements**
- ☐ **Significant bond money investment with contractor providing lien and/or lease guara**
- ☐ **Contractor/s identified by governor, legislation, or approved state budget process**
- ☐ **Zoning or site implications make competition problematic**
- ☐ **State contracting is with municipalies or other public/ governmental entities**
- ☐ **Emergency services are needed**
- ☐ **RFP costs exceed the value of the contracted services**

AIDS Prev Contracting During SFY 2008:

RFP ( )PH Log#)	Competitive	# Of POS Contracts	Contract Period	Total$	State$	Fed+Other$
2012-0910	Yes	1	1/1/2013 - 12/31/2016	$280,140	$207,304	$72,836
2012-0921	No	6	1/1/2013 - 12/31/2016	$6,011,511	$3,920,811	$2,090,700
2012-0921	No	2	1/1/2013 - 12/31/2014	$257,244	$190,852	$66,392
2012-0919	No	7	1/1/2013 - 12/31/2016	$4,132,548	$3,246,728	$885,820
2012-0919	Yes	1	1/1/2013 - 12/31/2016	$761,000	$566,956	$194,044
2012-0919	No	2	1/1/2013 - 12/31/2014	$857,750	$657,750	$200,000
2014-0905	No	1	3/1/2014 - 12/31/2016	$315,000	$0	$315,000
2012-0910	No	6	1/1/2013 - 12/31/2016	$2,733,978	$1,954,482	$779,496
	No	1	1/1/2015 - 6/30/2016	$300,000	$225,000	$75,000
	No	1	1/1/2015 - 12/31/2016	$811,975	$647,073	$164,902
2012-0912	Yes	3	1/1/2012 - 12/31/2016	$2,166,089	$2,166,089	$0
AIDS Prev Total:				**$18,627,235**	**$13,783,045**	**$4,844,190**

Program Name: Immunization Program

Statutory Authority: *4-8; 19a-2a; 19a-32*

Abbreviation: **IMMUN**

Description of Services: To achieve the state/national year 2010 objective of having 90% of Connecticut children age-appropriately vaccinated by 24 months of age, the Connecticut Immunization Action Plan (IAP) conducts statewide programs to increase immunization levels among preschool children by engaging in activities designed to improve vaccine delivery, tracking and outreach referral, education and assessment.

Problem/Need for Services: The children most behind on getting immunized in a timely manner are those living in urban areas and going to public service providers. These children often lack access to a single medical home and to regular medical care. The providers in those areas often do not have a systematic record keeping or outreach services to identify and provide outreach to those who are behind. The State Immunization Advisory Council in its Immunization Action Plan (IAP) identified a need to establish a stronger local coordinating presence in local health departments in urban areas with relatively high rates of poverty to access and improve clinic-based immunization delivery and tracking and to improve community based outreach. Correspondingly, there is a need to provide the financial support to local public health authorities and professional organizations to enable development of the local infrastructure.

Date of Last RFP:

Future RFP is Planned: No

Date of Next RFP:

Non-Competitive Justification/ Explanation: *All but three of the Immunization Services Contracts are awarded to Municipal Health Depts./Districts. The three that are not have been awarded to community partners of the Municipal Health Dept. that have demonstrated a capabilitity over the years to provide the complex and sensitive outreach required by the Immunization Program. Unique expertise and knowledge are necessary to successfully carry-on the objectives of the program and maintain Connecticut's status as one of the nations leading States in the immunization of children for prevention of childhood diseases.*

Non Competitive Justification Criteria:

- ☐ **Contracting is for core life services for vulnerable clients**
- ☑ **Need for continuity of care outweighs need for competition**
- ☑ **Competing providers not available in geographic area of need**
- ☐ **Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements**
- ☐ **Significant bond money investment with contractor providing lien and/or lease guara**
- ☐ **Contractor/s identified by governor, legislation, or approved state budget process**
- ☐ **Zoning or site implications make competition problematic**
- ☑ **State contracting is with municipalies or other public/ governmental entities**
- ☐ **Emergency services are needed**
- ☐ **RFP costs exceed the value of the contracted services**

IMMUN Contracting During SFY 2008:

RFP (DPH Log#)	Competitive	# Of POS Contracts	Contract Period	Total$	State$	Fed+Other$
	No	11	1/1/2012 - 12/31/2015	$3,816,505	$0	$3,816,505
IMMUN Total:				**$3,816,505**	**$0**	**$3,816,505**

Program Name: Lead Poisoning Prevention and Control

Statutory Authority: *4-8; 19a-2a; 19a-32; 111a(b)*

Abbreviation: **LEAD**

Description of Services: Local health departments provide a comprehensive lead poisoning prevention program to reduce the risk of lead exposure to children between the ages of 6 months to 6 years of age (focusing on children between the ages of 1 -2 years). To be eligible for this funding the local health department must provide comprehensive child and environmental case management for all children with elevated blood lead levels. These funds may be used to provide these case management services. Child case management responsibilities include: (1) tracking of blood lead level progression, (2) notification of medical care providers and parents/care givers when follow up blood lead testing is overdue, (3) reassessment of interim controls and exposure hazards and expansion of the investigation when blood lead levels are not responding to interventions in a positive downward trend, (4) modification of interim controls, elimination of any newly identified hazards, and relocation when necessary, based upon that reassessment, and, (5) education and outreach to parents/care givers and medical providers. All case management activities are to be documented in the child's chart/record.

Acceptable contract activities include, but are not limited to:
1) Identifying cases of elevated blood lead levels through identification of at risk/unscreened children with referral to appropriate provider for screening;
2) Continued case tracking and disease surveillance;
3) Epidemiological, case management activities, and environmental investigations; and,
4) Health education and risk reduction services targeted to high risk neighborhoods.

The two regional lead treatment centers (New Haven and Hartford) provide: 1) screening and medical follow-up for uninsured children, 2) access to treatment (i.e., chelation therapy) for children who are lead poisoned, 3) free consultation services for physicians throughout the state regarding lead poisoning issues, and 4) relocation assistance for families with a lead poisoned child. The Lead Treatment Centers will continue to provide the services under the contract requirements.

The University of Connecticut (UCONN) provides services promoting the use of lead-safe work practices to contractors, painters, and "do-it-yourselfers" by: 1) administering the statewide training curriculum "Lead-Safe Work Practices for Painting, Remodeling, and Maintenance" and providing the Train-the-Trainer courses for new instructors, 2) auditing the training course, 3) surveying attendees to evaluate and improve the effectiveness of the training, 4) maintaining a list of practitioners who have successfully completed the training course, 5) posting a list of contractors who employ trained practitioners on a web site, 6) modifying the existing "Volunteers Opening Doors - The Five Keys to Lead Safety" training video to provide a new video "Don't Spread Lead" that is directed at property owners, "do-it-yourselfers", and professional home improvement contractors and painters, 7) developing an interactive, on-line training based upon the modified video and an associated training program, 8) revising the Keep It Clean Campaign's train-the-trainer curriculum and adapting the curriculum for Web based delivery. Lastly, UCONN also provides administrative and support services for New England Lead Coordinating Committee (NELCC) activities.

In addition to the funding identified below, Lead Poisoning Prevention surveillance activities are included in the local health options portion of the PHHS block grant.

Problem/Need for Services: The Lead Poisoning Prevention and Control Program's primary focus is to ensure that children one and two years of age are being screened for lead poisoning and that all children with elevated blood lead levels are receiving the appropriate medical and environmental case management services from their medical care provider and local health department. Connecticut lead screening recommendations adopted in 2001, recommend that all children be screened at 1 and 2 years of age, as they are at highest risk for lead poisoning. Per federal requirements, all children 6-72 months of age in Medicaid Part A must be assessed for risk and, at a minimum, screened at 12 and 24 months of age. Surveillance data for 2004 indicated 2.2% of children less than six years of age, who were tested statewide, had blood lead levels at or above the CDC's level of concern of 10 micrograms per deciliter (10 µg/dL). The largest cities in Connecticut: Hartford, New Haven, Bridgeport and Waterbury accounted for 62% of the 1,472 children with blood lead levels at or above 10 µg/dL.
Children in the one and two year-old range accounted for 528 or 61% of those with elevated blood lead levels in these four cities.

Connecticut continues to monitor and improve screening rates for children in the one and two year-

old range who are Medicaid beneficiaries. Surveillance data reveal that 48.3% of Medicaid children one and two years of age and 36.6% of children under the age of six were screened in 2004. 3.7% of Medicaid children under the age of six had an elevated blood lead screening of 10 µg/dL in 2004. The number of elevated blood lead results in this population clearly demonstrates the existence of a lead poisoning problem and the need for primary prevention and intervention activities.

Physicians throughout the state may need to consult with other medical professionals, such as staff at the Regional Lead Treatment Centers, who have specialized treatment expertise when dealing with certain clinical aspects of lead poisoning. Additionally, and unlike most other childhood diseases, lead poisoning also presents a number of additional problems such as whether or not the child can continue to live in their current dwelling. Coordination of individualized case management services that assist families in providing a lead safe home for their children is also an important item to consider.

The use of unsafe practices when renovating, remodeling, and painting homes built prior to 1978 can exacerbate lead hazards or create lead hazards where none existed (i.e., unsafe disturbances of intact lead-based paint). Connecticut's housing stock is considerably older than the national average. 78.2% of Connecticut's housing stock was built prior to 1980 and 48.2% was built prior to1960. A study conducted by the U.S. Department of Housing and Urban Development (HUD) from 1998 through 2000 determined that 38 million housing units in the United States had lead-based paint on their interior or exterior and 24 million had significant lead-based paint hazards. With Connecticut's housing stock being significantly older than the national average one can surmise that despite recent efforts to eliminate or reduce lead hazards significant lead hazards remain in Connecticut homes. The Lead-Safe Work Practices for Painting, Remodeling, and Maintenance training course, the " Don't Spread Lead" training video, and the Keep-It-Clean campaign are all instrumental in disseminating the message of the importance of working lead safe during home improvement, painting, and maintenance projects in older homes.

HP2010: Objective 8-11: Eliminate elevated blood lead levels in children. Target: Zero percent.

Date of Last RFP:

Future RFP is Planned: No

Date of Next RFP:

Non-Competitive Justification/ Explanation: *All but two contracts in this group are awarded to municipal health departments. The two exceptions are for regional lead treatment centers that were designated by the Commissioner of Public Health in accordance with Connecticut General Statutes. The two regional treatment centers were chosen based on their geopgraphic locations and physician expertise in the care and follow-up of children who are lead poisoned.*

Non Competitive Justification Criteria:

- ☐ **Contracting is for core life services for vulnerable clients**
- ☑ **Need for continuity of care outweighs need for competition**
- ☐ **Competing providers not available in geographic area of need**
- ☐ **Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements**
- ☐ **Significant bond money investment with contractor providing lien and/or lease guara**
- ☑ **Contractor/s identified by governor, legislation, or approved state budget process**
- ☐ **Zoning or site implications make competition problematic**
- ☑ **State contracting is with municipalies or other public/ governmental entities**
- ☐ **Emergency services are needed**
- ☐ **RFP costs exceed the value of the contracted services**

LEAD Contracting During SFY 2008:

RFP (DPH Log#)	Competitive	# Of POS Contracts	Contract Period	Total$	State$	Fed+Other$
	No	1	8/1/2014 - 6/30/2017	$540,858	$540,858	$0
	No	2	7/1/2014 - 6/30/2017	$1,081,716	$1,081,716	$0
LEAD Total:				**$1,622,574**	**$1,622,574**	**$0**

Program Name: Infoline - Maternal and Child Health (MCH) Information and Referral Services

Statutory Authority: *4-8; 19a-2a; 19a-32, 19a-4j, 19a-7, 19a-7a, 19a-35*

Abbreviation: **INFOLINE**

Description of Services: The Maternal and Child Health Information and Referral Service (MCH I&R) is Connecticut's response to the Title V (federal Maternal and Child Health Block Grant) requirements for provision of a toll-free information and referral service that is statewide. This toll-free telephone access point has provided information on health care and support services for the state's pregnant women, parents, and their children since October 1991 with ongoing support from the Connecticut Department of Public Health (DPH). Since January 2004, the Child Development Infoline (CDI) has served as the centralized telephone access point for information and referral for all children and youth with special health care needs (CYSCHN). CDI conducts care coordination triage to identify, assess and determine referral of CYSHCN to DPH funded "CT Medical Home Initiative for CYSHCN" contractors or other appropriate services.

The MCH I&R is available 24 hours a day, every day of the year, in all of Connecticut's 169 towns. Callers who access the toll-free number are referred to services in their local communities. Services are available to non-English speaking callers via trained interpreters who are bilingual and culturally sensitive to meet the needs of callers. Services to speech/hearing impaired individuals are also available.

Problem/Need for Services: Title V requirement. All citizens in Connecticut need to have a primary access point for information and referral to needed health and social services. Healthy People 2020 Objectives: Access to Health Services AHS-1: Increase the proportion of persons with health insurance; Access to Health Services AHS-6: Reduce the proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines. Maternal, Infant, and Child Health MICH-10: Increase the proportion of pregnant women who receive early and adequate prenatal care.

Date of Last RFP:

Future RFP is Planned: No

Date of Next RFP:

Non-Competitive Justification/ Explanation: *Infoline was created in 1976 as a public/private partnership between the United Way and the State of Connecticut, under then-Governor Meskill, to come up with a single source for State residents to get information about and referral to services. Infoline has the State's most comprehensive database of human services resources.*

In 1998 the Office of Policy and Management and then-Governor Rowland supported the State's use of an easy-to-remember number, 2-1-1, for Infoline. The Office of Fiscal Analysis budget write-up for FY 1998-99 recommended consolidating various Infoline services into the 2-1-1 system and proposed $900,000 in capital expenditures to upgrade the existing Infoline equipment. The legislature appropriated $650,000 for this purpose in anticipation of a March 1999 start date. Connecticut became the first state in the country to use 2-1-1 statewide, and in July 2000 the Federal Communications Commission designated 2-1-1 as the number to call nationally for information about Health and Human Services.

Non Competitive Justification Criteria:

- ☐ **Contracting is for core life services for vulnerable clients**
- ☑ **Need for continuity of care outweighs need for competition**
- ☑ **Competing providers not available in geographic area of need**
- ☐ **Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements**
- ☐ **Significant bond money investment with contractor providing lien and/or lease guara**
- ☑ **Contractor/s identified by governor, legislation, or approved state budget process**
- ☐ **Zoning or site implications make competition problematic**

☐ **State contracting is with municipalies or other public/ governmental entities**

☐ **Emergency services are needed**

☐ **RFP costs exceed the value of the contracted services**

INFOLINE Contracting During SFY 2008:

RFP (DPH Log#)	Competitive	# Of POS Contracts	Contract Period	Total$	State$	Fed+Other$
	No	1	10/1/2012 - 9/30/2017	$1,007,801	$0	$1,007,801
INFOLINE Total:				**$1,007,801**	**$0**	**$1,007,801**

Program Name: Preventive Health and Human Services Block Grant - Local Health Dept. Formula Grants

Statutory Authority: *4-8; 19a-2a; 19a-32*

Abbreviation: **LHD**

Description of Services: Full time Local Health Departments receive a formula-based Preventive Health Block Grant funded allocation which they may use for services classified under one or more of the following program areas within the Public Health Initiatives Branch: Cancer (Skin), Cardiovascular Disease (Diabetes, Excess Dietary Fats/Nutrition, High Blood Pressure, Physical Inactivity, Obesity), Injury Prevention (Domestic Intimate Partner Violence, Unintentional Injury, Youth Violence/Suicide Prevention), Risk Factor surveillance (BRFS) and Regulatory Services Branch: Surveillance (Childhood Lead Surveillance). Although the amount of each LHD's allocation, as well as the Program (s) they elect to address, can change annually, they are classified as "Renewal" contracts since the funding is renewed annually. Program descriptions, objectives/measures and outcomes are herein listed.

Problem/Need for Services: Needs statements are specified under each of the BCH programming options available to the local health departments/districts.

Date of Last RFP:

Future RFP is Planned: No

Date of Next RFP:

Non-Competitive Justification/ Explanation:

Non Competitive Justification Criteria:

- ☐ **Contracting is for core life services for vulnerable clients**
- ☐ **Need for continuity of care outweighs need for competition**
- ☐ **Competing providers not available in geographic area of need**
- ☑ **Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements**
- ☐ **Significant bond money investment with contractor providing lien and/or lease guara**
- ☐ **Contractor/s identified by governor, legislation, or approved state budget process**
- ☐ **Zoning or site implications make competition problematic**
- ☑ **State contracting is with municipalies or other public/ governmental entities**
- ☐ **Emergency services are needed**
- ☐ **RFP costs exceed the value of the contracted services**

LHD Contracting During SFY 2008:

RFP (DPH Log#)	Competitive	# Of POS Contracts	Contract Period	Total$	State$	Fed+Other$
	No	21	10/1/2014 - 6/30/2015	$334,363	$0	$334,363
	No	8	7/1/2014 - 6/30/2015	$93,653	$0	$93,653
	No	1	7/1/2014 - 6/30/2017	$74,826	$0	$74,826
2013-0906	Yes	1	11/1/2013 - 6/30/2015	$30,000	$0	$30,000
	No	1	9/1/2014 - 6/30/2015	$5,170	$0	$5,170
	No	12	8/1/2014 - 6/30/2015	$172,230	$0	$172,230
LHD Total:				**$710,242**	**$0**	**$710,242**

Program Name: Rape Crisis and Prevention Services

Statutory Authority: *4-8; 19a-2a; 19a-32; 19a-5; 19a-32, 7-73; 42 usc 280 b et seq, sec 1401(RPE); 42 usc 1904 (PHHS) 19a-112d; 54-143c*

Abbreviation: **RAPESVCS**

Description of Services: Makes available to sexual assault victims and their families, via contract with statewide coalition and subcontracts with 9 local rape crisis centers, free and confidential services such as: crisis intervention, support and advocacy, survivor groups, 24 hour hotline, emergency transportation. The program also includes: Community education, training, primary prevention, and coordination components.

Problem/Need for Services: Need to prevent and reduce the incidents and trauma of rape; and to assure properly trained professionals; and to assure non-duplication of services by coordination from a central source. Shift the focus from risk reduction to primary prevention that focuses on prevention of initial perpetration.

Healthy Connecticut 2010 Objective/s:
15-34: Reduce the rate of physical assault by current or former intimate partners;
15-35: Reduce the annual rate of rape or attempted rape;
15-36: Reduce sexual assault other than rape.

Date of Last RFP:

Future RFP is Planned: No

Date of Next RFP:

Non-Competitive Justification/ Explanation: *Funding supports the work of sexual abuse crisis centers in Connecticut and is distributed to member Centers by their Association, Connecticut Sexual Abuse Crisis Services. The Contract is with this Association and there is no other member association for sexual abuse crisis centers in Connecticut.*

Non Competitive Justification Criteria:

- ☐ **Contracting is for core life services for vulnerable clients**
- ☐ **Need for continuity of care outweighs need for competition**
- ☑ **Competing providers not available in geographic area of need**
- ☐ **Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements**
- ☐ **Significant bond money investment with contractor providing lien and/or lease guara**
- ☐ **Contractor/s identified by governor, legislation, or approved state budget process**
- ☐ **Zoning or site implications make competition problematic**
- ☐ **State contracting is with municipalies or other public/ governmental entities**
- ☐ **Emergency services are needed**
- ☐ **RFP costs exceed the value of the contracted services**

RAPESVCS Contracting During SFY 2008:

RFP (DPH Log#)	Competitive	# Of POS Contracts	Contract Period	Total$	State$	Fed+Other$
	No	1	7/1/2012 - 6/30/2017	$5,084,489	$2,343,150	$2,741,339
RAPESVCS Total:				**$5,084,489**	**$2,343,150**	**$2,741,339**

Program Name: School Based Health Centers

Statutory Authority: *4-8; 19a-2a; 19a-32, 10-4o*

Abbreviation: **SBHC**

Description of Services: School Based Health Centers (SBHCs) are comprehensive primary health care facilities located within or on the grounds of schools. SBHCs are staffed by a multi-disciplinary team of professionals with a particular expertise in child/adolescent health (i.e.: nurse practitioner, M.D., social worker, prevention specialists and in some instances a dentist and dental hygienist, nutritionist, health educator, outreach worker or other ancillary health professionals.) The Centers are created to build the capacity of the school to provide comprehensive, primary preventive health and mental health services, health promotion and health education activities. The teams of health professionals offer services to prevent and reduce high risk behaviors such as tobacco use, poor nutrition, sedentary lifestyle, sexual behaviors that result in HIV and STDs, unintended pregnancy and alcohol and drug use. SBHCs are licensed outpatient clinics as outlined in the Public Health Code (Sections 19-12-DA45 through 19-13-53) .

Problem/Need for Services: Increase access and improve health status of at risk children and adolescents. Grant funds are intended to cover non-reimbursable services, and services to the uninsured and underinsured. Address Healthy People 2010 Objectives: 18-7, 24-6, 5-1, 25-1, 25-2, 19-17, 26-9, 15-38,

Date of Last RFP: 1/1/2013

Future RFP is Planned: No

Date of Next RFP:

Non-Competitive Justification/ Explanation: *Services are provided in Schools located in areas of need, to be accessible to the target population. Contracts are typically executed with the host municipality. In some cases contracts are with a Local (municipal) Health Dept./District or a Community Health Center (FQHC) to provide the services in the school facility. The SBHCs are also occassional recipients of State Tax Exempt Bond Funds for facility and/or equipment enhancements that require a ten year commitment to provide services. Failure to do so results in financial penalty.*

Competitive procurement has been used in the past, and may continue to be, for allocation of special/targeted funds not available to all Centers or for Center establishment using a private provider in lieu of a municipality or CHC.

Non Competitive Justification Criteria:

- ☐ **Contracting is for core life services for vulnerable clients**
- ☐ **Need for continuity of care outweighs need for competition**
- ☑ **Competing providers not available in geographic area of need**
- ☐ **Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements**
- ☑ **Significant bond money investment with contractor providing lien and/or lease guara**
- ☐ **Contractor/s identified by governor, legislation, or approved state budget process**
- ☑ **Zoning or site implications make competition problematic**
- ☑ **State contracting is with municipalies or other public/ governmental entities**
- ☐ **Emergency services are needed**
- ☐ **RFP costs exceed the value of the contracted services**

SBHC Contracting During SFY 2008:

RFP (DPH Log#)	Competitive	# Of POS Contracts	Contract Period	Total$	State$	Fed+Other$
	No	3	7/1/2014 - 6/30/2017	$6,979,496	$6,962,708	$16,788
	No	1	1/1/2013 - 6/30/2016	$366,177	$366,177	$0
	No	1	10/1/2014 - 6/30/2017	$594,633	$594,633	$0
	No	16	7/1/2013 - 6/30/2016	$16,427,684	$15,548,344	$879,340
	No	3	7/1/2012 - 6/30/2016	$16,362,683	$16,282,683	$80,000
SBHC Total:				**$40,730,673**	**$39,754,545**	**$976,128**

Program Name: Sickle Cell Program

Statutory Authority: *4-8; 19a-2a; 19a-32; 19a-55*

Abbreviation: **GENSICKL**

Description of Services: The CT Laboratory Newborn Screening Program includes screening for hemoglobinopathies. Newborns identified with abnormal hemoglobin results are referred to the appropriate state - designated Regional Sickle Cell Treatment Centers for further follow-up. The treatment centers provide a comprehensive care program that includes confirmation testing, counseling, education and treatment. Newborns with Sickle Cell Disease are started on prophylactic penicillin therapy and a pneumococcal vaccine to decrease the morbidity and mortality associated with pneumococcal sepsis. The Regional Sickle Cell Treatment Centers provide care visits, educational programs for families and professionals, and family support groups. Laboratory Newborn Screening also indentifies newborns with Hemoglobin Traits. Primary care providers are sent letters of notification of the hemoglobin trait and a copy of the laboratory report for their records. Parents are sent a letter with an educational fact sheet that encourages them to consult their primary care provider and/or one of the state-designated Regional Sickle Cell Treatment Center for further education, parental identification of hemoglobin status, and further education and counseling for risk factors of future pregnancies. Education and support is provided to professional, parents, and families to assure optimal health of the newborns, children, and teenagers. Treatment Centers also assist in the transition of young adults that to adult primary care providers and Adult Sickle Cell Hematologists care.

Problem/Need for Services: Early identification of infants with sickle cell will prevent deaths and lessen hospitalizations due to pneumococcal infections by assuring prompt management of SS, SC and S-Thal hemoglobinopathies. Early identification and treatment of children with sickle cell disease has resulted in extending their lives into adulthood. State-designated Regional Sickle Cell Treatment Centers have developed linkages to adult providers and implemented Transistion Programs for the transition of young adults to transition from Pediatric Primary Care and Pediatric Sickle Cell Hematoloy to Adult Primary Care and Adult Sickle Cell Hematology Services. Many of the young adults are resistant and/or non-compliant to attend their Transition clinic appointments.

Date of Last RFP:

Future RFP is Planned: No

Date of Next RFP:

Non-Competitive Justification/ Explanation: *The Commissioner of Public Health designated two Connecticut Genetic Sickle Cell treatment Centers in accordance with Connecticut General Statutes. The Centers were chosen because they are widely accepted as experts in genetic research/testing and employ world renowned geneticists. These Centers provide confirmation testing, treatment, follow-up counseling, education, and support services for newborns identified with abnormal newborn screening results using their unique expertise and knowledge of genetic desease treatment. The knowledge, experience and quality of care provided by these Centers cannot currently be replaced without affecting the continuity and quality of care provided.*

Non Competitive Justification Criteria:

- ☐ **Contracting is for core life services for vulnerable clients**
- ☑ **Need for continuity of care outweighs need for competition**
- ☑ **Competing providers not available in geographic area of need**
- ☐ **Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements**
- ☐ **Significant bond money investment with contractor providing lien and/or lease guara**
- ☑ **Contractor/s identified by governor, legislation, or approved state budget process**
- ☐ **Zoning or site implications make competition problematic**
- ☐ **State contracting is with municipalies or other public/ governmental entities**
- ☐ **Emergency services are needed**

☐ **RFP costs exceed the value of the contracted services**

GENSICKL Contracting During SFY 2008:

	RFP (DPH Log#)	Competitive	# Of POS Contracts	Contract Period	Total$	State$	Fed+Other$
	2012-0903	No	1	7/1/2011 - 6/30/2016	$1,006,714	$1,006,714	$0
GENSICKL	**Total:**				**$1,006,714**	**$1,006,714**	**$0**

Program Name: STD Control Program

Statutory Authority: *4-8; 19a-2a; 19a-32; 19a-5; 46b-26; 90; 216; 219*

Abbreviation: **STD**

Description of Services: The STD Control Program provides a variety of services to attempt to reduce the transmission and incidence of selected sexually transmitted diseases. These include surveillance to monitor the trends in occurrence of syphilis, gonorrhea and chlamydia and to facilitate individual case intervention efforts; case interviews and partner outreach and treatment for persons with HIV infection or with syphilis; counseling of persons with HIV infection, syphilis, gonorrhea or chlamydia who come to STD clinics; support of no/low cost chlamydia and gonorrhea screening and treatment programs; provision of STD clinic services; consultation on case management & follow-up and general public education.

Problem/Need for Services: Many persons with STDs will delay treatment because they are embarrassed to go to providers they know or because they fear that a record of being treated for an STD could adversely affect future health insurance coverage or personal relationships. Because delays in seeking treatment increase the potential for severe complications, to transmit to others and to delay notification and treatment of exposed partners, there is a need to have special, no cost, confidential STD clinic services to eliminate this barrier to STD control. Such clinics also enable the full, efficient use of staff trained to do patient counseling, and interviews for and referrals of their partners to clinics that did not see the index case and may not be willing to do the necessary intervention: empirically treat them for incubating STD. The STD contracts help support categorical STD clinics based in the towns with the highest STD rates and in which specially trained outreach staff are located.

Date of Last RFP:

Future RFP is Planned: No

Date of Next RFP:

Non-Competitive Justification/ Explanation: *Categorical STD clinics are located in towns with the highest STD rates and in which specially trained clinical and outreach staff are located. These clinics are normally housed in municipal health departments and staff are specially trained through the New England STD/HIV Prevention Training Center. In cases where no health department clinic is available in an area of need, services are provided in a hospital clinical setting. Additional sites are determined by The Centers for Disease Control and Prevention's (CDC) direction of funds to specific diseases which are addressed by specific community service agencies serving the target population, such as Syphilis in the population of men having sex with men and/or the STD funding targeted to screening and treatment in family planning settings.*

Non Competitive Justification Criteria:

- ☐ **Contracting is for core life services for vulnerable clients**
- ☐ **Need for continuity of care outweighs need for competition**
- ☑ **Competing providers not available in geographic area of need**
- ☑ **Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements**
- ☐ **Significant bond money investment with contractor providing lien and/or lease guara**
- ☐ **Contractor/s identified by governor, legislation, or approved state budget process**
- ☐ **Zoning or site implications make competition problematic**
- ☑ **State contracting is with municipalies or other public/ governmental entities**
- ☐ **Emergency services are needed**
- ☐ **RFP costs exceed the value of the contracted services**

STD Contracting During SFY 2008:

RFP (DPH Log#)	Competitive	# Of POS Contracts	Contract Period	Total$	State$	Fed+Other$
	No	9	7/1/2012 - 6/30/2017	$1,425,493	$1,100,964	$324,529
	No	1	1/1/2013 - 12/31/2017	$98,834	$0	$98,834
STD Total:				**$1,524,327**	**$1,100,964**	**$423,363**

Program Name: Special Supplemental Nutrition Program for Women, Infants & Children

Statutory Authority: *4-8; 19a-2a; 19a-32; 19a- 59c*

Abbreviation: **WIC**

Description of Services: WIC provides nutrition education and supplemental foods to eligible women, infants, and children. Local WIC agencies must appropriately determine eligibility, certify, provide nutrition education, accurately account for WIC check issuance, and keep proper records for WIC Program applicants and participants.

Problem/Need for Services: The WIC program provides supplemental foods, nutrition assessments, nutrition education, and referrals to health and social services to low income pregnant, postpartum and breastfeeding women, and to infants and children who are at risk for nutrition-related health problems. The program serves as an adjunct to good health care during critical times of growth and development in an effort to prevent health problems and to improve the health status of participants. (Healthy People 2010 Objectives: 2.10, 2.5, 2.6, 2.8, 2.11, 14.5, 14.6, 14.9, 14.11 - All included in program outcome measures.)

Date of Last RFP: 1/9/2012

Future RFP is Planned: Yes

Date of Next RFP: 10/1/2016

Non-Competitive Justification/ Explanation:

Non Competitive Justification Criteria:

- ☐ **Contracting is for core life services for vulnerable clients**
- ☐ **Need for continuity of care outweighs need for competition**
- ☐ **Competing providers not available in geographic area of need**
- ☐ **Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements**
- ☐ **Significant bond money investment with contractor providing lien and/or lease guara**
- ☐ **Contractor/s identified by governor, legislation, or approved state budget process**
- ☐ **Zoning or site implications make competition problematic**
- ☐ **State contracting is with municipalies or other public/ governmental entities**
- ☐ **Emergency services are needed**
- ☐ **RFP costs exceed the value of the contracted services**

WIC Contracting During SFY 2008:

RFP ( )PH Log#)	Competitive	# Of POS Contracts	Contract Period	Total$	State$	Fed+Other$
	No	1	1/1/2012 - 9/30/2016	$688,815	$0	$688,815
	No	1	10/1/2012 - 9/30/2017	$1,709,631	$0	$1,709,631
	No	1	9/1/2010 - 9/30/2017	$8,863,800	$0	$8,863,800
2012-0917	No	10	10/1/2012 - 9/30/2017	$43,727,819	$0	$43,727,819
WIC Total:				**$54,990,065**	**$0**	**$54,990,065**

Program Name: TB Treatment and Prevention Program

Statutory Authority: *4-8; 19a-2a; 19a-32; 252; 255; 256*

Abbreviation: **TB**

Description of Services: The Tuberculosis Control Program conducts: TB disease surveillance, treatment, screening and containment activities. Specifically, the program identifies those with TB disease and infection. The staff observes patients ingesting therapy, Direct Observed Therapy (DOT); conducts case and infection management, monitors or conducts contact investigations, identifies TB/HIV confections; ensures treatment of latent TB infection; ensures the screening and treatment of refugees; screens and treats refugees, immigrants, high risk contacts, substance abuse clients, inmates and others at risk for TB; provides anti-tuberculosis medications to thousands of patients, and provides consultation on TB management and screening to local health departments, prisons, convalescent/nursing homes, schools, universities, hospitals, and other health care providers.

Problem/Need for Services: Tuberculosis is a potentially fatal disease transmitted through the air and, if identified promptly, it is fully treatable and preventable. It particularly affects persons living in crowded conditions and in poverty (e.g., homeless) and persons who have HIV infection. To successfully treat and prevent TB, an individual must take anti-TB medications for 6-12 months. Much of the program activities help to identify persons with disease and infection, and ensure their continued treatment long enough to effect a cure or prevent disease, thereby keeping them from becoming a public health threat. TB prevention and treatment contracts support screening and therapy efforts in correctional institutions (places where HIV prevalence and crowding is high and where people who are unreachable on the streets are temporarily reachable), and local health department outreach to assure DOT by persons who may have difficulty taking it and appropriate TB case management of residents in these specific towns.

Date of Last RFP: _____

Future RFP is Planned: No

Date of Next RFP: _____

Non-Competitive Justification/ Explanation: *TB surveillance, treatment and screening activities are contracted as a service component on STD contracts and not currently bid or awarded separately. Refer to STD contracts for additional information and justification.*

Non Competitive Justification Criteria:

- ☐ **Contracting is for core life services for vulnerable clients**
- ☐ **Need for continuity of care outweighs need for competition**
- ☐ **Competing providers not available in geographic area of need**
- ☐ **Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements**
- ☐ **Significant bond money investment with contractor providing lien and/or lease guara**
- ☐ **Contractor/s identified by governor, legislation, or approved state budget process**
- ☐ **Zoning or site implications make competition problematic**
- ☑ **State contracting is with municipalies or other public/ governmental entities**
- ☐ **Emergency services are needed**
- ☐ **RFP costs exceed the value of the contracted services**

TB Contracting During SFY 2008:

RFP (DPH Log#)	Competitive	# Of POS Contracts	Contract Period	Total$	State$	Fed+Other$
	No	3	1/1/2015 - 8/14/2017	$270,000	$0	$270,000
	No	4	7/1/2012 - 6/30/2017	$1,049,503	$1,025,815	$23,688
TB Total:				**$1,319,503**	**$1,025,815**	**$293,688**

Program Name: Waterbury Health Access Program

Statutory Authority: *4-8; 19a-2a; 19a-32;*

Abbreviation: **WHAP**

Description of Services: Program serves the needs of the uninsured and underinsured in the greater Waterbury area by providing eligible patients with access to affordable health care, prescription medicines, disease management and social services. Funding will be used to support case-management functions such as patient enrollment into federal and state funded health insurance programs, access to free or low cost medications, assigning patients to medical homes for primary care and coordinating referrals to specialists.

Problem/Need for Services:

Date of Last RFP:

Future RFP is Planned: No

Date of Next RFP:

Non-Competitive Justification/ Explanation: *Sens. Murphy and Hartley and Rep. Berger, along with the Waterbury delegation, helped to secure funding for the Waterbury Health Access Program, located at Waterbury Hospital, as part of the state's biennium budget adjustments in 2007.*

Non Competitive Justification Criteria:

- ☐ **Contracting is for core life services for vulnerable clients**
- ☐ **Need for continuity of care outweighs need for competition**
- ☐ **Competing providers not available in geographic area of need**
- ☐ **Contracts being issued to all/most highly regulated providers meeting DPH or state licensing requirements**
- ☐ **Significant bond money investment with contractor providing lien and/or lease guara**
- ☑ **Contractor/s identified by governor, legislation, or approved state budget process**
- ☐ **Zoning or site implications make competition problematic**
- ☐ **State contracting is with municipalies or other public/ governmental entities**
- ☐ **Emergency services are needed**
- ☐ **RFP costs exceed the value of the contracted services**

WHAP Contracting During SFY 2008:

RFP (DPH Log#)	Competitive	# Of POS Contracts	Contract Period	Total$	State$	Fed+Other$
	No	1	8/1/2013 - 6/30/2016	$739,128	$739,128	$0
WHAP Total:				**$739,128**	**$739,128**	**$0**