



Department of Health

Request for Proposals RFP #20070 New York State Smokers' Quitline

Issued: June 14, 2022

DESIGNATED CONTACT:

Pursuant to State Finance Law §§ 139-j and 139-k, the Department of Health identifies the following designated contact to whom all communications attempting to influence the Department of Health's conduct or decision regarding this procurement must be made.

Sue Mantica
Bureau of Contracts
New York State Department of Health
Corning Tower, Room 2827
Albany, New York 12237
Telephone: 518-474-7896
Email Address: sue.mantica@health.ny.gov

PERMISSIBLE SUBJECT MATTER CONTACT:

Pursuant to State Finance Law § 139-j(3)(a), the Department of Health identifies the following allowable contact for communications related to the submission of written proposals, written questions, pre-bid questions, and debriefings.

Carol Pry
New York State Department of Health
Bureau Tobacco Control
Corning Tower, Room 1055
Albany, New York 12237
518-474-1515
Email Address: tcp@health.ny.gov

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1.0 CALENDAR OF EVENTS

RFP # 20070 – NEW YORK STATE SMOKERS’ QUITLINE	
<u>EVENT</u>	<u>DATE</u>
Issuance of Request for Proposals	June 14,2022
Deadline for Submission of Written Questions	Questions Due By June 30, 2022 at 4:00 p.m. ET
Responses to Written Questions Posted by DOH	Responses Posted On or About July 20,2022
Deadline for Submission of Proposals	Proposals Due On Or Before August 4, 2022 at 4:00 p.m. ET
<i>Anticipated</i> Contract Start Date	May 1, 2023

2.0 OVERVIEW

Through this Request for Proposals (“RFP”), the New York State (“State”) Department of Health (“DOH”) is seeking competitive proposals from qualified tobacco use cessation Quitline vendors to provide services as further detailed in Section 4.0 (Scope of Work). It is the Department’s intent to award one (1) contract from this procurement.

2.1. Introductory Background

New York (NY) has made a significant investment over the last twenty years to reduce youth tobacco initiation, promote evidence-based cessation, and prevent exposure to secondhand tobacco smoke (SHS) and now, e-cigarette aerosols. NY’s tobacco control program (referred to as NY or the program) has increasingly focused on populations disproportionately affected by tobacco use, and health equity and racial justice are central to the work. NY’s investment in tobacco control relies on building support locally and has produced some of the strongest policy initiatives in the nation (e.g., one of the highest state excise taxes on cigarettes, comprehensive clean air, and robust enforcement) and some of the lowest smoking prevalence by youth and adults. NY’s innovative approach to health systems change is designed to increase the delivery of effective tobacco dependence treatments to its disparately affected populations. A recent study found NY was the only state in the nation to reduce the disparity in tobacco use between high- and low-income smokers between 2011 and 2017 (<https://www.sciencedirect.com/science/article/abs/pii/S0091743520300438>). Similar results have been found for other disparate groups in NY. It is clear that NY’s approach to tobacco control, which emphasizes effective policy and widely available cessation supports, is working.

Even with these positive results, tobacco use in NY remains the single most preventable cause of morbidity and premature mortality. About 22,000 deaths annually in NY can be attributed to smoking or secondhand smoke. Nearly 550,000 potential healthy life years are lost each year due to premature death or disability from cigarette smoke. Significant disparities exist among vulnerable populations and these same groups face significant barriers to achieving a healthy lifestyle. In New York State (NYS), the populations disproportionately affected by tobacco use include those with the lowest incomes, those with low educational attainment, people with disabilities, individuals experiencing mental and behavioral health conditions, and people who are diagnosed with and substance use disorders.

Tobacco use among those with serious mental illness is substantially higher than in the general population. Research to date suggests that they may be the most difficult group of tobacco users to reach with our public health efforts, thus warranting a special focus for NY. As part of coaching assistance, Quitline services are expected to complement other health system change efforts, for example, by providing cessation treatment insurance benefit information to callers, encouraging callers to discuss quitting with their health care provider and reconnecting callers who are referred to the Quitline back to their provider for continued care. Currently, the NYS Smokers' Quitline provides evidence-based cessation services including coaching by phone, approved medications to eligible callers, as well as web-based and written informational resources for New Yorkers trying to quit smoking, those who have recently quit smoking and persons supportive of these individuals.

The introduction of a novel class of emerging tobacco products (e.g., e-cigarettes and heated tobacco products) with little regulation creates new challenges including misinformation campaigns, a proliferation of flavored products that appeal to youth, and high-tech devices that efficiently deliver nicotine in high doses. In addition, predatory marketing by the tobacco industry has produced an epidemic of youth use and strong appeal to young adults. The complexity associated with new nicotine delivery devices suggests that not only consumers and parents are misinformed, but health care providers may be unclear of their role in recommending or discouraging use of emerging products for cessation from combustible tobacco products, and they may be unaware of existing safety concerns of their use. As a respected resource, the Quitline will provide clarity and accurate information on all communication platforms based on the best tobacco control evidence available.

While the standard of care for a Quitline has been telephone counseling and written resources, Smoking Cessation. A Report of the Surgeon General concludes there is sufficient evidence to infer increased engagement when tobacco users have a variety of modalities to access resources and services for their successful quit attempt. In this context, it is relevant for Quitline services to include a variety of electronic communication options (e.g., self-help web-based interventions, online chat with a quit coach, and text messaging) to complement telephone communications and other existing tobacco use cessation services offered.

Going forward, NY will continue efforts to reduce overall smoking rates and SHS exposure and use its mass-reach health communications to target people disparately affected by tobacco use including those with low income, are living with mental and/or behavioral health conditions, and people enrolled in Medicaid. With nearly half of those receiving Quitline services being Medicaid recipients, a key Quitline role is to raise awareness of Medicaid smoking cessation benefits to providers and tobacco users while promoting the tobacco dependence treatment role of providers and the Quitline. Historically, the value of the Quitline contract has been \$4.15 million annually.

2.2. Important Information

The Bidder is required to review, and is requested to have legal counsel review, [Attachment 8](#), the DOH Agreement, as the Bidder must be willing to enter into an Agreement substantially in accordance with the terms of [Attachment 8](#) should the Bidder be selected for contract award. Please note that this RFP and the awarded Bidder's proposal will become part of the contract as Appendix B and C, respectively. It should be noted that Appendix A of [Attachment 8](#), "Standard Clauses for New York State Contracts", contains important information related to the contract to be entered into as a result of this RFP and will be incorporated, without change or amendment, into the contract entered into between DOH and the successful Bidder. By submitting a response to the RFP, the Bidder agrees to comply with all the provisions of Appendix A.

Note, [Attachment 7](#), the Bidder's Certifications/Acknowledgements, should be submitted and includes a statement that the Bidder accepts, without any added conditions, qualifications or exceptions, the contract terms and conditions contained in this RFP including any exhibits and attachments. It also includes a statement that the Bidder acknowledges that, should any alternative proposals or extraneous terms be submitted with the proposal, such alternate proposals or extraneous terms will not be evaluated by the DOH.

Any qualifications or exceptions proposed by a Bidder to this RFP should be submitted in writing using the process set forth in [Section 5.2](#) (Questions) prior to the deadline for submission of written questions indicated in [Section 1.0](#) (Calendar of Events). Any amendments DOH makes to the RFP as a result of questions and answers will be publicized on the DOH web site.

2.3. Term of the Agreement

DOH will award one (1) contract as a result of this RFP for a term of five (5) years, commencing on the date shown on the Calendar of Events in [Section 1.0.](#), subject to the availability of sufficient funding, successful Contractor performance, and approvals from the New York State Attorney General (AG) and the Office of the State Comptroller (OSC). DOH reserves the right to issue a contract with HRI in the event that additional resources are available.

3.0 BIDDERS QUALIFICATIONS TO PROPOSE

3.1. Minimum Qualifications

The NYSDOH will accept proposals from organizations with the following types and levels of experience as a prime Contractor.

Eligible Bidders include any company or organization that meets the following:

- Bidding organization must have a written policy prohibiting any affiliation with a tobacco company or tobacco product manufacturer including receipt of gifts, grants, contracts, financial support, in-kind support and other relationships.
- Bidding organization must attest using [Attachment C](#), that all proposed or utilized subcontractors, who will receive funding through this award, do not have any affiliation with a tobacco company or tobacco product manufacturer.
- Bidding organization must have at least three (3) years of experience providing tobacco cessation call center services and

- Bidding organization must have at least three (3) years of experience providing web-based tobacco use cessation services.

Experience acquired concurrently is acceptable.

For the purposes of this RFP, a prime Contractor is defined as one who has the contract with the owner of a project or job and has full responsibility for its completion. A prime Contractor undertakes to perform a complete contract and may employ (and manage) one or more subcontractors to carry out specific parts of the contract.

Bidder failure to meet these Minimum Qualifications will result in a proposal being found non-responsive and eliminated from consideration.

4.0 SCOPE OF WORK

This Section describes the Quitline services that are required to be provided by the selected Bidder. The selected Bidder must be able to provide all services throughout the contract term.

PLEASE NOTE: Bidders will be requested to provide responses that address all the requirements of this RFP as part of its Technical Proposal.

Bidder for purposes of this RFP, the use of the terms “shall”, “must” and “will” are used interchangeably when describing the Contractor’s Bidder duties.

4.1. Tasks/Deliverables

The New York State Department of Health (Department) Tobacco Control Program (TCP) seeks proposals to provide telephonic, digital, and Internet-based information and tobacco use cessation services to NYS residents seeking 1) information on quitting tobacco use and 2) coaching assistance with quitting tobacco use or maintaining quit status.

Program areas for this contract include the following, each with their own contract deliverables:

1. Statewide Telephone Tobacco Use Cessation Services
2. Digital Tobacco Use Cessation Services
3. Quitline Marketing and Outreach
4. Cessation Medication Storage and Shipment Services
5. Quality Improvement and Evaluation

4.2. Program Area 1 Description – Statewide Telephone Tobacco Use Cessation Services

The Contractor will establish and maintain a statewide tobacco use cessation Quitline that serves as a convenient telephone-based resource to tobacco, ENDS (Electronic Nicotine Delivery System), and other emerging product users by:

- Providing cessation related information and support materials including information about smoking and tobacco use cessation benefits available to callers through their health insurance plan,
- Providing cessation coaching assistance,

- Disseminating information on cessation medications (including prescription and over-the-counter medications),
- Offering access to and provision of cessation medication to Medicaid enrollees, uninsured, and others who have financial barriers as appropriate and available,
- Providing referrals for more intensive treatment, as appropriate, including referrals to callers' primary care providers and health plans for more comprehensive cessation services, and
- Providing information on DOH's health plan marketplace, NY State of Health and its website at <https://nystateofhealth.ny.gov/>.

A. Non-Coach Assisted Calls:

- Non-Coach assisted calls (about 5,000 annually) refer to those calls where individuals chose not to speak with a coach and select to either listen to a taped message or leave a voicemail message. This Non-Coach assisted service will be available 24 hours per day every day.

B. Coach Assisted Calls:

- Telephone based services must be offered to all New York residents (13-17 years and adults) and will be responsive to all types of commercial tobacco users (e.g., smokers of any combustible tobacco product, smokeless tobacco users, ENDS users, those who are not ready to quit, those who have already quit, those who are planning to quit, and those who have relapsed)
- Coach Assisted calls (about 79,000 annually) will include the following for youth 13-17 years old tobacco, ENDS or other emerging product user:
 - Coaching Consultation consisting of telephonic coaching sessions, up to 30 minutes each. The number of calls will be determined by discussion between the coach and tobacco user. The first coaching session will include collection of intake information about the caller's readiness to quit and encouragement to talk with a health care provider about quitting tobacco. Coaching sessions, either initial or follow-up, may include development of a quit plan, quit tips, available youth specific Internet-based and text support cessation resources, problem solving strategies for managing cravings and other evidence-based coaching strategies. For tobacco users not ready to quit, the coaching will include a description of services, motivational coaching, informational materials, available youth specific Internet-based and text support cessation resources, and encouragement to talk with a health care provider about quitting tobacco. For tobacco users who already quit, coaching will include relapse prevention, informational materials, and text support.
 - The initial coaching call will be followed by:
 - The option to receive up to 2 additional proactive calls,
 - Orientation to Internet-based and text support cessation resources, the use of telephonic recorded informational and motivational messages,
 - Mailing of informational materials, as appropriate,
 - The coach transferring pertinent information and the tobacco user to the caller's health plan cessation program when the health insurance plan offers more comprehensive services than the Quitline.

- Coach Assisted calls will include the following for adult (18 years of age and older) tobacco, ENDS, or other emerging product users including populations disproportionately affected by tobacco use such as those with the lowest incomes, the least educated, those with disabilities, people experiencing mental or behavioral health conditions, and people diagnosed with substance use disorders, and pregnant/post-partum women.
 - Coaching Consultation, in the caller's preferred language, consisting of up to two (2) additional coach initiated telephonic coaching sessions per tobacco user, up to 30 minutes each. The number of calls will be determined by discussion between the coach and tobacco user. The first coaching session will include collection of intake information about the caller's readiness to quit, screening for cessation medication eligibility, and encouragement to talk with a health care provider about quitting tobacco. Coaching sessions, either initial or follow-up, may include development of a quit plan, quit tips, problem solving strategies for managing cravings, and other evidence-based coaching strategies. For tobacco users not ready to quit, the coaching will include a description of services, motivational coaching, informational materials, available Internet-based and text support cessation resources, and encouragement to talk with a health care provider about quitting tobacco. For tobacco users who already quit, coaching will include relapse prevention and informational materials.
 - The initial coaching call will conclude with the following:
 - Mailing of informational materials and tobacco cessation medication, as appropriate.
 - Orientation to Internet-based and text messaging cessation resources, the use of telephonic recorded informational and motivational messages,
 - Warm transfer to the caller's health plan cessation program when the health insurance plan offers more comprehensive services than the Quitline. For callers with no health insurance, coaches will provide the Quitline service and refer callers to NYS's Health Benefit Exchange Marketplace, NY State of Health,
 - Referral to Asian Quitline or 855-QUIT-VET Quitline, as appropriate.

All tobacco users will be provided health insurance resources and an explanation of what cessation counseling and medication services are available as well as encouraged to follow-up with their personal health care provider.

C. Department of Corrections and Community Supervision (DOCCS) Coach Assisted calls:

The Contractor will establish a dedicated collect call phone number for approximately 1000 annual callers incarcerated in NYS Department of Corrections and Community Supervision (DOCCS) facilities. An established special arrangement with DOCCS allows Quitline access by inmates. DOCCS inmates call via the collect call line to receive cessation coaching services and provision of cessation information materials and nicotine patches, if eligible.

D. General Information Calls:

- For friends and family of tobacco users, Quitline coaches will provide brief advice on helping a tobacco user quit, offer to mail informational materials, and provide information about Internet-based and text support cessation resources.

- For clinicians and health care providers, coaches will describe the Internet-based cessation counseling training, available cessation resources, and the electronic referral program; arrange participation in the referral program, as desired, and mail informational materials, including printed cessation materials for distribution to patients.
- For other callers, coaches will provide a brief appropriate response. Other callers may include but are not limited to media inquiries requesting information and interviews, complaints about media messages and Quitline services (to be documented and reported to DOH), requests for referral to and/or information regarding local cessation services.

E. Callback Calls

- Please note: “Referral calls,” discussed below, are in response to a referral made to the Quitline by a health care provider organization. “Quitsite Inquiry & Voice Message” calls are in response to inquiries on the Quitsite or voice messages requesting a coach return their call.
- Quitline staff will manage inquiries from voice messages, patient referrals for Quitline services from health care professionals and the established digital cessation services (See Deliverable 2) and respond based on the request made.
 - If the inquiry is from a tobacco user, the response will be either placing an outbound call to determine and respond to service needs, providing information about service options via email, fulfilling requests for cessation medication products following a coaching session and/or mailing of self-help materials.
 - If the inquiry is from a health care professional, the response will include either placing an outbound call to determine service needs, providing information, via email or mail, on service options or other tobacco use cessation related health care professional resources.
 - For other callers, coaches will provide a brief appropriate response with a call back or e-mail.
- If a patient referral for cessation services has been made to the Quitline by a health care provider, coaches will place up to five (5) attempted outbound calls to the tobacco user and offer appropriate Quitline services and follow-up calls. An acknowledgment and a follow-up summary report will be sent to the referring health professional.
- In response to voice messages, patient referrals for cessation services from health care professionals, and Quitsite inquiries, coaches should expect to complete about 32,200 outbound call attempts annually. The actual call volume may vary.
 - voice messages (1,200),
 - referrals from health care professionals (19,000),
 - Quitsite inquiries (12,000), and
 - No callback/outbound calls will be placed to DOCCS.

4.2.1. Program Area 1 Contract Deliverables:

A. Telephone Services:

- Within the first three (3) months of contract start date, provide systematic and evidence-based protocols for coaches delivering Quitline services that offer coaching assistance, medication eligibility, quit plan development and information to tobacco users at various stages of readiness to quit and for those already quit but concerned about relapse. All Quitline protocols are to be reviewed and approved by DOH.
 - Develop, or review and update, evidence-based and culturally responsive tailored cessation coaching protocols for tobacco users who report:
 - Living with mental illness or behavioral health conditions,
 - Having substance use disorder,
 - Using electronic nicotine delivery systems (ENDS), including:
 - Exclusive ENDS users ready to make a quit attempt
 - Dual-use tobacco & ENDS users ready to make a quit attempt
 - Youth ENDS users (13-17 years of age),
 - Being pregnant, planning to become pregnant, or breastfeeding,
 - Being under 18 years of age; or
 - Any combination of 1 through 6 above
 - Standardize referral protocol to and from Asian Quitline, as needed,
 - Standardize protocol for referrals to 855-QUIT-VET Quitline as needed,
 - Seek out other culturally appropriate referral programs within and outside NYS.
- Within the first three (3) months of contract start date, provide voicemail, recorded messages and tips, and messages for managing, triaging, and servicing calls during hours when the Quitline is not staffed.
- Within the first three (3) months of contract start date, provide a system for providing technical assistance to medical professionals, employers, and health plans on how to promote and use Quitline services including electronic referrals, telephonic services and digital resources, while promoting patient centered evidence-based assistance with quitting among health care providers.

B. Call Center Operations:

- The Contractor should identify the actual location of the Call Center Operations within the first three (3) months of contract start date and identify and hire staff with the appropriate competencies to implement the full range of services for which they are applying. The Quitline call center will be located and operated within the continental United States. The bidder should identify the actual or anticipated location, if known. Maintain at least one Spanish speaking Quitline coach per shift during Quitline open hours; if at any time Quitline is unable to maintain at least one Spanish speaking coach, the Quitline will utilize the Certified Languages International service.
- Within the first three (3) months of contract start date, provide the toll-free 1-866-NY-QUITS (1-866-697-8487) phone number, offering telephonic services in English and Spanish as well as an automated language translation service. Provide a dedicated collect call phone number for callers incarcerated in NYS Department of Corrections and Community Supervision (DOCCS) facilities.

- Establish within the first three (3) months of contract start date, and then maintain the following staffed call center hours of operation: Monday through Thursday from 9:00 a.m. to 9:00 p.m. and Friday, Saturday, and Sunday from 9:00 a.m. to 5:00 p.m., except federal holidays. DOH reserves the right to change Quitline hours based upon demand for services due to the media campaign. The Contractor will provide modified Quitline hours as requested by DOH. There will be no additional reimbursement for the changed hours beyond the price paid per call.
- Upon completion of the initial three (3) months transition period (if new Contractor) deliver Quitline services through live Quitline specialists during the hours of operation with a wait time of less than 30 seconds, an abandonment rate of less than 5% after the 30 second threshold, and 7-day quit rate prevalence of 20% for tobacco users who received coaching and materials only and 30% for tobacco users who received coaching, materials and tobacco cessation medication. If incumbent Contractor, services to begin upon contract start date.
- Within the first contract year, establish an information and data management system to facilitate easy and comprehensive documentation of each call, appropriate services provided to each caller and disposition of each call. All calls are tracked, recorded, and archived.

4.3. Program Area 2 Digital Tobacco Use Cessation Services

The Contractor will provide digital services that serve as a clearinghouse for tobacco use cessation resources, an Internet-based Quitsite with web-based coaching/chat features, and text support services for tobacco users seeking assistance with quitting. Digital services will allow users to register for any combination of cessation services offered and provide a seamless experience when accessing services. The website (Quitsite) will have sections for at least three (3) audiences: 1) tobacco users looking for help quitting, 2) health care professionals, and 3) health plans, employers, schools, and universities. All digital services, posted content, and materials will also be available in English and Spanish with the availability to translate web-based information and materials to NYS' ten most common languages (per Executive Order 26.1). The website will include links to other NYS and national tobacco use cessation and prevention-related websites. This includes a link to DOH's health plan marketplace, NY State of Health, website at <https://nystateofhealth.ny.gov/>.

The Quitsite will have registration capability for all Quitline services including telephone coaching, text messaging, web-based coaching and cessation medication requests. The Quitsite will allow visitors to chat in real-time (during call center hours) with a coach or choose to enroll in telephone or text messaging cessation services. Visitors seeking a call or text messaging from the Quitline or requesting tobacco cessation medication will receive a response within two (2) business days. The Quitsite will have the capability for health care providers, employers and partnering health organizations to electronically refer tobacco users for services.

Text messaging cessation support services will be offered as stand-alone, short code (e.g., SMS short code is an abbreviated phone number designed to be remembered when sending a text message) messages. Individuals may enroll in on-demand, automated interactive tobacco use cessation text support that utilizes evidence-based behavioral guidance. Text messages will be designed to directly assist and motivate tobacco users as they prepare to quit tobacco and will

include guidance in creating an individual quit plan, medication support, daily motivation, and advice on how to overcome cravings.

Web-based tobacco use treatment education and continuing education credits will be available and offered to all health care professionals including pharmacists contacting the Quitline. An interactive online training for health care providers will demonstrate a “brief tobacco intervention” that providers can use with patients who use any form of tobacco product. The training will be appropriate for any member of the health care team. Training content will meet requirements to receive Continuing Medical Education (CME) accreditation and include, but not be limited to:

- An overview of Quitline services, Internet-based and digital cessation services, and the Quitline referral program.
- Demonstrations of motivational interviewing with patients.
- Descriptions of tobacco dependence treatment medications.
- Resources for pregnant women, individuals living with mental and behavioral health conditions and those with Medicaid insurance coverage.

Tobacco cessation resources, website, associated materials and services, and protocols developed or updated for the digital services will be pre-approved by DOH.

4.3.1. **Program Area 2 Contract Deliverables:**

The Contract will:

- Within the first three (3) months of contract start date, provide an Internet-based clearinghouse for NYS residents and specifically DOH priority populations to access and obtain printed or local tobacco use cessation resources, to learn about cessation services in NYS and to provide information to health plans, employers, and schools about the benefits of tobacco cessation.
- Within the first year of contract start date, provide Internet-based cessation resources that includes a chat feature and online cessation services registration features established for NYS smokers and tobacco users seeking assistance with quitting and health care professionals seeking training and resources to assist patients with quitting tobacco use.
- Within the first six (6) months of contract start date, provide a system to offer stand-alone, short code to enroll, on-demand, automated interactive text support that utilizes evidence-based behavioral guidance and support.
- Within the first six (6) months of contract start date provide digital services in English and Spanish with the availability to translate web-based information and materials to NYS’ ten most common languages.
- Within first six (6) months of the start of the contract, all written informational materials available on the Quitsite will be translated and available in NYS’ ten most common languages per Executive Order 26.1.

- Within the first three (3) months of contract start date, provide a system or utilize existing commercial services available to track use of digital cessation services (i.e., number of website log-ins, minutes spent on website, etc.) and provide reports on metrics.
- Within the first six (6) months of contract start date, provide an online registration process protocol for NYS residents seeking any service combination of tobacco use cessation telephone or web-based coaching, text messaging, and a tobacco cessation medication.
- Within the first three (3) months of contract start date, provide an online referral system for health care provider organizations, employers, health plans, etc. to refer tobacco users to the Quitline for services.
- Within the first 18 months of contract start date, provide an on-line tobacco use cessation education portal for health care providers, including pharmacists, that offers continuing medical education (CME) credits.
- In an ever-changing social and technological landscape, the Quitline vendor must work closely with DOH and be willing to implement new methodologies to reach potential Quitline participants. This includes capitalizing on yet-realized opportunities and harnessing new technologies that will enter the marketplace during the contract period.
- Within the first three (3) months of contract start date, provide a process to ensure the website(s) will comply with the NYS Enterprise IT Policy NYS-P08-005, Accessibility of Web-Based Information and Applications at: <http://its.ny.gov/document/accessibility-web-based-information-and-applications-compliance-reporting>
- Upon contract approval, DOH will provide the Contractor with a DOH branding template and coding that the Contractor will need to use for the Quitsite header and footer. The Contractor will be responsible for applying the template and coding and then submitting for DOH approval within the first three (3) months of contract start date.

4.4. Program Area 3 Quitline Marketing and Outreach

The NYS Smokers' Quitline plays an integral role in supporting tobacco dependence treatment health systems change in NYS that requires the Quitline vendor to develop and implement an annual plan for promoting telephonic and digital cessation services, and referral systems to the NYS health care provider community, including, but not limited to:

- Community health centers (CHCs), federally qualified health centers (FQHCs),
- Mental health/behavioral health service organizations,
- Other health care provider organizations that provide services to people with low income and low education, and individuals living with mental/behavioral health conditions,
- Health Systems for a Tobacco-Free NY Contractors,
- Health care providers,
- Pharmacists
- Employers,
- Health insurance plans, Medicaid Managed Care plans and the NY State of Health marketplace initiative,
- NY e-health collaborative statewide and regional centers, and
- Statewide organizations such as the Community Health Center Association of NYS

(CHCANYS), Medical Society for the State of NY (MSSNY) and NY Association of Psychiatric Rehabilitation Services (NYAPRS).

The Quitline vendor will also develop and implement a plan that includes responding to media inquiries to position the NYS Smokers' Quitline as an expert on tobacco cessation and tobacco dependence treatment systems change. As a result of these efforts, the Quitline vendor will be an important source to localize national and state stories regarding tobacco use cessation and the health consequences of tobacco use. Tools to be used include press releases, news briefs, newsletters, engagement of personal stories and other creative techniques.

Draft culturally appropriate and topic-relevant materials to support the Quitline's cessation services and marketing and outreach work. The Quitline vendor will develop, print, and widely distribute materials that can be used to educate the community and health care systems about tobacco use, treatment options, and role of the Quitline.

- The informational materials will be for specific audiences, including NYS tobacco control program priority populations, tobacco users at various stages of readiness to quit, tobacco users already quit, friends and family of tobacco users, clinicians and health care providers seeking to help patients quit using tobacco, and the media and community members interested in learning more about tobacco cessation.
- The informational materials will be relevant to specific audiences and topics, including, but not limited to coping with nicotine withdrawal and smoking triggers, smoking relapse prevention, helping a smoker quit, secondhand smoke, smoking cessation medications (including Medicaid coverage), smoking and pregnancy, youth and tobacco use, and the Quitline's electronic referral program.
- All materials will also be available in NYS' ten most common languages per Executive Order 26.1.
- Annually, approximately 41,000 informational material packets will be produced and assembled for shipping with Cessation Medication starter kits or alone to tobacco users and others seeking printed materials. This is an estimate and the actual number of materials developed may vary. The materials will be submitted to DOH for review and approval prior to use.

4.4.1. Program Area 3 Contract Deliverables:

- Develop and implement an annual marketing and outreach plan within three (3) months of the start of each contract year to promote Quitline telephonic and digital cessation services and referral systems to the NYS health care provider community.
- Within three (3) months of the start of the contract and annually develop and implement a plan to position the NYS Smokers' Quitline as an expert on tobacco cessation and tobacco dependence treatment systems change with the major media outlets in NYS.
- Draft culturally appropriate and topic-relevant materials and submit to DOH for approval and then professionally mass produce.
- Within first six (6) months of the start of the contract, all written informational materials will be translated and available in NYS' ten most common languages per EO 26.1.

4.5. Program Area 4 Cessation Medication Storage and Shipment Services:

The Quitline vendor will store and distribute, as appropriate, cessation medication for eligible Quitline service participants. In fiscal year 2019-2020, about 40,000 two-week starter kits of cessation medication were sent to New Yorkers. Cessation medication products will be purchased and provided to the vendor by DOH. The type of product that DOH provides the vendor may include, but is not limited to, nicotine patches, lozenge, and gum. The Quitline vendor will establish a protocol with the DOH contract liaison to order sufficient cessation medication products to provide timely fulfillment to qualified Quitline service clients as identified in Deliverable 1.

The Contractor will also store and send informational materials with cessation medication starter kits and alone, as necessary. The informational materials will be assembled in packets for specific audiences, including tobacco users at various stages of readiness to quit, tobacco users already quit, friends and family of tobacco users, clinicians and health care providers, and the media and community members interested in learning more about tobacco cessation. For cost purposes, about 40,000 informational packets are shipped with cessation medication and 1,000 informational packets are shipped alone annually.

4.5.1. Program Area 4 Contract Deliverables:

- Within the first three (3) months of contract start date, the Contractor will be prepared to receive and store cessation medication in a secure/locked facility that maintains all manufacturer requirements, including proper temperature and humidity standards.
- Within the first three (3) months of contract start date, establish a protocol for projecting cessation medication needs, ordering of product and maintaining sufficient supply based on anticipated client needs.
- Within three (3) months of the contract start date, establish a management system for distributing information and materials to specific audiences, including tobacco users at various stages of readiness to quit, tobacco users already quit, friends and family of tobacco users, clinicians and health care providers, and the media and community members interested in learning more about tobacco cessation. including a system to mail appropriate written materials.
- Ship cessation medication and relevant informational material to approximately 40,000 individuals annually via first class mail within two (2) business days of receiving Quitline services.
- Ship informational materials, without cessation medication, to approximately 1,000 individuals via first class mail within two (2) business days of receiving Quitline services.

4.6. Program Area 5 Quality Improvement and Evaluation

The Quitline vendor shall develop and implement a quality improvement plan and provide reports to DOH. A quality improvement plan is the foundation for providing quality telephonic, web-based, and digital services and shall be based upon Quitline services data, identified needs, problems and/or issues. As part of the plan, the vendor will provide training(s) for Quitline staff conducted by individuals that have knowledge and experience to effectively deliver training information to staff.

A written quality improvement plan provided to DOH will address (at a minimum) the following topics:

- Effectiveness of digital technology, telephone system and website in supporting the work of the Quitline,
- Program for oversight and interventions based on various supervisory techniques such as a manager “listen-in”,
- Effectiveness of staff training programs (match between training objectives and staff performance),
- Assessment of cost per call, wait times and abandonment rates,
- Tracking of call center metrics, including, but not limited to unanticipated call volumes with data regarding wait times and abandonment rates; and
- Client satisfaction with services provided and timely complaint resolution.

To support and evaluate Quitline activity and services, the Quitline vendor will deliver to DOH and the tobacco control program’s independent evaluation Contractor data sets and related documentation containing information collected by the Quitline telephonic, Internet-based, and digital services programs and various reports that provide weekly, monthly, quarterly and annual service and performance data. At a minimum, the vendor is required to provide the following:

- Quitline data set, including data recorded during intake and coaching session calls, and call disposition,
- Digital services data set, including participant interaction with the website and text messaging services,
- Cessation medication data set, including quantity, dosage and shipment dates,
- Data sets required for conducting an external evaluation of quit rates and other performance measures for the Quitline and digital services; and
- All information contained in the Minimum Data Set as set forth by the North American Quitline Consortium (NAQC), required by the National Quitline Data Warehouse (NQDW), or all data deemed necessary by DOH and the evaluation Contractor from all callers willing to report such data.

All data files will include a single unique identifier, compliant with current Institutional Review Board (IRB) standards, for each caller that allows data from multiple files to be linked together for analysis, and if necessary, a linking file. The data files will be provided in a common “flat file format” (such as csv or SAS) to allow for ease of analysis and measurement of impact and outcome relative to Quitline and digital cessation services activities.

The initial data sets and codebooks will be delivered to DOH by close of the first six (6) months of the project. Subsequent data files will be provided on a regular schedule determined by DOH. For each data file, the vendor is expected to provide data dictionaries, codebooks and other documentation that thoroughly and accurately describe the data files. The data documentation will be updated by the vendor as information systems and data

elements change. The content for every dataset and all documentation associated with this deliverable is subject to Departmental approval. The vendor will respond to ad hoc data and report requests as needed by the DOH. Descriptive ad hoc requests (e.g., the number of ENDS users calling from Albany County) are expected to be delivered to DOH within two (2) business days of the request. For more complex analyses, DOH will work with the vendor to identify a timeline for report delivery. The service requirements are subject to updates based on contract requirements; therefore, the data and reporting requirements may be revised.

At a minimum, the following reports must be provided electronically to DOH by the Quitline vendor:

- Weekly Report
 - Call volumes, telephonic and digital services provided by day, cessation medication registration and distribution.
- Monthly Report
 - Call volumes, wait times, abandonment rates, incoming call dispositions, outgoing call dispositions, number and type of calls (e.g. coach assisted, non-coach assisted, etc.), digital services enrollment and dispositions, cessation medication distribution, satisfaction data, client demographics and tobacco use history, electronic referral dispositions and website metrics.
- Quarterly Reports
 - Quarterly summary of Quitline telephonic, Internet-based, and digital services reports.
 - Quarterly Quitline report that identifies the number of unique individuals who participated in the Quitline services during the quarter and the year to date, and since the start of the contract.
 - Reporting quarterly on the annual Marketing and Outreach Plan.
 - Reporting quarterly on cessation medication storage and distribution.
 - Reporting quarterly on the annual Quality Improvement.
- Annual Reports
 - Annual summaries of Quitline, telephonic, Internet-based, and digital services reports.
 - Identification of progress towards annual performance indicators and benchmarks.
 - Identification of steps taken to improve services for the upcoming year.

The reports will be reviewed at the time of delivery by DOH staff to evaluate the quality of the vendor's performance.

The evaluation outcomes to assess program quit rates including a 7-month follow up assessment will be conducted as part of this contract. The Quitline vendor will also conduct client satisfaction surveys with samples of clients served by the Quitline. The customer satisfaction survey data shall be collected within three (3) months of the initial call to the Quitline or registration in digital services. The Contractor will collect monthly satisfaction data from a representative, random sample of callers and digital services registrants. The specific protocols for conducting the client satisfaction surveys, including survey content, will be reviewed and approved by DOH prior to the start of data collection. The staff delivering the Quitline services may conduct the client satisfaction surveys.

The evaluation outcomes to assess program quit rates including a 7-month follow up assessment will be conducted as part of this contract. The Quitline vendor will collect data to generate a random sample from all participants and conduct follow-up surveys 10 – 12 months after the initial coaching call with participants of the Quitline telephonic and digital

services. Data required for the outcome's evaluation will include, but are not limited to, participant name, unique participant identifier allowing outcome data to be linked to program participation data, telephone number, email address (if provided), mail address and program enrollment date.

4.6.1. Program Area 5 Contract Deliverables:

- Within the first six (6) months of the contract start date, develop, implement, and manage systems to collect, process and store client satisfaction data for Quitline telephonic, and digital services participants.
- Upon start of the contract, submit electronic weekly, monthly, quarterly, and annual reports to DOH.
- Within the first three (3) months of contract start date establish the infrastructure to collect Quitline data for evaluation outcomes including the 7-month follow up assessment. Collect data and run reports to be shared DOH staff and its independent evaluator, as requested.
- Develop and deliver to National Quitline Data Warehouse (NQDW), the tobacco control program's independent evaluator, and DOH data sets containing intake, coaching, and, pharmacotherapy utilization data in a format and at intervals determined by NQDW and/or DOH. This will include appropriate documentation (e.g., codebooks, variable labels, and value labels) to facilitate use of the data sets by the independent evaluator, DOH, or other legitimate researchers who make appropriate data requests to DOH. Outside researchers not connected to DOH or the independent evaluator will receive de-identified datasets.
- Within the first contract year, develop and implement an annual quality improvement plan that includes (at a minimum) staff training and delivery of Quitline telephonic and digital services and includes a plan for quarterly reporting on each topic to DOH.
- Within the first contract year, develop a staff training protocol to be implemented and managed for the full contract period, by individuals that have knowledge and experience to effectively deliver tobacco use cessation training information to staff (see Section 4.2 Staffing for qualifications). Each trainer is expected to have a minimum of three (3) years of experience training staff.
- Within the first three (3) months of contract start date, establish dues paying membership in the North American Quitline Consortium (NAQC), which will be maintained over the life of the contract. Per individual meeting guidance provided by NYS TCP, assure appropriate staff attend DOH, state and national meetings and conferences. Meeting staff must include, at minimum the Project Director, and the contractor can request additional staff as appropriate to attend at least two (2) two-day statewide meetings in Albany, two (2) one-day meetings in Albany, and one (1) three-day national meeting (for example, the next National Conference on Tobacco or Health held in New Orleans, June 2022.) See bulleted list of these and other required meetings in section 4.2 below.

4.7.

4.8. Approaches

The DOH is interested in exploring new and innovative approaches to expand reach, respond to the changing tobacco landscape, and address tobacco-related disparities throughout the life of the contract. The Bidder is encouraged to propose new ideas, promising practices, and modifications to the cessation service offerings and delivery outlined in this RFP based on emerging needs from the field.

Over the next five years DOH anticipates the tobacco industry will aggressively adjust their marketing and advertising tactics as new tobacco and cannabis related products enter the market, and others are potentially becoming banned from the market (e.g., FDA proposed rule on menthol cigarettes and flavored cigars). The DOH is open to utilizing emerging technology to effectively communicate cessation messages and support to Quitline callers through a variety of platforms. The innovative approaches proposed should outline how the Quitline can potentially evolve with the landscape for tobacco/vaping products in the retail market.

The Contractor must have the capacity to build onto its services and technologies to meet the emerging needs of priority populations disproportionately impacted by tobacco-related use and dependence. The Innovative Approaches are encouraged, but optional. These Innovative Approaches should be cost savings measure the Contractor could implement utilizing existing contract funding. The cost of any Innovative Approaches implemented will be supported by cost savings realized in other Program Areas noted within this RFP.

If implemented, based on funding needs and negotiations with DOH, the Contractor will:

- Conduct any formative research and provide an evidence-base for modifications to deliverables.
- Develop a proposal including a plan and timeline for implementation and evaluation related to new deliverables to address emerging needs.
- Incorporate DOH feedback on their proposal.
- Submit a formal email request with justification and final proposal to DOH; and
- Upon written approval, the Quitline vendor may implement the proposed plan.

4.9. Staffing

Quitline will ensure an organizational capacity and staffing structure that provides the required capacity and expertise to complete all deliverables outlined in Section 4.0 Scope of Work and provide sufficient oversight of the entire project while maintaining excellent communication between the vendor and all components of the TCP throughout the duration of the resulting contract. Staffing structure will include internal management of the project and a physician or nurse practitioner in a medical director role to provide adequate oversight to ensure the integrity of policies and procedures of the Quitline throughout the course of the contract period. Baseline qualifications for core call center staff would include never or former smoker, strong customer service and communication skills, and the ability to triage a large number of incoming calls while maximizing phone utilization time. Client-centered motivational interviewing skills and the skills to build rapport with callers and display empathy are necessary. The ability to speak another language would be desirable, as well.

Staff participation is expected either remotely or in person as specified in the following meeting schedule. In-person requirements may be changed to remote, as needed. Travel costs for the in-person meetings are to be included in the bid proposal. Meeting staff must include, at a minimum, the Project Director, and other staff as appropriate or determined by the TCP:

- Monthly conference calls with TCP staff (remote access)
- Monthly Health Systems for a Tobacco Free NY (HSTFNY) program calls (remote access)
- Two HSTFNY program meetings annually in Albany, New York (in person)
- Annual TCP Statewide meeting in Albany, New York (in person)
- Annual Technical Assistance session in Albany, New York, for BTC and invited guests on emerging topics in tobacco control (in person)

- Annual national tobacco-related conference (in person)
- Biennial site visit which will be in person in Albany, NY

4.10. Reporting

The Quitline vendor is required to submit electronic weekly, monthly, quarterly, and annual reports to DOH as outlined in Program Deliverable 5 *Quality Improvement and Evaluation*

4.11. Information Technology

The application and all systems and components supporting it, including but not limited to any forms and databases that include Personal Health, Personal Identification or other New York State information, must comply with all NYS technology standards listed at <http://its.ny.gov/tables/technologypolicyindex.htm>.

4.12. Security

The selected Contractor shall comply with all privacy and security policies and procedures of the Department (<https://its.ny.gov/ciso/policies/security>) and applicable state and federal law and administrative guidance with respect to the performance of this contract. The Contractor is required, if applicable, to execute of the appropriate security and privacy agreements with the Department including a Business Associate Agreement (Appendix H) and a Data Use Agreement (DUA) at contract signing.

The Contractor is expected to provide secure and confidential backup, storage and transmission for hard copy and electronically stored information. Under no circumstances will any records be released to any person, agency, or organization without specific written permission of the DOH. The Contractor is obligated to ensure any Subcontractor hired by Contractor who stores, processes, analyzes, or transmits Department data on behalf of Contractor has the appropriate Security requirements in place. Contractor is required to include in all contracts and Business Associate Agreements with their Subcontractors language surrounding the security and privacy requirements as well as the language contained in the Confidentiality Language for Third Parties section of the DUA. If any breach or suspected breach of the data or confidentiality occurs, whether the breach occurred with the Contractor or Subcontractor, DOH must be notified immediately.

The Contractor is required to maintain and provide to the Department upon request their data confidentiality plans and procedures for meeting security requirements as they relate to the deliverables and services within this RFP, including all plans as they relate to Subcontractor work where applicable.

The Contractor will develop and maintain adequate fully trained staff to respond to all stakeholder inquiries while protecting confidentiality and maintaining the security and integrity of all systems. Staff must be trained to understand and observe requirements related to confidentiality and operating guidelines for functions included in this RFP.

The Contractor will comply fully with all current and future updates of the security procedures of the DOH/HRI, as well as with all applicable state and federal requirements, in performance of this contract.

4.13. Transition

The transition represents a period when the current contract activities performed by the Contractor must be turned over to the Department, another Department agent or successor Contractor during or at the end of the contract.

The Contractor shall ensure that any transition to the Department, Departmental agency or successor Contractor be done in a way that provides the Department with uninterrupted Quitline services. This includes a complete and total transfer of all data, files, reports, and records generated from the inception of the contract through the end of the contract to the Department or another Department agent should that be required during or upon expiration of its contract.

The Contractor shall provide technical and business process support as necessary and required by the Department to transition and assume contract requirements to the Department or another Department agent should that be required during or at the end of the contract.

The Contractor shall manage and maintain the appropriate number of staff to meet all requirements listed in the RFP during the transition. All reporting and record requirements, security standards, and performance standards are still in effect during the transition period.

The Contractor is required to develop a work plan and timeline to securely and smoothly transfer any data and records generated from the inception of the Contract through the end of the contract to the Department or another Department agent should that be required during or upon expiration of its contract. The plan and documentation must be submitted to the Department no later than four (4) months before the last day of its contract with the Department of Health or upon request of the Department.

5.0 ADMINISTRATIVE INFORMATION

The following administrative information will apply to this RFP. Failure to comply fully with this information may result in disqualification of your proposal.

5.1. Restricted Period

“Restricted period” means the period of time commencing with the earliest written notice, advertisement, or solicitation of a Request for Proposals (“RFP”), Invitation for Bids (“IFB”), or solicitation of proposals, or any other method for soliciting a response from Bidders intending to result in a procurement contract with DOH and ending with the final contract award and approval by DOH and, where applicable, final contract approval by the Office of the State Comptroller.

This prohibition applies to any oral, written, or electronic communication under circumstances where a reasonable person would infer that the communication was intended to influence this procurement. Violation of any of the requirements described in this Section may be grounds for a determination that the Bidder is non-responsible and therefore ineligible for this contract award. Two (2) violations within four (4) years of the rules against impermissible contacts during the “restricted period” may result in the violator being debarred from participating in DOH procurements for a period of four (4) years.

Pursuant to State Finance Law §§ 139-j and 139-k, the Department of Health identifies a designated contact on face page of this RFP to whom all communications attempting to influence this procurement must be made.

5.2. Questions

There will be an opportunity available for submission of written questions and requests for clarification regarding this RFP. All questions and requests for clarification of this RFP should cite the particular RFP Section and paragraph number where applicable and must be submitted via email to tcp@health.ny.gov. It is the Bidder's responsibility to ensure that email containing written questions and/or requests for clarification is received at the above address no later than the Deadline for Submission of Written Questions as specified in Section 1.0 (Calendar of Events). Questions received after the deadline may **not** be answered.

5.3. Right to Modify RFP

DOH reserves the right to modify any part of this RFP, including but not limited to, the date and time by which proposals must be submitted and received by DOH, at any time prior to the Deadline for Submission of Proposals listed in Section 1.0 (Calendar of Events). Modifications to this RFP shall be made by issuance of amendments and/or addenda.

Prior to the Deadline for Submission of Proposals, any such clarifications or modifications as deemed necessary by DOH will be posted to the DOH website.

If the Bidder discovers any ambiguity, conflict, discrepancy, omission, or other error in this RFP, the Bidder shall immediately notify DOH of such error in writing at tcp@health.ny.gov and request clarification or modification of the document.

If, prior to the Deadline for Submission of Proposals, a Bidder fails to notify DOH of a known error or an error that reasonably should have been known, the Bidder shall assume the risk of proposing. If awarded the contract, the Bidder shall not be entitled to additional compensation by reason of the error or its correction.

5.4. Payment

The Contractor shall submit invoices and/or vouchers to the State's designated payment office:

Preferred Method: Email a .pdf copy of your signed voucher to the BSC at: AccountsPayable@ogs.ny.gov with a subject field as follows:

Subject: Unit 3450263; Contract TBD

Alternate Method: Mail vouchers to BSC at the following U.S. postal address:

**NYS Department of Health
Unit ID 3450263
c/o NYS OGS BSC Accounts Payable
Building 5, 5th Floor
1220 Washington Ave.
Albany, NY 12226-1900**

Payment for invoices and/or vouchers submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with ordinary NYS procedures and practices. The CONTRACTOR shall comply with the State Comptroller's procedures to authorize electronic payments. Authorization forms are available at the State Comptroller's website at www.osc.state.ny.us/epay/index.htm, by email at epayments@osc.state.ny.us or by telephone at 518-474-6019. CONTRACTOR acknowledges that it will not receive payment on any invoices and/or vouchers submitted under this Contract if it does not comply with the State Comptroller's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

In addition to the Electronic Payment Authorization Form, a Substitute Form W-9 must be on file with the Office of the State Comptroller, Bureau of Accounting Operations. Additional information and procedures for enrollment can be found at <https://www.osc.state.ny.us/state-vendors>.

Completed W-9 forms should be submitted to the following address:

NYS Office of the State Comptroller
Bureau of Accounting Operations
Warrant & Payment Control Unit
110 State Street, 9th Floor
Albany, NY 12236

Payment of such invoices and/or vouchers by the NYS Department of Health shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be:

Contractor will be paid monthly in compliance with the rates contained in Appendix C's Attachment B, Cost Proposal based upon the actual number of client services provided, and for Annual services, Contractor will be paid one twelfth of the annual cost, monthly.

Payment is contingent upon submission to the Department the supporting documentation of satisfactory completion and reporting of each of the deliverables outlined in the RFP Section 4.0 Scope of Work.

If Innovative Approaches are implemented, costs associated with them will be billed under the contract deliverable where savings was achieved.

5.5. Minority & Woman-Owned Business Enterprise Requirements

Pursuant to New York State Executive Law Article 15-A, the New York State Department of Health ("DOH") recognizes its obligation to promote opportunities for maximum feasible participation of certified minority-and women-owned business enterprises and the employment of minority group members and women in the performance of DOH contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" ("Disparity Study"). The report found evidence of statistically significant disparities between the level of

participation of minority- and women-owned business enterprises in state procurement contracting versus the number of minority- and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that DOH establish goals for maximum feasible participation of New York State Certified minority- and women – owned business enterprises (“MWBE”) and the employment of minority groups members and women in the performance of New York State contracts.

Business Participation Opportunities for MWBEs

For purposes of this solicitation, DOH hereby establishes an overall goal of **30%** for MWBE participation, **15%** for Minority-Owned Business Enterprises (“MBE”) participation and **15%** for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified MWBE firms). A Contractor (“Contractor”) on the subject contract (“Contract”) must document good faith efforts to provide meaningful participation by MWBEs as Subcontractors or suppliers in the performance of the Contract and Contractor agrees that DOH may withhold payment pending receipt of the required MWBE documentation. For guidance on how DOH will determine “good faith efforts,” refer to 5 NYCRR §142.8.

The directory of New York State Certified MWBEs can be viewed at: <https://ny.newnycontracts.com>. The directory is found in the lower left-hand side of the webpage under “Search the Directory”. Engaging with firms found in the directory with like product(s) and/or service(s) is strongly encouraged, and all communication efforts and responses should be well documented.

By submitting a bid, a Bidder agrees to complete an MWBE Utilization Plan ([Attachment 5](#), Form #1) of this RFP. DOH will review the submitted MWBE Utilization Plan. If the plan is not accepted, DOH may issue a notice of deficiency. If a notice of deficiency is issued, Bidder agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt. DOH may disqualify a Bidder as being non-responsive under the following circumstances:

- a) If a Bidder fails to submit a MWBE Utilization Plan;
- b) If a Bidder fails to submit a written remedy to a notice of deficiency;
- c) If a Bidder fails to submit a request for waiver (if applicable); or
- d) If DOH determines that the Bidder has failed to document good-faith efforts;

The Contractor will be required to attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Plan, during the performance of the Contract. Requests for a partial or total waiver of established goal requirements made subsequent to Contract Award may be made at any time during the term of the Contract to DOH but must be made no later than prior to the submission of a request for final payment on the Contract.

The Contractor will be required to submit a Contractor’s Quarterly M/WBE Contractor Compliance & Payment Report to the DOH, by the 10th day following each end of quarter over the term of the Contract documenting the progress made toward achievement of the MWBE goals of the Contract.

If the Contractor is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in the Contract, such finding will constitute a breach of Contract and DOH may withhold payment from the Contractor as liquidated damages.

Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and (2) all sums actually paid to MWBEs for work performed or materials supplied under the Contract.

New York State certified Minority- and Women-Owned Businesses (M/WBE) may request that their firm's contact information be included on a list of M/WBE firms interested in serving as a Subcontractor for this procurement. The listing will be publicly posted on the Department's website for reference by the bidding community. A firm requesting inclusion on this list should send contact information and a copy of its NYS M/WBE certification to tcp@health.ny.gov before the Deadline for Questions as specified in Section 1.0 (Calendar of Events). Nothing prohibits an M/WBE Vendor from proposing as a prime Contractor.

Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.

5.6. Equal Employment Opportunity (EEO) Reporting

By submission of a bid in response to this solicitation, the Bidder agrees with all of the terms and conditions of [Attachment 8](#) Appendix A including Clause 12 - Equal Employment Opportunities for Minorities and Women. Additionally, the successful Bidder will be required to certify they have an acceptable EEO (Equal Employment Opportunity) policy statement in accordance with Section III of Appendix M in [Attachment 8](#).

Further, pursuant to Article 15 of the Executive Law (the "Human Rights Law"), all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor and Subcontractors will not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

The Contractor is required to ensure that it and any Subcontractors awarded a Subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work"), except where the Work is for the beneficial use of the Contractor, undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to: (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

To ensure compliance with this Section, the Bidder should submit with the bid or proposal an Equal Employment Opportunity Staffing Plan ([Attachment 5](#), Form #4) identifying the anticipated

work force to be utilized on the Contract. Additionally, the Bidder should submit a Minority and Women-Owned Business Enterprises and Equal Employment Opportunity Policy Statement (Attachment 5, Form # 5), to DOH with their bid or proposal.

5.7. Sales and Compensating Use Tax Certification (Tax Law, § 5-a)

Section 5-a of the Tax Law, as amended, effective April 26, 2006, requires certain Contractors awarded state contracts for commodities, services and technology valued at more than \$100,000 to certify to the Department of Tax and Finance (DTF) that they are registered to collect New York State and local sales and compensating use taxes. The law applies to contracts where the total amount of such Contractors' sales delivered into New York State are in excess of \$300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made, and with respect to any affiliates and Subcontractors whose sales delivered into New York State exceeded \$300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made.

This law imposes upon certain Contractors the obligation to certify whether or not the Contractor, its affiliates, and its Subcontractors are required to register to collect state sales and compensating use tax and Contractors must certify to DTF that each affiliate and Subcontractor exceeding such sales threshold is registered with DTF to collect New York State and local sales and compensating use taxes. The law prohibits the State Comptroller, or other approving agencies, from approving a contract awarded to an offeror meeting the registration requirements but who is not so registered in accordance with the law.

The successful Bidder must file a properly completed Form ST-220-CA with the Department of Health and Form ST-220-TD with the DTF. These requirements must be met before a contract may take effect. Further information can be found at the New York State Department of Taxation and Finance's website, available through this link:
<http://www.tax.ny.gov/pdf/publications/sales/pub223.pdf>.

Forms are available through these links:

- ST-220 CA: http://www.tax.ny.gov/pdf/current_forms/st/st220ca_fill_in.pdf
- ST-220 TD: http://www.tax.ny.gov/pdf/current_forms/st/st220td_fill_in.pdf

5.8. Contract Insurance Requirements

Prior to the start of work under this Contract, the CONTRACTOR shall procure, at its sole cost and expense, and shall maintain in force at all times during the term of this Contract, insurance of the types and in the amounts set forth in Attachment 8, the New York State Department of Health Contract, Section IV.

5.8.1. Professional Liability Insurance / Errors and Omissions Liability Insurance

The Contractor and any subcontractor retained by the Contractor to work on the contract shall procure and maintain during and for a period of three (3) years after completion of the contract, Professional Liability Insurance/Errors and Omissions Liability Insurance in the amount of \$2,000,000 issued to and covering damage for liability imposed on the Contractor by the contract or law arising out of any negligent act, error, or omission in the rendering of or failure to render professional services required by the contract. The Professional Liability Insurance/Errors and Omissions Liability Insurance may be issued on a Claims-Made Policy form, in which case the Contractor shall purchase, at its sole expense, Tail Coverage of up to three (3) years after work is completed if coverage is cancelled or not renewed.

5.8.2. Data Breach and Privacy/Cyber Liability

The Contractor shall maintain, during the term of the contract, Data Breach and Privacy Liability Insurance (Cyber Insurance) including coverage for failure to protect confidential information and failure of the security of the Contractor's computer systems or the NYS DOH's systems due to the actions of the Contractor which results in unauthorized access to the Agency or its data. The Contractor shall carry and maintain coverage in the amount of \$2,000,000 issued to and covering damages arising from, but not limited to the following:

- Breach of duty to protect the security and confidentiality of nonpublic proprietary corporate information.
- Personally identifiable nonpublic information (e.g., medical, financial, or personal in nature in electronic or non-electronic form);
- Privacy notification costs.
- Regulatory defense and penalties;
- Website media liability; and
- Cyber theft of customer's property, including but not limited to data, PII, money and securities.

If the policy is written on a Claims-Made basis, the Contractor must provide to the NYS DOH proof that the policy provides the option to purchase Tail Coverage providing coverage for no less than one (1) year after work is completed in the event that coverage is canceled or not renewed. This requirement applies to both primary and Excess Liability Policies, as applicable.

5.9. Subcontracting

Bidders may propose the use of a Subcontractor. The Contractor shall obtain prior written approval from NYSDOH before entering into an agreement for services to be provided by a Subcontractor. The Contractor is solely responsible for assuring that the requirements of the RFP are met. All Subcontracts shall contain provisions specifying that the work performed by the Subcontractor must be in accordance with the terms of the prime contract, and that the Subcontractor specifically agrees to be bound by the confidentiality provisions set forth in the agreement between the DOH and the Contractor. DOH reserves the right to request removal of any Bidder's staff or Subcontractor's staff if, in DOH's discretion, such staff is not performing in accordance with the Agreement. Subcontractors whose contracts are valued at or above \$100,000 will be required to submit the Vendor Responsibility Questionnaire upon selection of the prime Contractor.

The New York State Preferred Source Program for New Yorkers Who Are Blind (NYSPSP) has expressed interest in any Subcontracting opportunities within the call center and fulfillment operation portion of the solicitation.

Bidders interested in Subcontracting with NYSPSP should contact:

Tim Fiori, Director of Business Development
New York State Preferred Source Program for New Yorkers Who Are Blind
136 State Street, 2nd Floor
Albany, NY 12207
Tel: 518-763-9961, Email: tfiori@nyspsp.org

5.10. DOH's Reserved Rights

The Department of Health reserves the right to:

1. Reject any or all proposals received in response to the RFP;
2. Withdraw the RFP at any time, at the agency's sole discretion;
3. Make an award under the RFP in whole or in part;
4. Disqualify any Bidder whose conduct and/or proposal fails to conform to the requirements of the RFP;
5. Seek clarifications and revisions of proposals;
6. Use proposal information obtained through site visits, management interviews and the State's investigation of a Bidder's qualifications, experience, ability or financial standing, and any material or information submitted by the Bidder in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFP;
7. Prior to the bid opening, amend the RFP specifications to correct errors or oversights, or to supply additional information, as it becomes available;
8. Prior to the bid opening, direct Bidders to submit proposal modifications addressing subsequent RFP amendments;
9. Change any of the scheduled dates;
10. Eliminate any mandatory, non-material specifications that cannot be complied with by all of the prospective Bidders;
11. Waive any requirements that are not material;
12. Negotiate with the successful Bidder within the scope of the RFP in the best interests of the state;
13. Conduct contract negotiations with the next responsible Bidder, should the Department be unsuccessful in negotiating with the selected Bidder;
14. Utilize any and all ideas submitted in the proposals received;
15. Every offer shall be firm and not revocable for a period of three hundred and sixty-five days from the bid opening, to the extent not inconsistent with section 2-205 of the uniform commercial code. Subsequent to such three hundred and sixty-five days, any offer is subject to withdrawal communicated in a writing signed by the offeror; and,
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offeror's proposal and/or to determine an offeror's compliance with the requirements of the solicitation.

5.11. Freedom of Information Law (“FOIL”)

All proposals may be disclosed or used by DOH to the extent permitted by law. DOH may disclose a proposal to any person for the purpose of assisting in evaluating the proposal or for any other lawful purpose. All proposals will become state agency records, which will be available to the public in accordance with the Freedom of Information Law. **Any portion of the proposal that a Bidder believes constitutes proprietary information entitled to confidential handling, as an exception to the Freedom of Information Law, must be clearly and specifically designated in the proposal as directed in Section 6.1 (D) of the RFP.** If DOH agrees with the proprietary claim, the designated portion of the proposal will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

5.12. Lobbying

Chapter 1 of the Laws of 2005, as amended by Chapter 596 of the Laws of 2005, made significant changes as it pertains to development of procurement contracts with governmental entities. The changes included:

- a) made the lobbying law applicable to attempts to influence procurement contracts once the procurement process has been commenced by a state agency, unified court system, state legislature, public authority, certain industrial development agencies and local benefit corporations;
- b) required the above-mentioned governmental entities to record all contacts made by lobbyists and Contractors about a governmental procurement so that the public knows who is contacting governmental entities about procurements;
- c) required governmental entities to designate persons who generally may be the only staff contacted relative to the governmental procurement by that entity in a restricted period;
- d) authorized the New York State Commission on Public Integrity, (now New York State Joint Commission on Public Ethics), to impose fines and penalties against persons/organizations engaging in impermissible contacts about a governmental procurement and provides for the debarment of repeat violators;
- e) directed the Office of General Services to disclose and maintain a list of non-responsible Bidders pursuant to this new law and those who have been debarred and publish such list on its website;
- f) required the timely disclosure of accurate and complete information from offerors with respect to determinations of non-responsibility and debarment; (Bidders responding to this RFP should submit a completed and signed [Attachment 1](#), “Prior Non-Responsibility Determination”.)
- g) increased the monetary threshold which triggers a lobbyist's obligation under the Lobbying Act from \$2,000 to \$5,000; and
- h) established the Advisory Council on Procurement Lobbying.

Subsequently, Chapter 14 of the Laws of 2007 amended the Lobbying Act of the Legislative Law, particularly as it related to specific aspects of procurements as follows: (i) prohibiting lobbyists from entering into retainer agreements on the outcome of government grant making or other agreement involving public funding; and (ii) reporting lobbying efforts for grants, loans and other disbursements of public funds over \$15,000.

The most notable, however, was the increased penalties provided under Section 20 of Chapter 14 of the Laws of 2007, which replaced old penalty provisions and the addition of a suspension option for lobbyists engaged in repeated violations. Further amendments to the Lobbying Act were made in Chapter 4 of the Laws of 2010.

Questions regarding the registration and operation of the Lobbying Act should be directed to the New York State Joint Commission on Public Ethics.

5.13. State Finance Law Consultant Disclosure Provisions

In accordance with New York State Finance Law Section 163(4)(g), state agencies must require all Contractors, including Subcontractors, that provide consulting services for state purposes pursuant to a contract to submit an annual employment report for each such contract.

The successful Bidder for procurements involving consultant services must complete a "State Consultant Services Form A, Contractor's Planned Employment From Contract Start Date through End of Contract Term" in order to be eligible for a contract.

The successful Bidder must also agree to complete a "State Consultant Services Form B, Contractor's Annual Employment Report" for each state fiscal year included in the resulting contract. This report must be submitted annually to the Department of Health, the Office of the State Comptroller, and Department of Civil Service.

State Consultant Services Form A: Contractor's Planned Employment and Form B: Contractor's Annual Employment Report may be accessed electronically at:
<http://www.osc.state.ny.us/agencies/forms/ac3271s.doc> and
<http://www.osc.state.ny.us/agencies/forms/ac3272s.doc>.

5.14. Debriefing

Pursuant to Section 163(9)(c) of the State Finance Law, any unsuccessful Bidder may request a debriefing regarding the reasons that the proposal or bid submitted by the Bidder was not selected for award. Requests for a debriefing must be made within fifteen (15) calendar days of release of the written or electronic notice by the Department that the Bid submitted by the Bidder was not selected for award. Requests should be submitted in writing to a designated contact identified in the award/non-award letter.

5.15. Protest Procedures

In the event unsuccessful Bidders wish to protest the award resulting from this RFP, Bidders should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found in Chapter XI Section 17 of the Guide to Financial Operations (GFO). Available on-line at: <http://www.osc.state.ny.us/agencies/guide/MyWebHelp/>

5.16. Iran Divestment Act

By submitting a bid in response to this solicitation or by assuming the responsibility of a Contract awarded hereunder, Bidder/Contractor (or any assignee) certifies that it is not on the “Entities Determined To Be Non-Responsive Bidders/Offerors Pursuant to The New York State Iran Divestment Act of 2012” list (“Prohibited Entities List”) posted on the OGS website (currently found at this address: <http://www.ogs.ny.gov/about/regqs/docs/ListofEntities.pdf>) and further certifies that it will not utilize on such Contract any Subcontractor that is identified on the Prohibited Entities List. Additionally, Bidder/Contractor is advised that should it seek to renew or extend a Contract awarded in response to the solicitation, it must provide the same certification at the time the Contract is renewed or extended.

During the term of the Contract, should DOH receive information that a person (as defined in State Finance Law §165-a) is in violation of the above-referenced certifications, DOH will review such information and offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment activity which is in violation of the Act within 90 days after the determination of such violation, then DOH shall take such action as may be appropriate and provided for by law, rule, or contract, including, but not limited to, seeking compliance, recovering damages, or declaring the Contractor in default. DOH reserves the right to reject any bid, request for assignment, renewal or extension for an entity that appears on the Prohibited Entities List prior to the award, assignment, renewal or extension of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the Prohibited Entities list after contract award.

5.17. Piggybacking

New York State Finance Law section 163(10)(e) (see also [Piggybacking \(Using Other Existing Contracts\) | Office of General Services \(ny.gov\)](#)) allows the Commissioner of the NYS Office of General Services to consent to the use of this contract by other New York State Agencies, and other authorized purchasers, subject to conditions and the Contractor’s consent.

5.18. Encouraging Use of New York Businesses in Contract Performance

Public procurements can drive and improve the State’s economic engine through promotion of the use of New York businesses by its Contractors. New York State businesses have a substantial presence in state contracts and strongly contribute to the economies of the state and the nation. In recognition of their economic activity and leadership in doing business in New York State, Bidders/proposers for this contract for commodities, services or technology are strongly encouraged and expected to consider New York State businesses in the fulfillment of the requirements of the contract. Such partnering may be as Subcontractors, suppliers, protégés or other supporting roles. All Bidders should complete [Attachment 6](#), Encouraging Use of New York Businesses in Contract Performance, to indicate their intent to use/not use New York Businesses in the performance of this contract.

5.19. Diversity Practices Questionnaire

Diversity practices are the efforts of Contractors to include New York State-certified Minority and Women-owned Business Enterprises (“MWBEs”) in their business practices. Diversity practices may include past, present, or future actions and policies, and include activities of Contractors on contracts with private entities and governmental units other than the State of New York. Assessing the diversity practices of Contractors enables Contractors to engage in meaningful, capacity-building collaborations with MWBEs.

5.20. Participation Opportunities for NYS Certified Service-Disabled Veteran-Owned Businesses

Article 17-B of the New York State Executive Law provides for more meaningful participation in public procurement by certified Service-Disabled Veteran-Owned Businesses (“SDVOBs”), thereby further integrating such businesses into New York State’s economy. DOH recognizes the need to promote the employment of service-disabled veterans and to ensure that certified service-disabled veteran-owned businesses have opportunities for maximum feasible participation in the performance of DOH contracts.

In recognition of the service and sacrifices made by service-disabled veterans and in recognition of their economic activity in doing business in New York State, Bidders/Contractors are strongly encouraged and expected to consider SDVOBs in the fulfillment of the requirements of the Contract. Such participation may be as subcontractors or suppliers, as protégés, or in other partnering or supporting roles.

For purposes of this procurement, DOH conducted a comprehensive search and determined that the Contract does not offer sufficient opportunities to set specific goals for participation by SDVOBs as Subcontractors, service providers, and suppliers to Contractor. Nevertheless, Bidder/Contractor is encouraged to make good faith efforts to promote and assist in the participation of SDVOBs on the Contract for the provision of services and materials. The directory of New York State Certified SDVOBs can be viewed at: <https://ogs.ny.gov/veterans/>

Bidders are encouraged to contact the Office of General Services’ Division of Service-Disabled Veteran’s Business Development at 518-474-2015 or VeteransDevelopment@ogs.ny.gov to discuss methods of maximizing participation by SDVOBs on the Contract.

5.21. Intellectual Property

Any work product created pursuant to this agreement and any Subcontract shall become the sole and exclusive property of the New York State Department of Health, which shall have all rights of ownership and authorship in such work product.

5.22. Vendor Assurance of No Conflict of Interest or Detrimental Effect

All Bidders responding to this solicitation should submit [Attachment 4](#) to attest that their performance of the services outlined in this IFB does not create a conflict of interest and that the Bidder will not act in any manner that is detrimental to any other state project on which they are rendering services.

5.23. Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination

The New York State Human Rights Law, Article 15 of the Executive Law, prohibits discrimination and harassment based on age, race, creed, color, national origin, sex, pregnancy or pregnancy-related conditions, sexual orientation, gender identity, disability, marital status, familial status, domestic violence victim status, prior arrest or conviction record, military status or predisposing genetic characteristics. In accordance with Executive Order No. 177, the Offeror certifies that they do not have institutional policies or practices that fail to address those protected status under the Human Rights Law.

5.24. Executive Order 16 Prohibiting Contracting with Entities Conducting Business in Russia

All Bidders responding to this solicitation should submit [Attachment 12](#) certifying the status of their business operations in Russia, if any, pursuant to Executive Order 16.

6.0 PROPOSAL CONTENT

The following includes the format and information to be provided by each Bidder. Bidders responding to this RFP must satisfy all requirements stated in this RFP. All Bidders are requested to submit complete Administrative and Technical Proposals and are required to submit a complete Cost Proposal. A proposal that is incomplete in any material respect may be rejected.

To expedite review of the proposals, Bidders are requested to submit proposals in separate Administrative, Technical, and Cost packages inclusive of all materials as summarized in Attachment A, Proposal Documents. This separation of information will facilitate the review of the material requested. No information beyond that specifically requested is required, and Bidders are requested to keep their submissions to the shortest length consistent with making a complete presentation of qualifications. Evaluations of the Administrative, Technical, and Cost Proposals received in response to this RFP will be conducted separately. Bidders are therefore cautioned not to include any Cost Proposal information in the Technical Proposal documents.

DOH will not be responsible for expenses incurred in preparing and submitting the Administrative, Technical, or Cost Proposals.

6.1. Administrative Proposal

The Administrative Proposal should contain all items listed below. A proposal that is incomplete in any material respect may be eliminated from consideration. The information requested should be provided in the prescribed format. Responses that do not follow the prescribed format may be eliminated from consideration. All responses to the RFP may be subject to verification for accuracy. Please provide the forms in the same order in which they are requested.

6.1.1. Bidder's Disclosure of Prior Non-Responsibility Determinations

Submit a completed and signed [Attachment 1](#), "Prior Non-Responsibility Determination."

6.1.2. Freedom of Information Law – Proposal Redactions

Bidders must clearly and specifically identify any portion of the proposal that a Bidder believes constitutes proprietary information entitled to confidential handling as an exception to the Freedom of Information Law. See [Section 5.11](#) (Freedom of Information Law)

6.1.3. Vendor Responsibility Questionnaire

Complete, certify, and file a New York State Vendor Responsibility Questionnaire. DOH recommends that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions at <http://www.osc.state.ny.us/vendrep/index.htm>

Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the OSC Help Desk at 866-370-4672 or 518-408-4672 or by email at ciohelpdesk@osc.state.ny.us.

Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website, www.osc.state.ny.us/vendrep, or may contact the Office of the State Comptroller's Help Desk for a copy of the paper form. Bidders should complete and submit the Vendor Responsibility Attestation, [Attachment 3](#).

6.1.4. Vendors Assurance of No Conflict of Interest or Detrimental Effect

Submit [Attachment 4](#), Vendor's Assurance of No Conflict of Interest or Detrimental Effect, which includes information regarding the Bidder, members, shareholders, parents, affiliates or Subcontractors. [Attachment 4](#) must be signed by an individual authorized to bind the Bidder contractually.

6.1.5. M/WBE Forms

Submit completed Form #1 and/or Form #2, Form #4 and Form #5 as directed in [Attachment 5](#), "Guide to New York State DOH M/WBE RFP Required Forms."

6.1.6. Encouraging Use of New York Businesses in Contract Performance

Submit [Attachment 6](#), "Encouraging Use of New York State Businesses" in Contract Performance to indicate which New York Businesses you will use in the performance of the contract.

6.1.7. Bidder's Certified Statements

Submit [Attachment 7](#), "Bidder's Certified Statements", which includes information regarding the Bidder. Attachment A must be signed by an individual authorized to bind the Bidder contractually. Please indicate the title or position that the signer holds with the Bidder. DOH reserves the right to reject a proposal that contains an incomplete or unsigned [Attachment 7](#) or no [Attachment 7](#).

6.1.8. References

Provide references using [Attachment 9](#), (References) Provide three professional references from any of the following: firms, partners, colleagues or similar references that can verify the Bidders Qualifications to Propose, (Section 3). Provide reference entity names, addresses, contact names, telephone numbers, and email addresses.

6.1.9. Diversity Practices Questionnaire

The Department has determined, pursuant to New York State Executive Law Article 15-A, that the assessment of the diversity practices of respondents of this procurement is practical, feasible, and appropriate. Accordingly, respondents to this procurement should include as part of their response to this procurement, [Attachment 10](#) "Diversity Practices Questionnaire". Responses will be formally evaluated and scored.

6.1.10. EO 177 Prohibiting Contracts with Entities that Support Discrimination

Submit [Attachment 11](#) certifying that it does not have institutional policies or practices that fail to address the harassment and discrimination of individuals on the basis of their age, race, creed, color, national origin, sex, sexual orientation, gender identity, disability, marital status, military status, or other protected status under the Human Rights Law.

6.1.11. EO 16 Prohibiting Contracting with Entities Conducting Business Operations in Russia

Submit [Attachment 12](#) certifying the status of your business operations in Russia.

6.2. Technical Proposal

The purpose of the Technical Proposal is to demonstrate the qualifications, competence, and capacity of the Bidder to perform the services contained in this RFP and Section 4.0 Scope of Work. The Technical Proposal should demonstrate the qualifications of the Bidder and the staff to be assigned to provide services related to the services included in this RFP.

A Technical Proposal that is incomplete in any material respect may be eliminated from consideration. The following outlines the information requested to be provided by Bidders. The information requested should be provided in the prescribed format. Responses that do not follow the prescribed format may be eliminated from consideration. All responses to the RFP may be subject to verification for accuracy.

While additional data may be presented, the following should be included. Please provide the information in the same order in which it is requested. Your proposal should contain sufficient information to assure DOH of its accuracy. Failure to follow these instructions may result in disqualification.

Pricing information contained in the Cost Proposal cannot be included in the Technical Proposal documents.

6.2.1. Title Page

(The average length of this section should be three (3) pages, including the Executive Summary):

Submit a Title Page providing the RFP subject and number; the Bidder's name and address, the name, address, telephone number, and email address of the Bidder's contact person; and the date of the Proposal.

Please include an Executive Summary (the average length of the executive summary should be two (2) pages): The Executive Summary highlights the contents of the technical proposal to provide DOH with a broad understanding of the entire proposal.

The Executive Summary should include:

- A statement that describes the Bidder's capacity to maintain a successful Quitline, digital cessation services, and meets all required deliverables.
- A brief overview of the proposed Quitline staffing,
- A summary of the scope of services to be provided; and
- A brief overview of the proposed system for collecting, interpreting and reporting telephonic, web-based services data, and customer satisfaction data.
- A statement identifying the actual or anticipated Quitline call center location, if known.

6.2.2. Table of Contents

The Table of Contents should clearly identify all material (by section and page number) included in the proposal.

6.2.3. Documentation of Bidder's Eligibility Responsive to Section 3.0 of RFP

Bidders must be able to meet all the requirements stated in Section 3.0 of the RFP. The Bidder must submit documentation that provides sufficient evidence of meeting the criterion. This documentation may be in any format needed to demonstrate how they meet the minimum qualifications to propose.

Eligible Bidders include any company or organization meeting the following:

- Bidding organization must have a written policy prohibiting any affiliation with a tobacco company or tobacco product manufacturer including receipt of gifts, grants, contracts, financial support, in-kind support and other relationships.
- Bidding organization must a complete and sign, by individual authorized to bind the Bidder contractually, ATTACHMENT C: Tobacco-Free Attestation: Attestation: Refusal of Funds from Tobacco Related Entities. This attachment attests that the bidder and all proposed or utilized Subcontractors, who will receive funding through this award, do not have any affiliation with a tobacco company or tobacco product manufacturer.
- Bidding organization must have at least three (3) years of experience providing tobacco cessation call center services and
- Bidding organization must have at least three (3) years of experience providing web-based tobacco use cessation services.

For the purposes of this RFP, a prime Contractor is defined as one who has the contract with the owner of a project or job and has full responsibility for its completion. A prime Contractor undertakes to perform a complete contract and may employ (and manage) one or more

Subcontractors to carry out specific parts of the contract. Failure to meet these Minimum Qualifications will result in a proposal being found non-responsive and eliminated from consideration.

6.2.4. **Technical Proposal Narrative**

The technical proposal should provide a complete description of the Bidder's capabilities to perform the services required by this RFP and Section 4.0 Scope of Work. Bidders should provide a thorough narrative, including any new and innovative approaches they would suggest implementing as cost savings measures in each area as outlined below and respond to each element listed below and label their responses with the corresponding section letter/number.

Elements of the technical proposal narrative are as follows:

6.2.5. **Vendor Capacity and Experience**

(The average length of this section should be eight (8) pages)

Describe the Bidder's capabilities to perform all of the components outlined in this RFP including a description of the Bidder's past and present work providing evidence-based telephonic, digital, and web-based tobacco dependence treatment and cessation services, health communications, data collection, report generation, and Quitline and digital cessation services evaluation including the following:

- List all telephonic and web-based smoking cessation services the Bidder has managed. For each service listed, identify the average number of coach-assisted calls per day and the types of cessation services provided and the relation of services provided to what is known about evidence-based tobacco use treatment;
- Describe the organization's experience delivering telephonic, digital, and web-based smoking cessation services including technical expertise, call volume and outcome information (e.g., quit rates) and how that experience supports the implementation and management of the NYS Smokers' Quitline;
- Describe the organization's capacity and experience with developing and implementing marketing and outreach plans;
- Describe the organization's experience developing and distributing effective written cessation and other support materials;
- Describe how the Bidder will work with the existing tobacco control Contractor network to promote telephonic, digital, and web-based smoking cessation services demonstrating an understanding of NYS' tobacco control programming.
- Describe the organization's capacity to appropriately store and distribute cessation medication starter kits;
- Describe the organization's capacity and experience conducting evaluation of Quitline and digital cessation services;
- Describe the organization's capacity to comply with DOH requirements for spontaneous data or report solicitation as well as weekly, monthly, quarterly and annual reporting; and
- If applicable, describe Subcontract(s) that will be secured to fulfill the contract deliverables. If the Subcontractor is known, describe the Subcontractor(s) experience and capacity to successfully fulfill designated components of RFP.

6.2.6. **Staffing and Qualifications**

(The average length of this section should be three (3) pages; not including appendix)

- Describe a proposed staffing structure that will adequately meet the Program Area Contract Deliverables and outline how internal management of the project will be conducted per Section 4.0 Scope of Work.
- Include a proposed organizational chart (will not count toward the number of pages). The chart should indicate the location and anticipated supervisory responsibilities of managers and staff to be assigned to the Quitline project. Indicate positions that would be created and the percentage of time each proposed staff member would devote to the contract. Also, indicate the primary work location of staff who will be assigned to the contract. The organizational chart should indicate relationships to a parent company and subsidiaries if any.
- Provide a narrative describing that management staffing plan being proposed. Include job descriptions for positions with detailed duties for positions that need to be hired and resumes for any existing staff. Narrative should clearly identify management staff roles and responsibilities as well as adequately describe the oversight they will be providing to ensure the integrity of policies and procedures of the Quitline throughout the course of the contract period.
- Describe how the Bidder plans to recruit and train an adequate number of staff. Baseline qualifications for core call center staff would include never or former smoker, strong customer service and communication skills, and the ability to triage a large number of incoming calls while maximizing phone utilization time. Client-centered motivational interviewing skills and the skills to build rapport with callers and display empathy are necessary. The ability to speak another language would be desirable, as well.

6.2.7. **Project Plan**

(The average length of this section should be twenty (20) pages)

Bidders should propose a comprehensive project plan and timeline to meet all the deliverables associated with establishing and running telephonic, web-based, digital smoking cessation services, Quitline marketing and outreach, nicotine replacement therapy storage and shipment services, and quality improvement and evaluation. Where applicable, Quitline services should complement other health system change efforts and include the Quitline working with DOH, its community Contractors and the health care community to increase health care provider delivery of tobacco dependence treatment and tobacco users' access to cessation counseling and medication.

The comprehensive project plan and timeline should include a logical, achievable plan for organizing, implementing, and accomplishing all contract deliverables within the Program Area Contract Deliverables of 1) Statewide Telephone Tobacco Use Cessation Services; 2) Digital Tobacco Use Cessation Services; 3) Quitline Marketing and Outreach; 4) Cessation Medication Storage and Shipment Services; 5) Quality Improvement and Evaluation. See detailed description of deliverables in Section 4.0 Scope of Work.

6.2.8. **Proposed Approach- Information Technology**

(See Scope of Work Section 4.10 Information Technology)

Bidder should describe how their application and all systems components proposed including but not limited to any forms and databases that include Personal Health, Personal Identification or

other New York State information, complies with all NYS security policies and standards listed at <http://its.ny.gov/tables/technologypolicyindex.htm>.

6.2.9. Proposed Approach- Security

Bidder should describe how their proposed solution complies with any applicable policies, standards, laws and rules, including but not limited to:

- All policies and standards defined in the New York State ITS security policies and standards (<http://its.ny.gov/eiso/policies/security>), including, but not limited to:
 - o NYS-P10-006 – Identity Assurance Policy,
 - o NYS-S13-001 – Secure System Development Life Cycle Standard,
 - o NYS-S13-002 – Secure Coding Standard (if applicable),
 - o NYS-S13-004 – Identity Assurance Standard,
 - o NYS-S14-003 – Information Security Controls Standard,
 - o NYS-S14-005 – Security Logging Standard,
 - o NYS-S14-007 – Encryption Standard,
 - o NYS-S14-013 – Account Management / Access Control Standard
 - o NYS-S15-001 – Patch Management Standard (if applicable) and
 - o NYS-S15-002 – Vulnerability Scanning Standard.

6.2.10. Proposed Approach- Transition

(See Scope of Work Section 4.12 Transition)

- Provide an Implementation Plan that details out the steps proposed over a three (3) month transition period for a seamless move for both services and technology in collaboration with the current Contractor.
- Provide a transition plan, including a proposed timeline to complete the seamless transition from the current Contractor to you, should you win the bid. The plan should include discussion of continuity of services for enrolled participants prior to transition, call numbers and online services transfer, re-enrollment call back to prior participants, reporting data and the time schedule for full implementation.

6.3. Cost Proposal

Submit a completed and signed **Attachment B – Cost Proposal**. The Cost Proposal shall comply with the format and content requirements as detailed in this document and in Attachment B. Failure to comply with the format and content requirements may result in disqualification.

The bid price is to cover the cost of furnishing all of the said services, including but not limited to travel, materials, equipment, overhead, profit and labor to the satisfaction of the Department of Health and the performance of all work set forth in said specifications.

7.0 PROPOSAL SUBMISSION

A proposal consists of three distinct parts: (1) the Administrative Proposal, (2) the Technical Proposal, and (3) the Cost Proposal. The table below outlines the requested format and volume for submission of each part. Proposals should be submitted in all formats as prescribed below.

	Electronic Submission	Paper Submission
Administrative Proposal	1 dedicated flash drives labeled “Administrative Proposal” containing a standard searchable PDF file with copy/read permissions only.	4 Originals 4 Copies
Technical Proposal	1 dedicated flash drives labeled “Technical Proposal” containing a standard searchable PDF file with copy/read permissions only.	4 Originals 4 Copies
Cost Proposal	1 dedicated flash drives labeled “Cost Proposal” containing standard searchable PDF file(s) with copy/read permissions only.	4 Originals 4 Copies

1. All hard copy proposal materials should be printed on 8.5” x 11” white paper (single-sided) and **be clearly page numbered on the bottom of each page with appropriate header and footer information.** A font size of eleven (11) points or larger should be used. The Technical Proposal materials should be presented separate from the sealed Cost Proposal.
2. Where signatures are required, the proposals designated as originals should have a handwritten signature and be signed in Blue ink.
3. The NYSDOH discourages overly lengthy proposals. Therefore, marketing brochures, user manuals or other materials, beyond that sufficient to present a complete and effective proposal, are not desired. Elaborate artwork or expensive paper is not necessary or desired. For the NYSDOH to evaluate proposals fairly and completely, proposals should follow the format described in this RFP to provide all requested information. The Bidder should not repeat information in more than one section of the proposal. If information in one section of the proposal is relevant to a discussion in another section, the Bidder should make specific reference to the other section rather than repeating the information.
4. Audio and/or videotapes are not allowed. Any submitted audio or videotapes will be ignored by the evaluation team.
5. In the event that a discrepancy is found between the electronic and hardcopy proposal, the original hardcopy will prevail.

The proposal must be received by the NYSDOH, no later than the Deadline for Submission of Proposals specified in Section 1.0, Calendar of Events. Late bids will not be considered.

Proposals should be submitted in three (3) separate, clearly labeled packages: (1) Administrative Proposal, (2) Technical Proposal and (3) Cost Proposal, prepared in accordance with the requirements stated in this RFP. Mark the outside envelope of each proposal as “RFP# 20070 (New York State Smokers’ Quitline) – (Administrative) (Technical) or (Cost) Proposal submitted by (Bidder’s name)”. The three (3) sealed proposals may be combined into one (1) mailing, if desired.

Proposals must be submitted, by U.S. Mail, by courier/delivery service (e.g., FedEx, UPS, etc.) or by hand as noted below, in a sealed package to:

Department of Health (RFP # 20070)
Attention: Carol Pry
Division of Chronic Disease Prevention
Corning Tower, Room 1055
Albany, NY 12237

NOTE: Bidders should request a receipt containing the time and date received and the signature of the receiver for all hand-deliveries and ask that this information also be written on the package(s).

Submission of proposals in a manner other than as described in these instructions (e.g., fax, electronic transmission) will not be accepted.

7.1. No Bid Form

Bidders choosing not to bid are requested to complete the No-Bid form [Attachment 2](#). Though not required, it does assist the Department in determining vendor capabilities for future procurements.

8.0 METHOD OF AWARD

8.1. General Information

DOH will evaluate each proposal based on the “Best Value” concept. This means that the proposal that best “optimizes quality, cost, and efficiency among responsive and responsible offerors” shall be selected for award (State Finance Law, Article 11, §163(1)(j)).

DOH at its sole discretion, will determine which proposal(s) best satisfies its requirements. DOH reserves all rights with respect to the award. All proposals deemed to be responsive to the requirements of this procurement will be evaluated and scored for technical qualities and cost. Proposals failing to meet the requirements of this document may be eliminated from consideration. The evaluation process will include separate technical and cost evaluations, and the result of each evaluation shall remain confidential until evaluations have been completed and a selection of the winning proposal is made.

The evaluation process will be conducted in a comprehensive and impartial manner, as set forth herein, by an Evaluation Committee. The Technical Proposal and compliance with other RFP requirements (other than the Cost Proposal) will be weighted **70%** of a proposal’s total score and the information contained in the Cost Proposal will be weighted **30%** of a proposal’s total score.

Bidders may be requested by DOH to clarify the contents of their proposals. Other than to provide such information as may be requested by DOH, no Bidder will be allowed to alter its proposal or add information after the Deadline for Submission of Proposals listed in [Section 1.0](#) (Calendar of Events).

In the event of a tie, the determining factors for award, in descending order, will be:

- (1) lowest cost and
- (2) proposed percentage of MWBE participation.

8.2. Submission Review

DOH will examine all proposals that are received in a proper and timely manner to determine if they meet the proposal submission requirements, as described in [Section 6.0](#) (Proposal Content) and [Section 7.0](#) (Proposal Submission), including documentation requested for the Administrative Proposal, as stated in this RFP. Proposals that are materially deficient in meeting the submission requirements or have omitted material documents, in the sole opinion of DOH, may be rejected.

8.3. Technical Evaluation

The evaluation process will be conducted in a comprehensive and impartial manner. A Technical Evaluation Committee comprised of program staff of DOH will review and evaluate all proposals.

Proposals will undergo a preliminary evaluation to verify Minimum Qualifications to Propose ([Section 3.0](#)).

The Technical Evaluation Committee members will independently score each Technical Proposal that meets the submission requirements of this RFP. The individual Committee Member scores will be averaged to calculate the Technical Score for each responsive Bidder.

The technical evaluation is 70% (**up to 70 points**) of the final score.

8.4. Cost Evaluation

The Cost Evaluation Committee will examine the Cost Proposal documents. The Cost Proposals will be opened and reviewed for responsiveness to cost requirements. If a cost proposal is found to be non-responsive, that proposal may not receive a cost score and may be eliminated from consideration.

The Cost Proposals will be scored based on a maximum cost score of 30 points. The maximum cost score will be allocated to the proposal with the lowest all-inclusive not-to-exceed maximum price. All other responsive proposals will receive a proportionate score based on the relation of their Cost Proposal to the proposals offered at the lowest final cost, using this formula:

$$C = (A/B) * 30\%$$

A is Total price of lowest cost proposal;

B is Total price of cost proposal being scored; and

C is the Cost score.

The cost evaluation is 30% (**up to 30 points**) of the final score.

8.5. Composite Score

A composite score will be calculated by the DOH by adding the Technical Proposal points and the Cost points awarded. Finalists will be determined based on composite scores.

8.6. Reference Checks

The Bidder should submit references using [Attachment 9](#) (References). At the discretion of the Evaluation Committee, references may be checked at any point during the process to verify Bidder's qualifications to propose ([Section 3.0](#)).

8.7. Best and Final Offers

NYSDOH reserves the right to request best and final offers. In the event NYSDOH exercises this right, all Bidders that submitted a proposal that are susceptible to award will be asked to provide a best and final offer. Bidders will be informed that should they choose not to submit a best and final offer, the offer submitted with their proposal will be construed as their best and final offer.

8.8. Award Recommendation

The Evaluation Committee will submit a recommendation for award to the Finalist(s) with the highest

composite score(s) whose experience and qualifications have been verified.

The Department will notify the awarded Bidder(s) and Bidders not awarded. The awarded Bidder(s) will enter into a written Agreement substantially in accordance with the terms of [Attachment 8](#), DOH Agreement, to provide the required services as specified in this RFP. The resultant contract shall not be binding until fully executed and approved by the New York State Office of the Attorney General and the Office of the State Comptroller.

9.0 ATTACHMENTS

The following attachments are included in this RFP and are available via hyperlink or can be found at: <https://www.health.ny.gov/funding/forms/>.

1. [Bidder's Disclosure of Prior Non-Responsibility Determination](#)
2. [No-Bid Form](#)
3. [Vendor Responsibility Attestation](#)
4. [Vendor Assurance of No Conflict of Interest or Detrimental Effect](#)
5. [Guide to New York State DOH M/WBE Required Forms & Forms](#)
6. [Encouraging Use of New York Businesses in Contract Performance](#)
7. [Bidder's Certified Statements](#)
8. [DOH Agreement](#) (Standard Contract)
9. [References](#)
10. [Diversity Practices Questionnaire](#)
11. [Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination](#)
12. [Executive Order 16 Prohibiting Contracting with Businesses Conducting Business in Russia](#)

The following attachments are attached and included in this RFP:

- A. Proposal Document Checklist
- C. Attestation: Refusal of Funds from Tobacco-Related Entities

The following attachments are provided as separate files and have been posted along with this RFP at <https://www.health.ny.gov/funding/>.

- B. Cost Proposal

ATTACHMENT A
PROPOSAL DOCUMENT CHECKLIST

Please reference Section 7.0 for the appropriate format and quantities for each proposal submission.

RFP # 20070 – NEW YORK STATE SMOKERS’ QUITLINE		
FOR THE ADMINISTRATIVE PROPOSAL		
RFP §	SUBMISSION	INCLUDED
§ 6.1.1	Attachment 1 – Bidder’s Disclosure of Prior Non-Responsibility Determinations	<input type="checkbox"/>
§ 6.1.2	Freedom of Information Law – Proposal Redactions (If Applicable)	<input type="checkbox"/>
§ 6.1.3	Attachment 3- Vendor Responsibility Attestation	<input type="checkbox"/>
§ 6.1.4	Attachment 4 - Vendor Assurance of No Conflict of Interest or Detrimental Effect	<input type="checkbox"/>
§ 6.1.5	Attachment 5 - M/WBE Participation Requirements:	<input type="checkbox"/>
	Attachment 5 Form 1	<input type="checkbox"/>
	Attachment 5 Form 2 (If Applicable)	<input type="checkbox"/>
	Attachment 5 Form 4	<input type="checkbox"/>
	Attachment 5 Form 5	<input type="checkbox"/>
§ 6.1.6	Attachment 6- Encouraging Use of New York Businesses	<input type="checkbox"/>
§ 6.1.7	Attachment 7 - Bidder’s Certified Statements, completed & signed.	<input type="checkbox"/>
§ 6.1.8	Attachment 9 – References	<input type="checkbox"/>
§ 6.1.9	Attachment 10 - Diversity Practices Questionnaire	<input type="checkbox"/>
§ 6.1.10	Attachment 11 - EO 177 Prohibiting Contracts w/Entities that Support Discrimination	<input type="checkbox"/>
§ 6.1.11	Attachment 12 – Executive Order 16 Prohibiting Contracting with Businesses Conducting Business in Russia	<input type="checkbox"/>
FOR THE TECHNICAL PROPOSAL		
RFP §	SUBMISSION	INCLUDED
§ 6.2.1	Title Page	<input type="checkbox"/>
§ 6.2.2	Table of Contents	<input type="checkbox"/>
§ 6.2.3	Documentation of Bidder’s Eligibility (Requirement), including Attachment C	<input type="checkbox"/>
§ 6.2.4	Technical Proposal Narrative	<input type="checkbox"/>
FOR THE COST PROPOSAL REQUIREMENT		
RFP §	REQUIREMENT	INCLUDED
§ 6.3	Attachment B - Cost Proposal	<input type="checkbox"/>

ATTACHMENT C
Tobacco-Free Policies Attestation
RFP # 20070 – New York State Smokers’ quitline

Applicants are required to have a written policy prohibiting any affiliation¹ with a tobacco company or tobacco product manufacturer² including receipt of gifts, grants, contracts, financial support and in-kind support, and other relationships. Applicants must ensure that no subcontractors receiving funding through this award have any affiliation with a tobacco company or tobacco product manufacturer.

Financial Relationships

The organization does not have any affiliation or contractual relationship with any tobacco company or tobacco product manufacturer, its affiliates, its subsidiaries or its parent company and has a written policy prohibiting any such relationships. The organization will ensure that subcontractors or subgrantees receiving funding through this award do not have any affiliation with a tobacco company or tobacco product manufacturer.

Title: _____

Signature: _____ Date: _____
(Signed by “Person authorized to obligate” on Cover Sheet)

¹ Affiliation:

- being employed by or contracted to any tobacco company, association or any other agents known by you to be acting for tobacco companies or associations;
- receiving honoraria, travel, conference or other financial support from any tobacco company, association or any other agents known by you to be acting for or in service of tobacco companies or associations;
- receiving direct or indirect financial support for research, education or other services from a tobacco company, association or any agent acting for or in service of such companies or associations, and;
- owning a patent or proprietary interest in a technology or process for the consumption of tobacco or other tobacco use related products or initiatives.

² Tobacco company or tobacco product manufacturer: any person, corporation or entity, including any repacker or relabeler, who:

- manufactures, fabricates, assembles, processes, or labels a tobacco product; or
- imports a finished tobacco product for sale or distribution in New York State.

Attachment C

Attestation: Refusal of Funds from Tobacco-Related Entities

Questions and Answers

Q1. What is the Refusal of Funds From Tobacco-Related Entities attestation?

A. This attestation is a part of the Department of Health (DOH) contract in which contractors agree not to accept any grant or anything else of value from any tobacco manufacturer, distributor, or other tobacco-related entity.

Q2. What is the purpose of the attestation?

A. The attestation helps to assure that there are no conflicts of interest, potential conflicts of interest or perceived conflicts of interest between the DOH, its contractor's and tobacco-related entities. It assures that contractors do not rely on funding from sources that could dilute, or call into question, their commitment to tobacco control.

Q3. How does the attestation apply to complex institutions, for example, universities or state or local governments? Is the entire university or state or local government bound by the attestation when one part of it accepts a DOH contract that includes the attestation in the funding announcement?

A. No. DOH understands that it would be unduly burdensome for a university or state or local government to enforce the requirements of the attestation throughout the entire institution or state. For that reason, DOH only requires that the organizational unit receiving the contract comply with the attestation.

Q4. What does that mean in the context of an educational institution or other large institution such as a hospital? What is the "organizational unit receiving the contract"?

A. In the case of an educational institution, the attestation applies to all programs of the School for which the contract project coordinator and/or principal investigator carries out the contract duties. It does not apply to other Schools or other components of the university. For example, if a contract project coordinator and principal investigator are carrying out the contractual duties for a university's School of Public Health or for a department of the School of Public Health, the entire School of Public Health, including all of its departments and any other sub-units, must comply with the attestation. Schools, departments, or other units located outside of the School of Public Health would not be similarly bound.

Similarly, in the case of a hospital, the attestation applies to the organizational unit for which the contract's project coordinator and/or principal investigator are carrying out the contract duties. It does not apply to other organizational units within the hospital. For example, if the contract's project coordinator and principal investigator are carrying out the contract duties in the community health unit of a hospital, the entire unit, including all of its departments and any other sub-units, must comply with the attestation. Other parts of the hospital would not be similarly bound.

Q5. What about a local government such as a local health department?

A. The same principles apply. The department or agency within which the Contract's Project Coordinator and/or Principal Investigator are carrying out the contractual activities would be bound by the attestation. Other departments, agencies, etc. would not be.

Q6. Does the attestation apply to the institutional recipient, the individuals working on the contract, or both?

A. The attestation applies to both the institutional recipient and all individuals working on the contract.

Q7. Does the attestation apply only during the life of the contract, or does it extend more broadly?

A. The attestation prohibits not-for-profit grantees from having any ongoing contractual relationships or any other affiliations with a tobacco manufacturer, its affiliates or its subsidiaries when the contractor signs the contract or from entering into such a relationship during the life of the contract. It does not bar contracts to entities which have had past economic relationships with tobacco companies, nor does it prohibit contractors from entering into relationships with tobacco companies after the completion of the contract.

Q8. The attestation states that applicants may not accept any grant or anything else of value. In this context, what does "value" mean?

A. Value means anything having or being perceived as having monetary value. This includes, but is not limited to a salary, fee, goods, services, gifts, benefits, discounts, loans, advances, forbearances, travel, lodging, or any other thing paid, owed, given or promised. It also includes items which may be of a nominal value, including but not limited to refreshments, promotional items or ceremonial items (e.g., awards or plaques).

Q9. Do attestation restrictions apply to sub-contractors or anyone else to whom the contractor disburses DOH funds?

A. The attestation of the contract applies to any sub-contractor that is instrumental to achieving the goals and objectives of the contract. For example, if a contractor subcontracts a scope of work to an entity to work on developing a media campaign to educate residents about the dangers of secondhand smoke in multi-unit housing buildings, or if a contractor sub-contracts with a consultant to do work with a health system to ensure tobacco screening policies, those sub-contracts/consultants are subject to the same requirements of the attestation. If a contractor subcontracts with an entity to process payroll, conduct audits or rent space for a coalition meeting, those businesses are not subject to the attestation.

Q10. Does the attestation require that a contractor divest itself of tobacco-related stock or other financial holdings?

A. No. The attestation does not contain divestiture provisions.

Q11. How will a contractor know the identity of tobacco manufacturers, distributors or other tobacco-related entities?

A: DOH recognizes that identifying tobacco manufacturers, distributors and other tobacco-related entities can be challenging given the complex nature of conglomerates. Contractors are encouraged to review publicly available information regarding tobacco companies.

Q12. Are there any exceptions to the attestation?

A. DOH will consider, on a case-by-case basis, requests for a temporary waiver to permit a contractor to come into compliance with the attestation. Those requests should be submitted as a question during the procurement's open Q&A time.

A. DOH recognizes that identifying tobacco manufacturers, distributors and other tobacco-related entities can be challenging given the complex nature of conglomerates. Contractors are encouraged to review publically-available information regarding tobacco companies. Such lists are maintained by a variety of reputable sites including NYS Stock Exchange, NASDAQ and Bloomberg Markets (<http://www.bloomberg.com/markets/companies/tobacco/>). Other helpful resources may include: <http://legacy.library.ucsf.edu/>.

Q13. Isn't DOH concerned that potential contractors that could make a real contribution to tobacco control may be disqualified by this attestation?

A. DOH has made a substantial effort to assure that the attestation obligations are realistic, do not unduly burden bidders and do not interfere with humanitarian work. However, it is DOH's carefully considered view that it would be inconsistent with our mission and lead to conflicts of interest, if we were to fund institutions or, as described above, components of institutions that accept tobacco-industry funding. We encourage institutions to review their own fundraising criteria and programs and consider the concerns we have put forward.