



**State of New Hampshire
Department of Health and Human Services
Division of Public Health Services**



REQUEST FOR PROPOSALS

For

Chronic Disease Self-Management Network

RFP # 11-DPHS-CDSMP-10

**State Fiscal Year(s) 2011-2012
July 1, 2010 – March 31, 2012**

April 7, 2010



Contact Information:

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29 Hazen Drive
Concord, NH 03301-6504

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**New Hampshire Department of Health and Human Services
Division of Public Health Services**

REQUEST FOR PROPOSALS

Chronic Disease Self-Management Network

RFP # 11-DPHS-CDSMP-10

April 7, 2010

The mission of the New Hampshire Department of Health and Human Services (NH DHHS), Division of Public Health Services (DPHS) is to assure the health and well-being of communities and populations in New Hampshire by promoting and protecting the physical, mental and environmental health of its citizens, by preventing disease, injury, disability and death, and preparing for public health emergencies. This mission is carried out, to a large degree, in partnership with community-based agencies that are awarded contracts through a Request for Proposals (RFP) process.

1. PURPOSE OF THE REQUEST FOR PROPOSALS AND AVAILABLE FUNDING

The purpose of this RFP is to solicit proposals from qualified applicants to: further develop and strengthen infrastructure in New Hampshire to systematically deliver the Stanford Chronic Disease Self-Management Program (CDSMP) to older adults. Major responsibilities include: developing workshop site and referral networks, implementing systematic delivery of the program; implementing systematic monitoring, evaluation and quality assurance; and creating a plan to embed CDSMP in agencies serving older adults throughout NH. The area to be served is statewide.

Funds for this are available for two years, in the amount of \$96,413 for the anticipated time period of 7/1/10 to 6/30/2011, and \$100,000 for the anticipated time period of to 7/1/11 to 3/31/12, with the option to extend pending availability of funding. Estimates of available funding and time periods presented here are subject to adjustments. See Section 14 of this RFP for provisions regarding Amendments and Renewals of any contract resulting from this RFP. Copies of this RFP and accompanying forms may be downloaded from our website at: <http://www.dhhs.nh.gov/DHHS/OBO/LIBRARY/RFP/default.htm>. Forms contained in the PDF or print versions of the RFP cannot be used for electronic data entry. Electronic version of forms, to be used for proposal submission, will be provided to all bidders that submit a Letter of Intent.

2. BACKGROUND INFORMATION

A. Public Health Problem:

New Hampshire's population of older adults ranks 5th in the US. (US Census) The number of older adults in NH will double in the next 20 years, to 350,000 or 21 % of the NH population. (Johnson, Kenneth. Carsey Institute, University of NH. Recent Demographic Trends in the Granite State.)

Those 65 years and older experience higher prevalence of chronic disease. Approximately 52.4% of NH elderly have been diagnosed with high blood pressure; 53.3% with arthritis; 18.1% with diabetes; 16.9% with a history of coronary heart disease; 7.6% with asthma; 10.2% with chronic obstructive pulmonary disease and 7.4% with stroke. (NH Behavioral Risk Factor Surveillance System.) These data show rapidly increasing numbers of people in NH who could benefit from chronic disease self-management programs.

B. History of Work on this Issue:

NH citizens with chronic conditions have had limited access to CDSM. The state is well-positioned to improve access to CDSM at this time. From 2006-8 the Bureau of Elderly and Adult Services' (BEAS) implemented a Senior Wellness Initiative within the statewide senior center network. During 2008-9 the Asthma and Diabetes Programs in the Bureau of Prevention Services (BPS) began to develop capacity to deliver the Stanford University Chronic Disease Self-Management Program (CDSMP). At this time American Recovery and Reinvestment Act funds awarded to the NH Bureau of Prevention Services through the Administration on Aging offer an opportunity to carry forward a coordinated plan to develop CDSMP capacity and integrate CDSMP into a statewide delivery system.

C. Outline of RFP Goals:

The goals of this project as stated in the NH DHHS proposal to the AoA are:

- 1) Establish infrastructure to coordinate the project and strengthen partnerships among BEAS, BPS, the ServiceLink Resource Center (ADRC) network, Medicaid, Community Health Centers (CHCs) and key stakeholders in the senior and provider communities to effectively guide and implement the project;
- 2) Develop qualified CDSMP master trainers and leaders statewide;
- 3) Develop a statewide CDSMP delivery system of community aging services programs and referring agencies;
- 4) Engage new infrastructure (master trainers, leaders, site and referral networks) and quality assurance plan to implement "Living Well" consumer workshops statewide;
- 5) Develop and implement a project monitoring, evaluation and quality assurance plan to assure program fidelity and CQI over the 2-year project period;
- 6) Engage new infrastructure to develop a plan to embed CDSMP in the state's community aging services network.

D. Anticipated Effectiveness:

Expected outcomes for this project as stated in the NH DHHS proposal to the AoA are:

- 1) Project coordinator established; Project Management Team meeting monthly; “Living Well” Advisory Council meeting quarterly; “Living Well” Action Learning Collaborative initiated in Y2.
- 2) 11 master trainers qualified to train leaders; 4 regional leader trainings; 30 leaders qualified to conduct “Living Well” consumer workshops; leader work plans; CDSMP trainer network for planning and coordination of activities; evaluation for continuous quality improvement of leader trainings. 3) Statewide community aging services program site (and referral) network established; referral network created, with feedback loop on outcomes for referring providers from health care and community services.
- 4) Systematic statewide delivery of 5 “Living Well” workshops in Y1 and 25 in Y2; 300 total participants, with at least 75% attending all workshop sessions; demonstrated fidelity to CDSMP; demonstrated continuous quality improvement (CQI).
- 5) Stanford required data collected, analyzed and reported; participant course evaluations and self-reported outcomes data collected, analyzed and reported; formative evaluation plan and quality improvement process implemented with feedback for CQI; CDSMP implemented with demonstrated fidelity.
- 6) Sustainability plan developed; “Living Well” Action Learning Collaborative initiated; CDSMP embedded in program delivery for at least 15 community aging services program sites.

E. Funding Sources and Intent:

The funding source for this project is the American Recovery and Reinvestment Act (ARRA), released through the federal Administration on Aging (AOA). The intent of the funding is to increase the availability of evidence-based chronic disease self-management programs for older adults nationwide.

F. Priority Needs and Populations:

As stated above, the number of older adults in NH will double in the next 20 years, to 350,000 or 21 % of the NH population. The Administration on Aging has designated older adults as the priority population for this funding opportunity. The target population is older adults with one or more chronic conditions.

G. Evidence-Based Practices:

This funding opportunity requires grantees to adhere to evidence-based programs, specifically the programs for chronic disease self-management developed by Stanford University.

3. SCOPE OF SERVICES AND PERFORMANCE MEASURES

3.1 Scope of Services:

The minimum required services to meet the priorities and goals of this request for proposals are those stated in the NH DHHS proposal submitted to the Administration on Aging (AoA), which will be made available to bidders.

Please refer to the attached Scope of Service (Exhibit A) for more information.

3.2 Performance Measures

The DPHS is committed to assuring that it delivers high quality public health services directly or by contract. As stewards of state and federal funds we strive to assure that all services are evidenced-based and cost efficient. To measure and improve the quality of public health services, DPHS employs a performance management model. This model, comprised of four components, provides a common language and framework for DPHS and its community partners. These four components are: 1) performance standards; 2) performance measurement; 3) reporting of progress; and, 4) quality improvement. DPHS has established the following performance measures for the work to be carried out under this proposal.

Performance Measures for this project will be the outcome measures stated in the NH DHHS proposal to the AoA, i.e.:

- 1) Project coordinator established; Project Management Team meeting monthly; “Living Well” Advisory Council meeting quarterly; “Living Well” Action Learning Collaborative initiated in Y2.
- 2) 11 master trainers qualified to train leaders; 4 regional leader trainings; 30 leaders qualified to conduct “Living Well” consumer workshops; leader work plans; CDSMP trainer network for planning and coordination of activities; evaluation for continuous quality improvement of leader trainings.
- 3) Statewide community aging services program site (and referral) network established; referral network created, with feedback loop on outcomes for referring providers from health care and community services.
- 4) Systematic statewide delivery of 5 “Living Well” workshops in Y1 and 25 in Y2; 300 total participants, with at least 75% attending all workshop sessions; demonstrated fidelity to CDSMP; demonstrated continuous quality improvement (CQI).
- 5) Stanford required data collected, analyzed and reported; participant course evaluations and self-reported outcomes data collected, analyzed and reported; formative evaluation plan and quality improvement process implemented with feedback for CQI; CDSMP implemented with demonstrated fidelity.
- 6) Sustainability plan developed; “Living Well” Action Learning Collaborative initiated; CDSMP embedded in program delivery for at least 15 community aging services program sites.

As part of this proposal, the bidder is required to describe the steps that will be taken towards meeting the performance measures and the evaluation process that will be used to assure progress towards meeting the performance measures and the overall program objectives and goals. At intervals specified by DPHS, the selected bidder/contractor will report on progress towards meeting the performance measures, and overall program goals and objectives to demonstrate they have met the minimum required services for the proposal. A Work Plan form is attached to this RFP.

3.3 Culturally and Linguistically Appropriate Standards of Care

DPHS recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, DPHS expects the Contractor shall provide culturally and linguistically appropriate services according to the following guidelines:

- Assess the ethnic/cultural needs, resources and assets of their community.
- Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.
- Provide clients with deafness or hearing loss and/or minimal English skills with interpretation services.
- Offer consumers a forum through which clients have the opportunity to provide feedback to the Contractor regarding cultural and linguistic issues that may deserve response.

4. ELIGIBILITY

Proposals may be submitted by any established non-profit corporation, public agency (agency or department of municipal, county, or state government); or by private proprietorships, partnerships, or corporations; or by a consortium of public, non-profit, and private entities. In the case of collaborative proposals, one organization shall be designated to enter into a contractual relationship with the DPHS. **Collaborative proposals and proposals including current CDSMP Network partner organizations are strongly encouraged.** Programs currently funded by DHHS shall be in full fiscal and programmatic compliance in order to receive consideration for an award under this RFP.

5. PROCUREMENT TIMETABLE

April 7, 2010	RFP packages are available by request or via the NH DHHS website http://www.dhhs.nh.gov/DHHS/OBO/LIBRARY/RFP/default.htm
April 19, 2010	Bidders' Conference (Attendance is strongly advised.)
April 23, 2010	Mandatory Letters of Intent must be received by the Bureau of Prevention Services by 4:30 PM EST
April 19, 2010	Deadline to submit questions in writing relative to RFP by 4:30 PM EST
May 10, 2010	Proposals must be received by the Bureau of Prevention Services by 4:30 PM EST
May 14, 2010	Notices will be sent to selected bidder(s)
May 18, 2010	Contract documents sent by DPHS to selected bidder(s) for signature
May 26, 2010	Signed contract documents due back to DPHS
July 1, 2010	Effective date of contracts, pending Governor and Council approval

6. LETTER OF INTENT

The enclosed Letter of Intent Form, or other written communication that includes all information requested on the Letter of Intent Form, shall be used to satisfy the Letter of Intent requirement by submitting to DPHS as described on the form.

A Letter of Intent offers the benefit of ensuring that a bidder will receive notice of any modifications made to the RFP as well as copies of questions asked by all bidders and answers provided by DPHS, as described in Section 7.2. Also, electronic versions of forms, required for proposal submission, will be provided to all bidders that submit a Letter of Intent. Written notice is required to withdraw after a Letter of Intent has been submitted.

7. BIDDERS' CONFERENCE AND BIDDERS' QUESTIONS

7.1. Bidders' Conference

A bidders' conference will be held for all bidders on April 19, 2010 at 10:00 a.m. at the NH Department of Health and Human Services located at 29 Hazen Drive, Concord, NH. Attendance at the bidders' conference is strongly recommended. Bidders may participate in a conference call if they are unable to attend the conference. Contact Kathy Berman via email at kberman@dhhs.state.nh.us to RSVP and/or arrange to participate via phone by April 15, 2010 to make necessary arrangements. The conference will provide an overview of the RFP process and an opportunity to receive technical assistance. Questions received at the bidders' conference and corresponding replies will be communicated via e-mail to all bidders' conference attendees and will be published on the DHHS web site at:

<http://www.dhhs.nh.gov/DHHS/OBO/LIBRARY/RFP/default.htm>

7.2. Bidders' Questions

Please see the DHHS' Frequently Asked Questions (FAQs) about the RFP process @ <http://www.dhhs.nh.gov/DHHS/OBO/FAQs/default.htm> . These will provide answers to many commonly asked questions about the proposal process. All questions relative to the RFP must be submitted in writing to Kathy Berman by the date in the Procurement Timetable at the address below or via e-mail at kberman@dhhs.state.nh.us. These questions and their answers will be sent to all bidders who have submitted a letter of intent and will also be published on the DHHS web site at the web address noted in the Procurement Timetable.

NH DHHS, DPHS, Bureau of Prevention Services
ATTN: Kathy Berman
29 Hazen Drive
Concord, NH 03301-6504

8. APPROPRIATE USE OF FUNDS, ARRA REPORTING AND OTHER REQUIREMENTS

Funds may be used to pay for salaries and benefits of program staff, meeting expenses, travel for program and training purposes, technical assistance and other training, educational materials, postage, supplies, rent, subcontracts, consultants, equipment, software, and telephone. Indirect costs must be less than or equal to 10%. DPHS funding may not be used to replace funding for a program already funded from another source.

Funded contractors/vendors will be expected to keep records of their activities related to DPHS-funded programs and services. Payment for contracted services will be made on a combined line item cost reimbursement basis on monthly invoices for expenditures incurred and upon compliance with reporting requirements for the New Hampshire Department of Health and Human Services, the Administration on Aging, and the American Recovery and Reinvestment Act (ARRA) under this grant award.

Funded contractors/vendors will be accountable to meet the scope of services. Failure to meet the scope of services may jeopardize the funded contractor/vendor's current and/or future funding. Corrective action may include actions such as a contract amendment or termination of the contract. The contracted organization shall prepare progress reports, as required.

Staff funded under this RFP may be required to attend pertinent technical assistance sessions or progress reviews sponsored by DPHS.

9. PROPOSAL SUBMISSION INSTRUCTIONS,

9.1 Proposal Submission

Proposals shall be submitted to:

NH DHHS, DPHS, Bureau of Prevention Services
ATTN: Kathy Berman
29 Hazen Drive
Concord, NH 03301-6504

The proposal shall be received (not simply post-marked) by DPHS no later than 4:30 PM, EST on the date specified in the Procurement Timetable in Section 5. **No extensions will be granted. Faxed copies will NOT be accepted. The responsibility for submitting a response to this RFP on or before the stated time and date will rest solely and strictly with the bidder.** The DPHS will in no way be responsible for delays in delivery caused by the U.S. Postal Service or other couriers, or caused by any other occurrence.

9.2 Required Materials

The following required materials shall be submitted to DPHS in order for a proposal to be complete:

1. Original proposal, plus three (3) copies, and an electronic copy on CD or other media
2. Proposal Face Sheet
3. Proposal Checklist
4. Table of Contents
5. Executive Summary
6. Proposal Narrative
7. Workplan with Performance Measures
8. Staff List Form
9. Budget Form
10. Sources of Revenue Form
11. Comprehensive General Liability Insurance Acknowledgement Form

Forms contained in the PDF or print versions of the RFP cannot be used for electronic data entry. Electronic version of forms, to be used for proposal submission, will be provided to all bidders that submit a Letter of Intent.

10. PROPOSAL REQUIREMENTS AND SCORING CRITERIA

Proposals shall follow the outline presented in this section and are required to contain all components listed and detailed below. Proposals will be reviewed as described in Section 11. **The score of a proposal will be based on the extent to which the applicant successfully addresses the required proposal components.**

10.1 Proposal Formatting & Adherence to Instructions – 5 Points

An organized proposal facilitates the work of reviewers who are often reviewing multiple proposals.

Proposals shall:

- contain a Table of Contents;
- be typed, double-spaced and in no less than 11-point font;
- have one-inch margins;
- have numbered pages, following the Table of Contents;
- include requested information in appropriate sections of proposal;
- adhere to page limitations for each section;
- spell out all acronyms the first time that they are used;
- note the source of all data cited; and,
- be clipped in the upper left corner, and not be bound or stapled.

10.2 Proposal Face Sheet – Not scored

10.3 Proposal Checklist – Not scored

10.4 Table of Contents – Not scored

10.5 Executive Summary (not to exceed 2 pages) Not scored

Proposals lacking an Executive Summary will not be reviewed.

Summarize the agency/bidder organization information (include any networks or subcontractors to be involved), and the proposal, the targeted population(s) and the estimated total number of people to be served by these funds. The Executive Summary is an integral component of the proposal review process and must be prepared as a stand-alone component.

10.6 Proposal Narrative and Workplan

10.6.1 Bidder Experience and Capacity (not to exceed 5 pages) - 30 Points

This section of the proposal is intended to convey the experience and capacity of the bidder, its staff and any collaborating partners to carry out the scope of services. It should convince reviewers that the bidder is the most qualified candidate to provide the services requested.

1. Describe the bidder's overall **mission, program, and services**, indicating how they relate to the goals and priorities described in Section 2 of the RFP.
2. Describe/demonstrate in the proposal that the bidder and any collaborating partners have the **experience and capacity** necessary to meet the goals, objectives, and priorities of the program; provide the minimum required services as described in Section 3 and Exhibit A of the RFP; and, to meet the performance measures. This includes:
 - a. its overall ability to perform the technical aspects of the program;
 - b. the availability of qualified and experienced personnel;

- c. the availability of adequate facilities, general environment, and resources for the proposed services; and,
 - d. adequacy of plans for the administration of the program. Please include an organizational chart.
3. Clearly describe arrangements for coordination of services and exchange of information with other health care providers and agencies. Copies of subcontracts or memorandum of understanding, letters of support are provided as applicable summarizing clearly and specifically the nature of the collaboration and level of support.
 4. Describe any significant changes and accomplishments (for example, changes in geographic area served, staffing, or reorganization of agency/bidder organizational structure) which occurred during the current fiscal year, or which are planned for the upcoming period, and explain how these will impact the scope of services to be provided.

10.6.2 Plan of Operation (not to exceed 5 pages) - 50 Points (Plan of Operation shall include both the Plan of Operation Narrative and Work Plan documents.)

This section of the proposal supplements the workplan and Staff List Form and describes how the bidder will meet the overall goal(s) described in Section 2 and the Scope of Services of the RFP.

1. Describe, concisely and completely:
 - a. how the program will operate;
 - b. how the scope of services as described in Section 3 and Exhibit A of the RFP will be carried out – and by whom;
 - c. the roles of each staff member, identifying each staff member by name or, by title if the position is vacant. Provide, as attachments, current resumes for all program staff and job descriptions for vacant positions. These attachments will not be counted as part of the page limitation; and,
 - d. how performance measures will be met.
2. Describe the populations and geographical areas to be served, including the number of clients expected to be served. These numbers should be realistic and appropriate for the service area.
3. Describe and demonstrate the bidder's ability to access one or more populations considered a high priority for the program in the bidder's service area.
4. Document the evidence-base for each proposed activity/intervention.
5. Describe a plan for monitoring and evaluating progress in meeting objectives and performance targets stating how progress will be measured.
6. Complete the provided electronic Staff List Form according to instructions.

10.6.3 Workplan

Workplans address specific objectives, activities and performance measures. A workplan reporting form is included. There is no page limitation for this form. Performance Measure targets should be realistic and attainable.

1. Describe steps of a clear and rational process to meet or maintain the performance measure target.
2. Provide specific performance measures and detail appropriate community-based measures with realistic targets.

10.6.4 Budget and Justification - 15 Points

For the purposes of this RFP, the **Budget Periods are defined as: 7-1-10 to 6-30-11, and 7-1-11 to 3-31-12.**

The proposed budget shall be appropriate in relation to the proposed activities, reasonable, clearly justified, and consistent with the intended use of funds. It shall include the following items, **one for each Budget Period:**

1. Budget Form (provided by DPHS) See RFP Enclosures, Section 16.

(Supplementary budgets for proposed subcontractors are strongly recommended.) This form details the costs of your proposal. The Budget Form shall be submitted electronically and in hard copy.

2. Budget Justification - (Not to exceed 2 pages per Budget Period)

A Budget Justification must be completed for each Budget Period and each separate budget if appropriate.

- Describe in detail each expense item and personnel position for which funding is requested, linking each to the services to be provided. Use the numbered items as listed in the Budget Form and Justification Instructions (See Enclosures) to organize this justification narrative.
- Ensure that the budget is appropriate in relation to the proposed activities, reasonable, clearly justified, and consistent with the intended use of funds.
- Proposals should provide the best value for cost/price bid.
- The indirect costs shall not exceed 10 %.

3. Sources of Revenue Form (provided by DPHS)

The Sources of Revenue Form shall be submitted electronically and in hard copy.

- Complete one Sources of Revenue Form for each Budget Period.
- Provide clear information about other sources of revenue for the program other than state funds.
- Show in-kind contributions for the same Budget Periods.
- Show any revenue generated.

4. Staff List Form (provided by DPHS)

The Staff List Form shall be submitted electronically and in hard copy.

- Include all staff in the program funded in part or in whole through this proposal.
- Complete one Staff List Form for each Budget Period.

11. PROPOSAL REVIEW AND EVALUATION

DPHS will convene a review panel to conduct an objective review of proposals received in response to this RFP process. The panel will be comprised of internal and external reviewers for competitive proposals. All reviewers are required to sign a conflict of interest agreement to assure their impartiality during the review process.

Scoring of proposals will be based solely on what is submitted in writing by the bidder in response to this RFP. The merits of each proposal will be evaluated and scored according to the scoring criteria described in Section 10.

In situations in which proposal scores are close or equal after the initial review, the DPHS may choose to conduct a second review of the proposals with comparable scores, and/or may request that bidders present a live presentation to the review committee of their proposal. The DHHS reserves the right to request additional information in order to make a final determination of the successful bidder(s).

DPHS reserves the right to accept or reject any proposal, and to waive any minor irregularities in the proposals. DPHS reserves the right to make final funding decisions based on the availability of funds, geographic distribution of services, prior bidder performance (if applicable), and other Department priorities.

Please note that DPHS recommends the awarding of a contract to the Governor and Executive Council. Thus, the RFP and contract process is not complete without approval of the Governor and Executive Council.

12. PROCEDURES FOR BIDDER SELECTION AND NOTIFICATION

Notice of Selection Procedures

A letter of selection will be sent to selected bidders by the date noted in the procurement timetable. The scope of services and budget may be negotiated based upon the merit of the proposal as evaluated by the review panel, availability of funding, and conditions of the award. Failure of a selected bidder to satisfactorily negotiate within a reasonable time may result in the bidder forfeiting its award.

DPHS may negotiate the funding of geographic service areas and selected activities of a proposal if other activities can be funded more efficiently through different providers. DPHS may also require a bidder to make appropriate linkages with other contractors/vendors and programs in order to receive funding.

Recommendation for Non-Selected Proposals

In accordance with New Hampshire Statutes Chapter 21-I:13-a, no information shall be available to the public, the members of the general court or its staff, notwithstanding the provisions of RSA 91-A:4, concerning specific invitations to bid or other proposals for public bids, from the time the invitation or proposal is made public until the bid is actually awarded, in order to protect the integrity of the public bidding process. This means that no information can be provided to non-selected bidders until contracts are awarded to selected bidders through the Governor and Executive Council.

After contracts for selected bidders are approved by Governor and Executive Council, non-selected bidders may request an opportunity to:

- 1) Discuss with DPHS administrative staff the reasons for not being selected.
- 2) Receive recommendations that may make future proposals more effective.

Such requests shall be submitted in writing to:

NH DHHS, DPHS, Bureau of Policy and Performance Management
ATTN: Joan H. Ascheim
29 Hazen Drive
Concord, NH 03301-6504

Such requests are not considered appeals. Once a bidder has submitted a letter, DPHS will attempt to accommodate such requests within a reasonable time.

13. DOCUMENTS FOR CONTRACT APPROVAL

Following selection, selected bidders will be required to submit the following documents for contract approval:

- Signed and notarized **General Provisions (P-37)** (form provided by DPHS).
- Signed and notarized **Certificate of Vote** (sample provided by DPHS).
- Revised budget and budget justification pages.
- Most recent **Agency Financial Audit, or audited financial statements** (required only for contracts purchasing social services)
- Agency/bidder **Mission Statement** - (required only for contracts purchasing social services)
- **Key Administrative Personnel Sheet** - (required only for contracts purchasing social services) a chart of key administrative personnel.
- **Resumes** - (required only for contracts purchasing social services) current resume/curriculum vitae of each person listed in the Key Personnel Sheet.
- **Board of Directors List** - (required only for contracts purchasing social services)

- **Certificate of Good Standing** - (not required for municipalities) this is a Certificate of Good Standing, Registration, or Authorization, as appropriate, that is issued by the NH Secretary of State's office and is proof of a company/organization's existence.
- **Certificate(s) of Insurance** for General Liability and Worker's Compensation Insurance with the following listed as the Certificate Holder:

Director, Division of Public Health Services
NH Department of Health & Human Services
29 Hazen Drive
Concord, NH 03301-6504

- Signed copies of additional assurances: **Exhibits C-ARRA; D; E; F; G; H; and, I**, if applicable, (provided by DPHS).

Please make arrangements in advance for any necessary Board actions so that contract documents can be returned by the date listed in the procurement timetable. Successful contract document completion will result in a contract becoming effective on the date in the procurement timetable or upon approval by the Governor and Executive Council of the State of New Hampshire, whichever is later. **Delays in returning contract documents may result in contracts not being effective on that date.** No services occurring before the effective date are reimbursable under the contract.

14. ADDITIONAL INFORMATION

Amendments

DPHS has the option of amending the Agreement throughout the funding cycle based on program performance, fiscal expenditure, and other contract requirements. All amendments require approval by the Governor and Executive Council.

Renewals

DPHS has the option to renew the Agreement for 1 additional year(s), pending availability of funding, the agreement of the parties, and approval by Governor and Council.

Cancellation

DPHS may, upon determining that no satisfactory proposals have been received for any particular service, decide to re-bid for this particular service.

Public Record

All proposals become the property of the State of New Hampshire and will be a matter of public record.

15. RESPONSIBILITIES OF THE DIVISION OF PUBLIC HEALTH SERVICES

DPHS will take an active role in providing technical assistance to the contract organizations on relevant issues (e.g., program implementation and evaluation) by conducting site visits and maintaining frequent telephone contact.

All documents (written, video, audio) produced or purchased under the contract shall have prior approval from DPHS before printing, production, distribution or use. The DHHS will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports. Contracted organizations may not reproduce any materials produced under the contract without prior written approval from DHHS.

16. ENCLOSURES

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NH Department of Health and Human Services

Exhibit A

Scope of Service

NH Chronic Disease Self-Management Initiative

CONTRACT PERIOD: July 1, 2010 or date of G&C approval, whichever is later, through June 30, 2012, with the option to extend for one year.

The goal of this Contract is to further develop and strengthen infrastructure for systematic delivery of the Stanford Chronic Disease Self-Management Program (CDSMP) to older adults in New Hampshire. Activities under this Contract shall be conducted according to requirements of the Administration on Aging funding opportunity, "American Recovery and Reinvestment Act (ARRA), Communities Putting Prevention to Work: Chronic Disease Self-Management Program."

The Contractor shall assist the Department of Health and Human Services, Bureau of Prevention Services (BPS) and Bureau of Elderly and Adult Services (BEAS) with CDSMP capacity-building activities including development of agency partnerships and site, leader, and referral networks; centralized management of program implementation; and coordinated data collection, monitoring and evaluation, reporting and analysis as required by the Stanford Chronic Disease Program and the Department of Health and Human Services.

Program Components and Services:

All program components and related services shall be carried out by the Contractor in cooperation with, and subject to the approval of, BPS and BEAS, and shall include the items below:

- 1) Infrastructure Development
 - a) Obtain and/or Maintain license(s) from Stanford University to conduct trainings, workshops, and other activities to develop CDSMP capacity in NH;
 - b) Hire or subcontract for the services of a Coordinator at least .75 FTE to fulfill centralized functions of the CDSM project;
 - c) Convene meetings and support activities of the CDSM Project Management Team and Advisory Council;
 - d) Adapt and develop consistent written materials describing the "Living Well" * program;
 - e) Maintain a central statewide calendar for trainings, workshops, and other events related to CDSMP activities in NH;
 - f) Issue or assist with publicity via various media about the above programs as needed by CDSM Network partners;
 - g) Develop presentation(s) to introduce the CDSM program and assist outreach efforts to potential new partners, workshop sites, referring professionals and CDSM leaders;
 - h) Develop CDSM leader, program site and referral networks;
 - i) Coordinate publicity and logistical support to train CDSM leaders and Master Trainers across network regions;

- j) Establish and manage a system for centralized record-keeping and reporting of required data elements.

2) Program Delivery

- a) Provide on-going logistical support to maintain and enhance CDSM infrastructure as outlined above, including delivery of “Living Well” consumer workshops;
- b) Award implementation grants to support program delivery;
- c) Initiate and develop the “Living Well” Action Learning Collaborative.

3) Monitoring, Evaluation, and Quality Assurance

- a) Monitor and maintain CDSM program fidelity;
- b) Collect, compile, and analyze data elements as required:
 - to provide reports required by Stanford University with regard to trainings and workshops conducted under the above licenses;
 - to assess participant satisfaction and self-reported outcomes;
 - to provide information required by BPS and BEAS for reporting to the Administration on Aging and American Recovery and Reinvestment Act;
- c) Develop and implement a formative evaluation and quality assurance plan and process, with feedback loop for continuous quality improvement.

4) Embedded CDSM programming and continuity

- a) Support the Project Management Team, Advisory Council, “Living Well” Action Learning Collaborative and CDSM Network partners in creating a plan to sustain CDSMP in the state’s aging services network;
- b) Engage the Action Learning Collaborative to assess program achievements and carry forward planned strategies to maintain CDSMP activities;
- c) Incorporate CDSMP into on-going programming in at least 20 community aging services program sites.

The Contractor will subcontract as necessary to fulfill responsibilities under this Contract. The selection of subcontractors will be negotiated and approved with BPS and BEAS.

* “Living Well” is the title for Stanford CDSM programs used in Maine and Northern NH. The CDSM Network has agreed to use this title when referring to Stanford CDSM Programs throughout New Hampshire, both for consistency and to increase name recognition for this statewide initiative.

3) Outcome Measures

Outcome Measures required under this Contract shall be the Anticipated Outcomes for this project as stated in the NH DHHS proposal to the AoA:

- a) Project coordinator established; Project Management Team meeting monthly; “Living Well” Advisory Council meeting quarterly; “Living Well” Action Learning Collaborative initiated in Year 2.
- b) 11 master trainers qualified to train leaders; 4 regional leader trainings; 30 leaders qualified to conduct “Living Well” consumer workshops; leader work plans; CDSMP trainer network for planning and coordination of activities; evaluation for continuous quality improvement of leader trainings.

- c) Statewide community aging services program site (and referral) network established; referral network created, with feedback loop on outcomes for referring providers from health care and community services.
- d) Systematic statewide delivery of 5 “Living Well” workshops in Year 1 and 25 in Year 2; 300 total participants, with at least 75% attending all workshop sessions; demonstrated fidelity to CDSMP; demonstrated continuous quality improvement (CQI).
- e) Stanford required data collected, analyzed and reported; participant course evaluations and self-reported outcomes data collected, analyzed and reported; formative evaluation plan and quality improvement process implemented with feedback for CQI; CDSMP implemented with demonstrated fidelity.
- f) Sustainability plan developed; “Living Well” Action Learning Collaborative initiated; CDSMP embedded in program delivery for at least 20 community aging services program sites.

4) Reporting Requirements

The contractor shall report quarterly on progress to complete activities and achieve outcomes detailed in this Scope of Service. Reports may include additional data elements as required by the American Recovery and Reinvestment Act (ARRA) or Administration on Aging.

New Hampshire Department of Health and Human Services Division of Public Health Services
WORK PLAN

WORK PLAN

Agency Name:

Program: Chronic Disease Self-Management	
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**LETTER OF INTENT TO APPLY FOR
NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN
SERVICES
DIVISION OF PUBLIC HEALTH SERVICES FUNDING
STATE FISCAL YEARS 2011-12**

Deadline

**Required Letters of Intent must be received at DPHS no later than
4:30 PM, EST on April 23, 2010**

Letters of Intent can be faxed to the # below or e-mailed to: kberman@dhhs.state.nh.us

To: Kathy Berman
NH Department of Health and Human Services
Division of Public Health Services
29 Hazen Drive
Concord, NH 03301-6504

Telephone #: (603) 271-5172 **Fax#:** (603) 271-5199

Re: Letter of Intent for SFY 2011-12 funding

BIDDER INFORMATION

Legal Name of Bidder: (please include "d.b.a." if applicable)	
Executive Director:	
Street Address:	
City, State and Zip Code:	
Telephone:	
Fax:	
E-mail address: (to send electronic documents to)	
Contact Person and Title:	

I understand that this proposal is due by 4:30 pm on May 10, 2010 and will not be accepted after that time. _____ (to be signed by contact person listed above).

Please indicate below the name of the RFP for which bidder is submitting a proposal and write in the geographical service area.

We intend to submit a proposal(s) for funding for the following:

Name of RFP	Geographical Service Area

New Hampshire Department of Health and Human Services
Division of Public Health Services

Proposal Face Sheet

1. Legal Name of Bidder:

2. Name of RFP:

3. Amount of funds requested through this proposal: \$

4. Budget Period(s) / / to / /
 / / to / /
 / / to / /

5. Name and Title of Bidder contact person for proposal:

6. Mailing address:

7. Phone number:

8. Fax number:

9. E-mail address:

10. Geographic area to be served:

11. Enter projected/contracted numbers of clients to be served by population per Budget Period:

Budget Period		Target Population		Numbers to be served	

**New Hampshire Department of Health and Human Services
Division of Public Health Services**

**Proposal Face Sheet
Instructions**

1. **Legal name of bidder:** Enter the legal name of the bidder. This must match the name on the Certificate of Good Standing.
2. **Name of RFP:** This is the name of the Request for Proposals to which you are responding, such as the HIV Prevention Services RFP or Tobacco Addiction Treatment Services and Resource Center RFP. One face sheet and complete set of forms should be completed for each proposal.
3. **Amount of funds requested through this proposal:** (See Section 1 of RFP)
4. **Budget Period(s):** See Section 10.6.4. Enter the beginning and ending date(s) for the Budget Period(s) as detailed in Section 10.6.4.
5. **Name and title of contact person for proposal:** Enter the name of the contact person and their title within the bidder organization (i.e. Executive Director, Program Coordinator). This should be the person who can answer questions relative to the proposal.
6. **Mailing address:** Enter the address to which correspondence relative to the proposal should be sent.
7. **Phone number:** Enter the phone number for the contact person.
8. **Fax number:** Enter the fax number to which correspondence relative to the proposal should be sent.
9. **E-mail address:** Enter the e-mail address for the contact person.
10. **Geographic area to be served:**
Identify the geographic area to be served (See section 1 of RFP)
11. **Projected/contracted numbers of clients to be served per Budget Period by population:** If the RFP requires it, list the Budget Period(s) in the left column, the target population in the center column, and the number of clients in that population that you project serving or are contracted to serve in the right column. For example – for family planning, list teens and the number of teens you project to serve per Budget Period.

**New Hampshire Department of Health and Human Services
Division of Public Health Services**

Proposal Checklist

Bidder Name:

This checklist is provided to assist you in assuring your proposal is complete. Please check off all required items and submit it with your proposal. Write “N/A” if the item is not applicable to your proposal.

Face Sheet []

Executive Summary []

Proposals lacking an Executive Summary will not be reviewed.

Narrative []

Staff List Form []

Budget Form []

Budget Justification []

Sources of Revenue Form []

Comprehensive General Liability
Insurance Acknowledgement Form []

Curriculum Vitae []

Performance Workplans
or Workplans []

Staff List Form

Bidder/Program Name:

Name of RFP:

Budget Period:

NH DHHS, Division of Public Health Services
Chronic Disease Self-Management Network RFP
April 7, 2010

**New Hampshire Department of Health and Human Services
Division of Public Health Services**

**Staff List Form
Instructions**

This form should include all staff in the program funded in part or whole through this proposal. It should provide an accurate projection of all staff salaries to be paid through the grant for the Budget Period. Complete one Staff List Form for each Budget Period.

List each staff member's:

- A. Position Title;
- B. Name;
- C. Hourly rate as of the first day of the Budget Period;
- D. Number of hours per week in the program (total);
- E. Amount of the total salary funded by this program for the Budget Period;
- F. Amount of the total salary funded from other sources for the Budget Period; and,
- G. Total salaries all sources (E & F).

If the program has current positions or projected new positions that will be paid out of the proposed contract, list them as vacant in the name column and complete the remaining columns as instructed above.

If the program has more than one site:

- H. List the site at which each staff member works. Do not include volunteers or consultants.

The total salaries should match the total salary/wages line item on the Budget Form. Benefits are not included here. Consultants should be listed separately on that line item of the Budget Form and described in the Budget Narrative.

Please note, any forms downloaded from the DHHS website will NOT calculate. Electronic versions of forms are provided to all bidders submitting a Letter of Intent.

**New Hampshire Department of Health and Human Services
Division of Public Health Services**

Budget Form

COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD			
Bidder/Program Name: _____ Budget Request For: _____ <i>(Name of RFP)</i> Budget Period: _____			
Line Item	SFY _____ Program Funds Requested	SFY _____ Other Funds	Total
1. Total Salary/Wages	\$	\$	\$
2. Employee Benefits	\$	\$	\$
3. Consultants	\$	\$	\$
4. Equipment:	\$	\$	\$
Rental	\$	\$	\$
Repair and Maintenance	\$	\$	\$
Purchase/Depreciation	\$	\$	\$
5. Supplies:	\$	\$	\$
Educational	\$	\$	\$
Lab	\$	\$	\$
Pharmacy	\$	\$	\$
Medical	\$	\$	\$
Office	\$	\$	\$
6. Travel	\$	\$	\$
7. Occupancy	\$	\$	\$
8. Current Expenses	\$	\$	\$
Telephone	\$	\$	\$
Postage	\$	\$	\$
Subscriptions	\$	\$	\$
Audit and Legal	\$	\$	\$
Insurance	\$	\$	\$
Board Expenses	\$	\$	\$
9. Software	\$	\$	\$
10. Marketing/Communications	\$	\$	\$
11. Staff Education and Training	\$	\$	\$
12. Subcontracts/Agreements	\$	\$	\$
13. Other (specific details mandatory)	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Sub-Total Direct Costs	\$	\$	\$
14. Indirect Costs (not to exceed 10%)	\$	\$	\$
TOTAL			

**Please note, any forms downloaded from the DHHS website will NOT calculate.
Electronic versions of forms are provided to all bidders submitting a Letter of Intent.**

**New Hampshire Department of Health and Human Services
Division of Public Health Services**

Budget Form and Justification Instructions

Electronic (Excel) Budget Forms will be provided by DPHS to bidders submitting a Letter of Intent. Submit completed Budget Form(s) electronically and in hard copy.

Submit one Budget Form for each program and each Budget Period for which you are requesting funds. In the column: “Funds Requested” list funds for each line item for which you are requesting funds through this proposal. In the column “Other Funds” list funds from other sources by line item. It is not necessary to enter anything in the total column or row, as all totals will be calculated for you. In addition, a Budget Justification must be submitted with each Budget Form.

Use the information below in developing the budget and preparing the Budget Justification. Additional Guidelines for Budget Preparation are available by requesting them from the RFP contact person for those needing more guidance.

1. **Salary/Wages**—Budget Form: from the Staff List Form, include the totals from column E under Funds Requested and the total from F under Other Funds.
2. **Employee Benefits**—Identify the percentage of salary estimated for all fringes.
3. **Consultants**—Budget Form: include the total amount for all consultants.
4. **Equipment**—Identify under the appropriate item (rental, repair and maintenance, or purchase/depreciation) what the total projected expenses will be. NOTE: Purchase of equipment in excess of \$300 must be approved in writing prior to purchase.
5. **Supplies**—Identify projected expenses separately for educational, medical, laboratory, pharmacy, and office.
6. **Travel**—Identify total projected expenses for in state, out-of-state, and conferences. In the narrative state per mile and allowable expenses (based on bidder’s travel policies).
7. **Occupancy**—Identify total cost of occupancy narrative.
8. **Current Expenses**—Identify projected expenses separately for telephone, postage, subscriptions, audit and legal, insurance, and board expenses. Note: Contract funds can only be used for audit expenses if the audit is completed in compliance with A-133 federal guidelines.
9. **Software**—Identify projected expenses of software purchase.
10. **Marketing/Communications**—Identify projected expenses to increase awareness and visibility as well as to promote the program, including brochures, newsletters, and press kits.
11. **Staff Training and Education**—Budget-identify funds used for staff training and education.
12. **Subcontracts/Agreements**—Identify funds used to enter into sub-contracts or agreements with other contractors/vendors to carry out the services of Exhibit “A”.
13. **Other**—**Specific details mandatory** for any other program expenses not previously noted above.
14. **Indirect Costs**—Identify total amount of indirect costs for this program. **Not to exceed 10%.**

Sources of Revenue Form

New Hampshire Department of Health and Human Services
Division of Public Health Services

Bidder/Program Name: _____

Name of RFP: _____

Budget Period: _____

A	B		C	
Sources of Revenue (Funds)	Revenue for Currently Funded Programs for Current Budget Period		Projected Revenue for Proposed Budget Period	
	Dollar Amount	Percentage	Dollar Amount	Percentage
<i>Note: Please do not include funds from unrelated initiatives within your organization.</i>				
DPHS Funds (specify source below)				
Other State Funds (specify source below)				
City/Town Funds				
Other Federal Funds				
United Way				
Medicaid				
Client Fees				
Fundraising				
Other (specify below)				
TOTAL	\$0.00		\$0.00	
In-kind (specify below)				
TOTAL	\$0.00		\$0.00	

Please note, any forms downloaded from the DHHS website will NOT calculate. Electronic versions of forms are provided to all bidders submitting a Letter of Intent.

New Hampshire Department of Health and Human Services
Division of Public Health Services

Sources of Revenue Form Instructions

Electronic (Excel) Sources of Revenue Forms will be provided by DPHS to bidders submitting a Letter of Intent. Submit completed Sources of Revenue Form(s) electronically and in hard copy.

Submit one Sources of Revenue (SOR) Form for each program and each Budget Period for which you are requesting funds.

Please do not include funds from unrelated initiatives within your organization.

Column A: Many programs receive funds (revenue) from multiple sources; list these **sources** in this column, as indicated.

Column B: **For Currently Funded Programs**, list the actual **dollar amounts** of revenue by source, for the program's **current** Budget Period. Percentages will automatically calculate in the Percentage column (in electronic version of the form).

Column C: List the projected **dollar amounts** of revenue by source, for the **projected** Budget Period. Percentages will automatically calculate in the Percentage column (in electronic version of the form).

In-Kind Revenue: *Please list sources and value of **In-Kind Revenue** in the lower portion of **Columns A, B and C**.*

Please note, any forms downloaded from the DHHS website will NOT calculate. Electronic versions of forms are provided to all bidders submitting a Letter of Intent.

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Division of Public Health Services**

Comprehensive General Liability Insurance Acknowledgement Form

The New Hampshire Office of the Attorney General requires that the Request for Proposal (RFP) package inform all bidders of the State of New Hampshire's general liability insurance requirements. The limits of liability required are dependent upon your corporation's legal formation, and the annual total amount of contract work with the State of New Hampshire.

Please select only ONE of the checkboxes below that best describes your corporation's legal formation and annual total amount of contract work with the State of New Hampshire:

Insurance Requirement for (1) - 501(c) (3) contractors whose annual gross amount of contract work with the State does not exceed \$500,000, per RSA 21-I:13, XIV, (Supp. 2006): The general liability insurance requirements of standard state contracts for contractors that qualify for nonprofit status under section 501(c)(3) of the Internal Revenue Code and whose annual gross amount of contract work with the state does not exceed \$500,000, is comprehensive general liability insurance in amounts of not less than \$1,000,000 per claim or occurrence and \$2,000,000 in the aggregate. *These amounts may NOT be modified.*

☐ (1) The contractor certifies that it **IS** a 501(c) (3) contractor whose annual total amount of contract work with the State of New Hampshire does **not** exceed \$500,000.

Insurance Requirement for (2) - All other contractors who do not qualify for RSA 21-I:13, XIV, (Supp. 2006), Agreement P-37 General Provisions, 14.1 and 14.1.1. Insurance and Bond, shall apply: The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, both for the benefits of the State, the following insurance: comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per incident or occurrence. *These amounts MAY be modified if the State of NH determines contract activities are a risk of lower liability.*

☐ (2) The contractor certifies it does **NOT** qualify for insurance requirements under RSA 21-I:13, XIV (Supp. 2006).

Please indicate your current comprehensive general liability coverage limits below, sign, date and return with your proposal package.

\$_____ Per Claim \$_____ Per Incident/Occurrence \$_____ General Aggregate

Signature & Title

Date

This acknowledgement must be returned with your proposal.