



**Request of Proposal
The Louisiana Tobacco Quitline
Telephone Counseling Services
RFP#2009-1001**

The Louisiana Public Health Institute's The Louisiana Campaign for Tobacco-Free Living (LPHI/TFL) and Louisiana's Department of Health and Hospitals Tobacco Control Program (DHH/LTCP) is pleased to announce the availability of funds to provide tobacco control in Louisiana by operating a statewide tobacco use cessation telephone quitline.

Qualifications: Applicants must have no affiliation or contractual relationships with tobacco companies or their affiliates, subsidiaries, or holding companies, and proposals must contain an affirmation to this effect. Proposers must have current contracts with and provide statewide telephone quitline services in at least two states to qualify for this contract.

Funding and Terms of Contract

Approximately \$300,000 of funding per year is anticipated for this award, subject to the availability of funding and satisfactory performance. This will be set up as a 1-year contract with automatic renewal for up to 3 years with each annual budget dependent on available funding and approval of annual budget and narrative. Reimbursement on a fee for service basis will be a part of the contract that is a result of this solicitation, in order to accommodate any additional services and potential funding changes.

LPHI/TFL and DHH/LTCP reserve the right to renew or extend the contract, but is under no obligation to do so. The continuation of this contract is contingent upon the funds available for LPHI/TFL and DHH/LTCP, as well as the continuing need for a tobacco cessation quitline.

Payment

The contractor will be paid upon satisfactory submission of deliverables and submission of itemized quarterly invoices that are subject to approval by Tiffany Netters of DHH/LTCP, or other specified liaison.

Eligibility

Applications will be accepted from public and private organizations and community-based agencies. LPHI/TFL and DHH/LTCP are seeking applicants skilled in administering quitlines to assist both agencies in developing and implementing a statewide tobacco cessation quitline. The scope of service includes all aspects of the development,

implementation, and monitoring of a statewide quitline. The primary audience is adults and youth who use tobacco products and want to quit. Priority populations within the primary audience include youth ages 13 -24, pregnant women, smokeless tobacco users, and minority groups.

Closing Date

An original of the completed proposal must be postmarked by April 22, 2009 and an electronic copy is due by 5 PM, CST on April 22, 2009.

Place Due

Department of Health and Hospitals
628 North 4th Street
Post Office Box 3118
Baton Rouge, LA 70821-3118

Attention:

Tiffany Netters, MPA
Program Manager
Louisiana Tobacco Control Program
Department of Health and Hospitals
Bureau of Primary Care and Rural Health
Email: tnetters@dhh.la.gov

Further Information

Those interested in applying must submit a letter of intent no later than 3:00 p.m. CST on March 16, 2009.

To avoid giving one applicant advantage over others, all questions regarding the preparation of proposals in response to this RFP must also be received via email to Tiffany Netters at tnetters@dhh.la.gov by 5:00 P.M. CST on March 30, 2009. A copy of all written questions and responses will be provided to all applicants who submit a letter of intent or who send a written request for such information.

All correspondence, including the letter of intent, written questions, and requests for receipt of questions and responses must be addressed to Tiffany Netters at the e-mail or postal address provided under “place due” above. The written questions and responses will be sent via e-mail to applicants who provide their e-mail address in their correspondence.

Final proposals must be completed on Attachment A in 12-point font with 1-inch margins. This RFP will include a Word document for electronically completing Attachment A.

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STATEMENT OF PURPOSE

The purpose of this RFP is to solicit applications to implement and maintain a comprehensive telephone-based tobacco use cessation quitline that will assist Louisiana's residents in their efforts to quit tobacco use through counseling, information, and self-help materials.

Telephone quitline services in Louisiana are currently being offered through a contract with the American Cancer Society's National Cancer Information Center in Austin, Texas. This contract is in place until June 30, 2009 and is administered by LPHI/TFL. Through a partnership with LPHI/TFL, the DHH/LTCP currently manages the daily operations of the Louisiana Tobacco Quitline.

BACKGROUND

During the 2002 Legislative Session, with Act 19, the state of Louisiana created a statewide comprehensive tobacco control program to be housed within the Louisiana Cancer Research Consortium (LCRC) and funded by a 2-cent allocation of the 36-cent tobacco excise tax. LCRC in turn elected to subcontract this program through the Louisiana Public Health Institute (LPHI) in July 2003. LPHI is an independent, 501(c)(3) non-profit corporation established in 1997 with the mission to promote and to improve the health and quality of life in Louisiana through public/private partnering on the state, community, and local level. TFL's mission is to implement and evaluate comprehensive tobacco control initiatives that prevent and reduce tobacco use and exposure to secondhand smoke. TFL goals and strategies are grounded in the Best Practices for Comprehensive Tobacco Control Programs.

The LPHI/TFL is working in collaboration with the DHH/LTCP which is funded through a cooperative agreement from the Centers for Disease Control Office on Smoking and Health (CDC-OSH). The DHH/TCP program began receiving funding from the Centers for Disease Control and Prevention in 1993. This is a program within the Louisiana Department of Health and Hospitals – under the direction of the Bureau of Primary Care and Rural Health's Chronic Disease Prevention and Control Unit. The mission of the LTCP is to utilize evidence-based strategies in tobacco control surveillance, evaluation, program management, communication, and resource development to advance policies promoting a tobacco-free Louisiana. The vision of the LTCP is to create a tobacco-free Louisiana by working in statewide partnerships.

Overarching goals of both programs include to:

- Prevent Initiation of tobacco use among young people
- Eliminate exposure to secondhand smoke

- Promote quitting tobacco use among adults and young people
- Identify and eliminate tobacco-related disparities among specific population groups
- Facilitate effective coordination of all tobacco prevention and control initiatives throughout the state

Burden of Tobacco Use and Dependence in Louisiana

Tobacco use is the leading preventable cause of death in the United States (CDC, 2007). Cigarette smoking causes an estimated 438,000 deaths, or about 1 of every 5 deaths, each year (CDC, 2007). This estimate includes approximately 38,000 deaths from secondhand smoke exposure (CDC, 2007). In Louisiana, 22.6% of the adults are current smokers (BRFSS, 2007) and youth tobacco prevalence among middle and high school students is 14.8% (YTS, 2008).

Tobacco use is a major health issue for Louisiana, claiming over 6500 lives each year, and is one of the chief causes of high medical care costs, with over \$1.5 billion annually spent in caring for tobacco-related illnesses. Preventing tobacco use and helping persons to stop smoking are the major focuses for the state's comprehensive tobacco control programs, LPHI/TFL and DHH/ LTCP.

The CDC has made specific recommendations regarding the multiple components of a comprehensive tobacco control program in their document "Best Practices for Comprehensive Tobacco Control Program – October 2007". Following Best Practices, LPHI/TFL and DHH/LTCP is working to implement cessation interventions that include both health care system-based interventions and population-based interventions that provide services to the individual smoker. The establishment and maintenance of a statewide telephone-based tobacco cessation quitline, accessed through a single toll-free portal number for Louisiana residents, is a priority for our comprehensive tobacco control programs.

Sources of additional information include the following links:

Louisiana Public Health Institute's The Louisiana Campaign for Tobacco-Free Living
at www.tobaccofreeliving.org

Department of Health and Hospitals Tobacco Control Program at
www.latobaccocontrol.com

Quit With Us, LA at www.quitwithusla.org

Telephone Quitlines- A Resource for Development, Implementation, and Evaluation:
http://www.cdc.gov/tobacco/quit_smoking/cessation/quitlines/00_pdfs/FinalQuitlines.pdf

A document prepared by the US Department of Health and Human Services to provide guidance on monitoring and enhancing quitline services.

Citation: Centers for Disease Control and Prevention. Telephone Quitlines: A Resource for Development, Implementation, and Evaluation. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, Final Edition, September 2004.

Treating Tobacco Use and Dependence: Clinical Practice Guidelines:

http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf

Provides updated information about effective strategies for treating tobacco dependence and guidance for clinicians.

Citation: Fiore MC, Jaén CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.

Guide to Community Preventive Services: Tobacco Use Prevention and Control:

<http://www.thecommunityguide.org/tobacco/default.htm>

A task force of experts provides guidance about effective community-based strategies for tobacco control, including cessation.

Citation: A report on recommendations of the Task Force on Community Preventive Services. MMWR. 2000; 49(No. RR-12); 1-11. Also published as: Task Force on Community Preventive Services. Recommendations regarding interventions to reduce tobacco use and exposure to environmental tobacco smoke. Am J Prev Med. 2001; 20(2S); 10-15.

North American Quitline Consortium:

<http://www.naquitline.org>

Guide to Best Practice:

<http://www.enqonline.org/public/aboutus.php>

PROPOSAL CONTENT REQUIREMENTS

Proposals must be submitted on the Application Forms included in Attachment A. All requirements of this RFP must be met.

I. PROPOSAL RESPONSE FORMAT

Proposals should be no more than 20 pages, with one inch margins, and 12-point font. Attachments, such as resumes, budget justification, and sample materials can be any length. Applications in binders, spiral notebooks, folders or covers will NOT be accepted. Please secure all applications using a binder clip or paper clip only.

Please include the following background information:

- Name of company
- Mailing address
- Phone number
- Fax number
- Name of contact person
- E-mail address

Accurate information is needed concerning the applicant's legal status. Please indicate the legal name of the company, whether or not the agency is incorporated, the type of agency applying for funding, the fiscal year for the applicant agency, the agency's federal employer ID number and/or town code number, the applicant's Medicaid provider status and Medicaid number, if any.

II. SERVICES TO BE PROVIDED

The selected applicant or contractor must provide the following services and the contractor's approach must be addressed in the proposal:

BASIC

1. Quitline Service

The contractor will be responsible for establishing and maintaining a comprehensive, proactive, statewide toll free tobacco cessation telephone counseling quitline available to all Louisiana residents 13 years and older. A pro-active quitline responds to incoming calls with immediate "reactive" assistance and follows-up initial contact with more comprehensive services through outbound ("pro-active") calls to persons who seek cessation advice and services, persons who wish to receive information and materials through the mail, and persons who may choose to listen to pre-recorded informational and motivational messages. Services provided must be provided free of charge to callers, be available a minimum of 15 hours a day in a minimum of Spanish and English, and be

accessible to both youth and adults. Accommodations for people speaking other languages and those with hearing impairments must also be included.

The contractor shall provide information and advice, including intake screening, assessment of readiness to cease tobacco use, counseling and advice, support materials, information on the United States Public Health Service (USPHS) recommendations for the use of pharmacological assistance in cessation, and referral to local services. Treatment and follow-up must be culturally competent, and follow evidence-based practices, principles of motivational interviewing for encouraging behavior change and a cognitive behavioral approach to treating tobacco dependence.

Core quitline services must follow a consistent and systematic protocol that should be described in the proposal. At a minimum, services include the ability to receive incoming calls, assess the caller's readiness to quit, provide counseling, refer to appropriate services including local community based cessation programs, and include self help educational materials. One-on-one cessation counseling will include the initial assessment as well as follow-up calls to ensure the most favorable outcome. The number of follow-up calls may be determined based on the methodology chosen, which must be included in your proposal.

A comprehensive database listing local community cessation programs and services must be created, maintained, regularly updated and made available to callers who want local programming. Mailed materials should meet low literacy guidelines, be available in a minimum of English and Spanish and help move callers along a continuum from contemplation towards readiness to quit. Materials should include information for dealing with co-occurring medical conditions such as asthma, diabetes, heart disease, pregnancy, and chronic obstructive pulmonary disease. LPHI/TFL and DHH/LTCP approval of all educational materials prior to distribution is required.

The applicant must describe the protocols for assessing each caller's readiness to quit, determining the appropriate treatment option, and the rationale for that selection. A comprehensive description of the treatment options: telephone counseling, referral to local community cessation services and programs and/or receipt of self-help educational mailings must also be provided. Protocols must be based on principles of motivational interviewing and a cognitive behavioral approach to treating tobacco use and dependence.

2. Fax Referral System

The contractor shall implement a health care provider fax referral mechanism under the Fax-To-Quit Louisiana Program. This mechanism shall allow health care providers to fax to the quitline the name and contact information of their patients who are tobacco users that want to quit and have agreed to have their information sent to the quitline. The quitline shall make pro-active calls to the referred tobacco users to discuss available quitline services and enroll those patients into the quitline program. These referrals shall be

included as a monthly reporting activity. The quitline will be providing feedback on the counseling session activity of each client to the health care provider within 4-6 weeks of starting the session.

3. Website Access

The contractor shall develop and maintain a quitline website that is accessible to all callers enrolled in quitline program services and accessible to tobacco users who are ready to quit that do not want to make the initial phone call. The contractor shall include access to an interactive web-based tobacco cessation website to assist the program participant in their quit attempt. Activity level shall be tracked for inclusion in monthly reporting. Quitline participants shall also have the capability to link with contractor's tobacco cessation website through LPHI/TFL and DHH/LTCP website, Quit With Us LA at <http://www.quitwithusla.org>.

4. Data Management

The applicant must develop and maintain a data collection system that is capable of tracking and documenting caller information including, but not limited to; socioeconomic, demographic, referral source, patterns of tobacco use, stage of readiness, and quit attempt history. The data system should have the ability to collect, store and report data elements included in the proposed minimum data set for quitlines outlined by the North American Quitline Consortium (<http://www.naquitline.org>), as well as data elements to be specified by LPHI/TFL and DHH/LTCP.

The applicant should describe database management including quality assurance (e.g. conduct periodic data assessments to evaluate the quality, accuracy and validity of the data; assess, and validate data collection methods across intake staff). Discussion of data management must include plans for quality improvement such as modifications to operations, protocols, data elements, software and/or equipment, staff training, and improved communication methods.

Monthly and quarterly reports will be required demonstrating quitline usage. Caller data must be maintained in a database that will allow for routine and ad hoc analyses to respond to data requests and requests for special customized reports by LPHI/TFL and DHH/LTCP on an as-needed basis. In addition, on a monthly basis, raw data including caller demographics and services provided will be submitted to LPHI/TFL and DHH/LTCP for any further analysis.

The applicant will also be expected to provide any necessary data related to the Louisiana Tobacco Quitline operations and services provided to an independent evaluator for analysis as identified by the funder.

5. Evaluation

The contractor must collect sufficient data and provide data analysis to implement a quality assurance and evaluation plan in order to show evidence of the effectiveness of this cessation intervention for Louisiana residents. The contractor will develop and provide evaluation and quality improvement activities and reports. Evaluation activities must assess effectiveness of all components. The North American Quitline Consortium's Minimal Data Set for Evaluation of Telephone Cessation Quitlines must be implemented.

6. Quality Assurance

The contractor must establish and implement quality assurance protocols. Protocols must address staff training and ongoing performance. A protocol to evaluate caller satisfaction on an ongoing basis must also be included.

7. Outreach and Promotion

The coordinator is expected to assist the LPHI/TFL and DHH/LTCP staff with coordinating quitline services during cessation promotions/media campaigns intended to motivate Louisiana residents to quit tobacco. The applicant will actively participate in planning meetings with the LPHI/TFL and DHH/LTCP staff and the Louisiana Tobacco Control Consortium (LTCC) as needed by the project manager.

ENHANCED

8. Pharmacotherapy Services

The LPHI/TFL and DHH/LTCP may conduct periodic Nicotine Replacement Therapy (NRT) and/or pharmacotherapy promotional campaigns with the Louisiana Tobacco Quitline. The applicant must demonstrate their capacity to coordinate such campaigns by obtaining bulk rate pricing for such medication, stocking medication according to FDA regulations, and dispensing to appropriately screened callers.

III. PERFORMANCE STANDARDS

The applicant must provide a service delivery protocol describing intake screening and demographic information entry, assessment of the caller's readiness to cease tobacco use, proactive counseling protocols for those ready to quit within 30 days, and methods to follow up after the initial counseling session. Relapse prevention strategies should be described, as well as how the applicant would manage those not yet ready to make a quit attempt. Descriptions and examples of material to be mailed to callers should be provided.

Target standards for the following service level measurements are expected:

1. Call abandonment rate—fewer than 5% of calls will be abandoned.

2. Voicemail initiated return rate—at least 95% of messages will be returned within 24 hours.
3. Live transfer to specialist rate—fewer than 5% of callers who wish to speak to a counselor will wait longer than 1 minute to be connected.
4. Accuracy of materials mailed error rate—at least 95 % of materials are sent out within 48 hours of the request.

The contractor must also present a quality assurance plan that addresses the following issues:

1. A program for manager oversight of calls, based on appropriate supervisory techniques such as manager monitoring of live calls.
2. The effectiveness of staff training and continuing education, including the “match” between training objectives and performance outcomes.
3. Plans to deal with unanticipated high volume situations, including data on waiting times and abandonment rates.

The contractor must provide the following data output:

1. Caller and fax referral demographics, including parish and zip code, Medicaid/insurance status, gender, educational level, employment status, language, race/ethnicity, and age.
2. Percentage of callers and fax referrals in each stage of readiness to change (Prochaska-DiClemente stages)
3. Total number of calls and fax referrals, broken out by times, days of the week, etc.
4. Source of information about the quitline
5. Type of message most remembered by callers
6. Number of callers referred by health care providers or other organizations to the service
7. Quit rates at 4, 7, and 13 months

The contractor will provide survey data of a representative sample of callers to the quitline, including but not limited to:

1. Demographic information, such as age, gender, race/ethnicity, language, marital status, educational level, employment status, and medical insurance status;
2. Types of cessation programs chosen;
3. Information on quit attempts since calling the quitline, such as the number of quit attempts made, longest time spent without using tobacco on purpose, the methods used to quit;
4. Analysis and comparison of fax referrals success rates compared to inbound callers.
5. Most recent use of tobacco products since calling the quitline ;
6. Desire and confidence in quitting since calling the quitline ;
7. Customer satisfaction of quitline services
8. Joining another counseling program or service to help in the quit process since calling the quitline ;

9. Talking to a health care provider about quitting since calling the quitline;
10. Use of nicotine replacement therapy or other pharmaceutical assistance in the quit process;
11. Other data as needed by the Evaluation Team.

Evaluation data provided by the contractor should meet the Minimum Data Set requirements as defined by the North American Quitline Consortium, in collaboration with our Evaluation Team.

IV. REPORTING

1. Provide monthly reports to LPHI/TFL and DHH/LTCP including quality assurance, output, outcome, and marketing data. Reports are due within 12 days of the end of each month.
2. Meet with LPHI/TFL and DHH/LTCP staff for quality assurance and improvement issues, six times during the first 4 months of the contract, and monthly thereafter during the first year of the contract.
3. The content and format for all reports will be developed in consultation with the successful applicant. Capacity to perform follow-up and provide quit rate reports must be in place at the start of the contract period.

Selected applicant must agree to the reporting schedule below.

- monthly call volume reports
- three-month progress report
- six-month evaluation and quality improvement report
- six-month progress report
- annual quit rate report showing 4 and 7 month quit rates and customer satisfaction survey results

The successful applicant must demonstrate compliance with the Health Insurance Portability and Accountability Act (HIPAA).

V. BUDGET

The proposal must contain an itemized budget with justification for each line item to be charged on monthly reimbursement invoices, using budget forms included in Attachment A. All costs (toll free phone access, printing, salaries, travel, etc.) must be included in the contract prices. Competitiveness of the budget will be considered as part of the proposal review process. The fee for service approach is preferable to a flat fee for providing these services.

Financial Accountability

- a) The contractor will develop proposed activity budgets; maintain budget status, control and appropriate records for audit purposes.

- b) The contractor will provide monthly and year-to-date accounting of all monies expended and committed. The statement will be due 20 working days after the last day of the month.
- c) The contractor will handle all details of reimbursement for services by furnishing billing, accounting, and substantiation for such services.
- d) Specific deliverables, along with a time line, will be clearly outlined and specified in the contract and accompanying work plan.

Contact Personnel: (Liaison to LPHI)

All work is under direct supervision of Tiffany Netters, MPA, Program Manager of DHH/LTCP. Mrs. Netters will schedule meetings to discuss progress of activities, and problems identified.

Contact Address:

Tiffany Netters, MPA
Program Manager
Louisiana Tobacco Control Program
Department of Health and Hospitals
Bureau of Primary Care and Rural Health
628 North 4th Street, 2nd Floor
P.O. Box 3118
Baton Rouge, LA. 70821
(225) 342-2664 (o)
(225) 342-2652 (f)
Email: tnetters@dhh.la.gov

For the budget submission, cost items are divided into two categories: 'Basic', for ongoing services to be provided on a month to month basis; and 'Enhanced', for services that need to be pre-approved for payment to be released. Further detail of this breakdown is listed in the Budget description in Attachment A.

These funds cannot be used for capital purchases. The State of Louisiana is exempt from the payment of excise, transportation and sales taxes imposed by the Federal and/or state government. Such taxes must not be included in contract prices. The maximum component amounts of the bid may not be increased after the proposal is submitted. All cost estimates will be considered as "not to exceed" quotations.

The proposed budget may be subject to change during contract award negotiations. The selected applicant/contractor must provide the LPHI/TFL and DHH/LTCP staff with completed documents of any subcontracts. All information required of the contractor must be applied to the subcontractor as well.

Payments will be provided upon satisfactory completion of services on a monthly basis, utilizing a reimbursement method for services rendered as documented through submission of a monthly invoice.

VI. WORK PLAN

A comprehensive and realistic work plan with measurable objectives describing tasks to be performed, staff responsible; deliverables and timelines, including a project start date, must be provided on the Application Forms included in Attachment A. The work plan must be consistent with the RFP and the project's goals and objectives as delineated in Section IIIB under "Services to be provided." The project start date will be considered as part of the review criteria for this RFP.

The work plan must include steps to ensure that the Louisiana Tobacco Quitline can receive new incoming calls to the publicized toll-free LA Quitline number and make outbound follow-up calls to continue counseling sessions for clients previously managed by ACS up to their anticipated contract end date of June 30, 2009. To comply with this requirement, the new contractor (if not current service vendor) shall coordinate the transition with the current service vendor from May 15, 2009 until July 1, 2009 in order to ensure that services are fully operational July 1, 2009. A detailed plan for any necessary transition period must be addressed in the work plan.

The work plan must also address periodic activities to monitor and demonstrate performance and to evaluate the quality and effectiveness of all services delivered including a customer satisfaction survey and quit rates at 4, 7, and 13 months of enrollment. These plans must include strategies to respond to fax, phone and other referral methods as well as strategies to address the needs of priority populations.

Applicants are encouraged to include plans to target services to special populations that require higher levels of care, such as pregnant women, mentally ill, substance abusers, youth, diabetics, and clients suffering from chronic obstructive pulmonary disorder, among others.

As an option, the applicant is welcomed to address strategies for future enhancement of the Louisiana Tobacco Quitline beyond Year 1.

VII. STAFFING

The proposal must describe the staff assigned to this project, including the extent to which they have the appropriate training and experience to perform assigned duties. Job descriptions and resumes must be provided with the proposal for the management and professional staff assigned to this project.

The applicant must obtain and maintain sufficient telephone system capacity and ensure adequate staffing to minimize the average length of time that callers need to wait for a live response. Average live response should occur within 30 seconds. Staffing levels should accommodate an average of 350-450 calls per month. On a weekly basis, one-on-one cessation counselors must be available to receive inbound and place outbound calls for at least 14 hours per day, including evening and weekend hours.

Staff must demonstrate familiarity with science-based research for telephone quitlines and have the ability to address the needs of adults, youth and special populations such as pregnant women.

Recorded information with call back capacity for one-on-one telephone cessation counselors must cover calls when all phone lines are busy during regular operating hours. Messages to be recorded must be approved by the LPHI/TFL and DHH, LTCP staff, prior to implementation.

The Louisiana Tobacco Quitline is required to be operational for the following holidays including New Year's Day, Martin Luther King, Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day, and on New Year's Day.

Staffing levels may need to be adjusted to allow for modifications around the scheduling of media events that could affect call volume, and a description of how this could occur must be described in your proposal.

VIII. APPLICATION PROCEDURES

Applicants must complete their proposal using the following procedures:

1. An original of the completed proposal must be addressed to:

Tiffany Netters, MPA
Program Manager
Louisiana Tobacco Control Program
Department of Health and Hospitals
Bureau of Primary Care and Rural Health
628 North 4th Street, 2nd Floor
P.O. Box 3118
Baton Rouge, LA. 70821
Completed proposals must be postmarked no later than April 22, 2009.

2. An electronic copy should also be sent to the following email address tnetters@dhh.la.gov no later than April 22, 2009.

3. The proposal must be completed on the Application Forms included in Attachment A and meet all requirements of this RFP.
4. The proposal must be signed by an authorized official of the applicant organization.
5. Supplemental information will not be considered after the deadline submission of proposals, unless specifically requested by LPHI/TFL and DHH/LTCP.
6. Notification of the outcome of proposal review will be mailed to all applicants on May 11, 2009. A contract will be signed by the successful applicant on or about June 1, 2009 with an effective project start date by July 1, 2009.

TIME LINE

LPHI/TFL and DHH/LTCP provides a Request for Proposals for the Louisiana Tobacco Quitline to a small number of companies with strong qualifications.	March 11, 2009
Letters of Intent Due	March 16, 2009
Deadline for receiving questions	March 30, 2009
Telephone conferences between Proposers and TFL are arranged upon request	March 11 – April 22, 2009
Deadline for receipt of proposals	April 22, 2009
Formal notification by LPHI to company awarded contract	May 11, 2009
Contract between LPHI and selected applicant signed	June 1, 2009

IX. PROPOSAL DELIVERABLES

Proposals received through this request must describe how the proposer will:

1. Provide telephone assistance to up to 3,000 callers annually. According to 2008 Louisiana Tobacco Quitline data, 26% will choose counseling and community referrals, 33.2% will choose information about cessation and self-help through the mail. Provide quitline telephone assistance. Counseling must be based on protocols that have been demonstrated to be effective in randomized clinical trials to prepare people to quit and remain tobacco-free after quitting and must

be based on generally accepted approaches to tobacco cessation such as the U.S. Department of Health and Human Services Public Health Service, Clinical Practice Guideline “Treating Tobacco Use and Dependence.”

2. Provide a process for handling surges in call volume that might be unanticipated.
3. Hire and train counseling/intervention staff. Intervention staff must be trained in behavioral health methods appropriate for quitline interventions, such as the core competencies defined by the Association for the Treatment of Tobacco Use and Dependence, The Massachusetts Tobacco Treatment Specialist Training and Certification Program, or similar organizations.
4. Proposers must explain how they will triage callers, including those ready to quit within 30 days, those not yet ready to set a quit date, and those who are just seeking information. The quitline must also employ sufficient staff to support both English and Spanish language interventions. A TDD line must be available to provide service for the hearing impaired.
5. Provide comprehensive and/or moderate, counselor-initiated follow-up support counseling. Comprehensive counseling will include up to five (5) successful additional follow-up calls initiated by the counselor and scheduled in a relapse-sensitive manner. Moderate counseling will include up to three (3) successful additional follow-up calls initiated by the counselor and scheduled in a relapse-sensitive manner.
6. Develop, procure, and mail self-help cessation/educational materials, including materials tailored to the caller’s stage of readiness to stop using tobacco. Proposers should describe the process by which educational materials are/will be developed. If third party suppliers are used, the source and materials should be identified. Materials must be appropriate for the educational level of callers. Louisiana has a high level of illiteracy, with up to 32% of adults who are functionally literate at the lowest levels, with up to 54% of adults who function only at level one or two of the 5 levels of literacy as defined by the National Institute for Literacy. Proposers should explain how materials will be tested to meet cultural, literacy, and language differences among callers, and how decisions are made to provide individualized service responses involving educational materials. Content of materials must be approved by TFL before they are made available to the public. Proposers should also explain how they will make enough material available to meet the expected volume of calls. Materials should be mailed within 48 hours after receiving a request.
7. Provide tobacco-related health information on tobacco cessation, the health risks of smoking and spit tobacco use, the dangers of exposure to second-hand

- smoke, and other information as appropriate to all callers, with an emphasis on groups that suffer disproportionately from tobacco use, including minorities, pregnant women, low socio-economic groups, persons from rural areas, and those with poor access to medical care.
8. Refer callers to local organizations that provide cessation services, where available.
 9. Provide relapse prevention strategies and advice to clients.
 10. Assist in the transition from the existing quitline, should the successful applicant be different from the current contractor. A description of the suggested transition to the new service should be included in the proposal.
 11. Collaborate actively with LPHI/TFL and the DHH/LTCP on promotion of the quitline, integration of quitline initiatives into the state tobacco control strategic plan, and the development of a provider referral system. Efforts to recruit the major health insurers as partners in the quitline, including their paying for services provided to their members, will be a key to the quitline's success.
 12. Collaborate with LPHI/TFL and DHH/LTCP's Evaluation Team in establishing measurable outcomes, providing regular reports and an annual evaluation of the quitline's effectiveness.
 13. Provide a proactive calling system for clients enrolled through the network of health care providers in Louisiana. Proposers should describe how they will:
 - a. Assist with marketing the quitline to promote referrals from health care providers and other appropriate groups.
 - b. Proposers must make a fax-referral system available, using Health Insurance Portability and Accountability Act (HIPAA) compliant forms.
 - c. Establish procedures to include at least 2 calls initiated by the quitline service to tobacco users who are referred to the quitline and engage in the cessation program, including a follow-up mechanism to health care provider offices.
 14. Establish an interactive web-based cessation and information service. If existing web-based services are proposed by the proposer, it must be described in detail, including the rationale for its use. Alternatively, development of a section of the LPHI/TFL and the DHH/LTCP web site Quit With Us LA, <http://www.quitwithusla.org>. () as a focus for cessation support and information may be described by the proposer. In either case, information on

local cessation services, links to cessation resources, and appropriately interactive sections should be provided by this service.

15. Provide data on all aspects of the quitline service, including demographic information on all callers who interact with an intervention counselor, who request materials be mailed to them, receive proactive counseling, or log on to web-based services. Customer satisfaction/quality of service information should be collected for these interactions as well. Quit rates at 3, 6, and 12 months for a scientifically valid, representative sample of clients who use any of the services provided should be reported.

X. REVIEW CRITERIA

Proposals submitted in response to this notice will be reviewed in two steps; first, to determine whether the minimum requirements have been met (see Attachment D, Minimum Requirements Checklist). Second, to determine the technical merit of the proposals and the extent to which they meet the goals and intent of the RFP.

A. Minimum Requirements

Proposals will be screened for completeness and compliance with the requirements specified in the RFP (see Attachment D, Minimum Requirements Checklist). Applicants who fail to follow instructions or to include all required elements may be deemed incomplete and removed from further review. In addition, applicants with long-standing, significant outstanding unresolved issues on current and prior year contracts with the LPHI/TFL and DHH/LTCP may be removed from consideration for additional funding.

B. Technical Requirements

Complete proposals will be reviewed for technical merit based on the following criteria:

1. The extent to which the applicant has demonstrated successful experience providing similar services (see Attachment B for criteria and scoring breakdown).
2. The organizations' prior experience with the applicant organization, including issues of contract compliance.
3. The extent to which references provided support the applicant's success in providing similar services.
4. The extent to which services to be provided are described clearly and cover all requirements outlined in the RFP.

5. The extent to which adequate time is allocated to manage the services to be provided.
6. The extent to which the profile of staff that will be working on this project is clear and adequate to manage the services to be provided.
7. The extent to which a thorough work plan is presented, with measurable objectives and specific, appropriate timelines.
8. The extent to which a cost effective budget/reimbursement method is presented that clearly documents included costs.
9. The FISCAL COMPETITIVENESS OF THE PROPOSAL.
10. The applicant must also provide evidence of ability to:
 - a. Demonstrate familiarity with science-based research for telephone quitlines and cessation services and the incorporation of these into daily operations.
 - b. Provide appropriate personnel, facilities and equipment necessary to provide a statewide, toll free telephone service.
 - c. Obtain and sustain a telephone system with the capacity to handle multiple, simultaneous incoming and outgoing calls and fluctuations in call volume.
 - d. Comply with all state and federal laws pertaining to confidentiality and privacy.
 - e. Supply training to counselors in telephone-based tobacco use cessation support techniques, including those for special populations.
 - f. Track and document quitline activity including, but not limited to, caller demographics, referrals including fax referrals, quit rates, call volume by time of day, day of week, month and year.
 - g. Track callers by consumption level, intention to quit, past quit attempts, insurance status, willingness to be followed up for evaluation and support and how they heard about the quitline.

XI. REVIEW PROCESS

Proposals that meet the minimum requirements will be reviewed by a panel of appropriate staff and outside experts. Recommendations concerning the selection of a proposal for funding will be made by this panel, submitted in rank order to the program staff. The final selection is at the discretion of LPHI/TFL and DHH/LTCP.

XII. OTHER LOGISTICS

1. Proposal Cost - all costs of the proposal shall be assumed by proposer.
2. Communication and Correspondence pertaining to Announcement shall be submitted to:

Tiffany Netters, MPA
Program Manager
Louisiana Tobacco Control Program
Department of Health and Hospitals
Bureau of Primary Care and Rural Health
628 North 4th Street, 2nd Floor
P.O. Box 3118
Baton Rouge, LA. 70821
(225) 342-2664 (o)
(225) 342-2652 (f)
Email: tnetters@dhh.la.gov

- a. Action taken as a result of verbal discussion shall not be binding. Only written communication and clarifications from LPHI/TFL and DHH/LTCP liaisons shall be binding.
 - b. For deadline for receipt of proposals, please refer to Time Line on page 15.
 - c. Proposer shall guarantee that the entire proposal submitted shall become a contractual obligation and valid if a contract is awarded.
 - d. In the event it becomes necessary to revise any portion of the Announcement for any reason, LPHI/TFL and DHH/LTCP shall distribute addendum, supplements and/or amendments by posting on the Quit With Us LA ,<http://www.quitwithusla.org>. website.
3. Contact After Solicitation Deadline - After the date for receipt of proposals, no applicant-initiated to the solicitation will be allowed between the proposers and LPHI until the award is made.
 4. Rejection and Cancellation - Issuance of this solicitation does not constitute a commitment by LPHI/TFL and DHH/LTCP to award a contract or contracts. LPHI/TFL and DHH/LTCP reserves the right to reject any or all proposals received in response to this solicitation.
 5. Completeness of Information - Failure to furnish adequate information specifically required in this solicitation may disqualify a proposal.

6. Award Without Discussion –LPHI/TFL and DHH/LTCP reserves the right to make an award without presentations by potential proposer or further discussion of proposals received.

Contractual Terms

An LPHI/TFL and DHH/LTCP standard contract format containing basic information and general terms and conditions of the contract to be awarded will be signed by June 1, 2009. The mutual obligations and responsibilities of LPHI/TFL and DHH/LTCP and the successful proposer will be recorded in a written contract. Final wording will be resolved at contract time and shall be consistent with aforementioned terms and timelines.

Any involvement with tobacco industry clients or their subsidiaries must also be disclosed in this proposal.

ATTACHMENT A

Request for Proposal

RFP # 2009-1001

The Louisiana Tobacco Quitline

Louisiana Public Health Institute/The Louisiana Campaign for Tobacco-Free
Living (LPHI/TFL)

And

The Louisiana Department of Health and Hospitals Tobacco Control Program
(DHH/LTCP)

A. Applicant Information

Applicant Agency: _____
Legal Name

Address

City/Town State Zip Code

Telephone No. FAX No. E-Mail Address

Contact Person: _____ Title: _____

Telephone No: _____

ANTICIPATED MONTHLY PROGRAM COST: \$ _____

Based on (number) of Clients: _____

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

Signature of Authorizing Official: Date

Typed Name and Title

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

- Full legal name of the organization or corporation as it appears on the corporate seal and as registered with the Secretary of State
- Mailing address
- Main telephone number
- Fax number, if any

- Principal contact person for the application (person responsible for developing application)
- Total program cost

The funding application and all required submittals must include the signature of an officer of the applicant agency who has the legal authority to bind the organization. The signature, typed name and position of the authorized official of the applicant agency must be included as well as the date on which the application is signed.

B. Contractor Information

PLEASE LIST THE AGENCY CONTACT PERSONS RESPONSIBLE FOR COMPLETION AND SUBMITTAL OF:

Contract and Legal Documents/Forms:

Name	Title	Tel. No.
Street	City	Zip Code
Email		Fax No.

Program Progress Reports

Name	Title	Tel. No.
Street	City	Zip Code
Email		Fax No.

Financial Expenditure Reporting Forms:

Name	Title	Tel. No.
Street	City	Zip Code
Email		Fax No.

Incorporated: YES___ NO___ **Agency Fiscal Year:**_____

Type of Agency: ___Public ___Private ___Other

Explain:

___Profit ___Non-Profit

Federal Employer I.D. Number: _____

City Code No: _____

Medicaid Provider Status: ___YES ___NO

Medicaid Number: _____

C. Services to be provided

1. Describe your experience providing the kinds of services described in the “Services to be Provided” Section II of the RFP.
2. Provide at least three letters of reference, including their telephone numbers, to support your description of your experience in providing these types of services.
3. Describe the approach to the services you will provide as outlined in the “Services to be Provided” Section II of the RFP. Use the Work plan form to elaborate (see Section E of this application).
4. State the hours of operation of your organization and indicate the suitability of these hours to the Services and Deliverables required in this proposal. Include how calls will be handled that come in outside of these scheduled hours, as well as the capacity to handle multiple simultaneous callers.
5. Describe staff qualifications for hiring and specific training provided prior to working with callers. Include language capabilities, including the use of a TDD device to serve the hearing impaired.
6. Describe the project oversight that will be provided on a day-to-day basis as well as account management and verification activities.
7. Describe the organization’s overall tobacco quit rates provided to other states’ tobacco quitlines at 4, 7, and 13 month intervals.

D. Budget

It is recognized that the minimum anticipated funding is below the national average cost for provision of Quitline services to the industry standard reach rate of 1-5% of tobacco users. However, this is the amount of funding anticipated to be available for the near future in Louisiana.

A. Instructions Budget Summary

The contract issued in response to this solicitation will be reimbursed on a fee for service basis as services are rendered utilizing a monthly invoicing process.

BASIC budget items are considered standard ongoing costs of operating the Louisiana QUITLINE.

ENHANCED budget items are service items that need to have prior approval before provision of services in order to ensure payment for services rendered.

Bidders are urged to include as much detail as possible in their cost listing.

Items in each category include but are not limited to the following:

BASIC

Ongoing telephone counseling services:

Intake/Registration of callers, collecting demographic and sociological data from registrants.

Option for enrollment in a multiple call program, price should include only completed calls. Multiple call programs should include at least four follow-up calls.

Cost for each completed call

ENHANCED

Provision of Nicotine Replacement Therapy, including nicotine patches, gum, and lozenges

Provision of prescription pharmacotherapies, including Bupropion and Varenicline

Collection of Customer Satisfaction and Quit Rate Surveys at a minimum of 4, 7- and 13-month intervals after quitting.

Media for promotion of the Quitline

Note: If space allowed is not sufficient for large or complex subcontract budgets, the Budget Justification Form may be copied and used instead.

Cost Summary and Budget Justification:

Line Item (Description of Service being offered)	Amount	Justification/Breakdown of Costs
Basic Services:		
Caller Intake and Registration:		
Initial Completed Counseling Call:		
Provision of printed self-help materials to callers (e.g.: Quitting Guides,		
Calls for Customer Satisfaction and Quit Rate Surveys at a minimum of 7- and 13-month intervals		
Any additional calls		
Marketing Materials		
Enhances Services:		
Nicotine Replacement Therapies		
Prescription Pharmacotherapies		
Distribution		
Other pharmacy services		

Subcontractor Schedule A- Detail (if applicable)

#1

Subcontractor Name:

Address:

Telephone: () (-)

Select One: Budget Basis Fee-for-Service Hourly Rate

Indicate One: MBE WBE Neither

Line Item	Amount
Total subcontract Amount:	

#2

Subcontractor Name:

Address:

Telephone: () (-)

Select One: Budget Basis Fee-for-Service Hourly Rate

Indicate One: MBE WBE Neither

Line Item	Amount
Total subcontract Amount:	

#3

Subcontractor Name:

Address:

Telephone: () (-)

Select One: Budget Basis Fee-for-Service Hourly Rate

Indicate One: MBE WBE Neither

Line Item	Amount
Total subcontract Amount:	

E. Work plan (make as many blank pages as needed)

Services to be provided	Activities	Staff Position(s) Responsible	Expected Outcomes and Measures of Success	Timetable

F. Staffing

Profile of Staff Providing Services (see Section E of this RFP)

Please provide the information requested below.

Management and Professional Staff	Name	Title, Type of Project Support to be Provided	Assigned to Project: # Hrs/Wk/Month
Position 1			
Position 2			
Position 3			
Position 4			
Position 5			
Position 6			
Position 7			
Position 8			
Position 9			
Position 10			

***Attach Resumes for all Management/Professional Staff**

G. Assurances

Any prospective contractor must agree to adhere to the following conditions and **must positively state such in the proposal. Please read, sign, date and return this statement with your proposal.**

- A. **Conformance with Statutes** - Any contract awarded as a result of this RFP must be in full conformance with statutory requirements of LPHI/TFL and DHH/LTCP .
- B. **Ownership of Proposals** - All proposals in response to this RFP are to be the sole property of the LPHI/TFL and DHH/LTCP.
- C. **Reports and Information** - The contractor shall agree to supply any information required by : LPHI/TFL and DHH/LTCP including evaluation and billing information in the time, manner and format directed by LPHI/TFL and DHH/LTCP.
- D. The contractor shall permit access by properly authorized LPHI/TFL and DHH/LTCP staff to the contractor's premises, staff and participant and financial records, at any reasonable time.
- E. The right to publish, distribute or disseminate any and all information or reports, or any part thereof, shall accrue to LPHI/TFL and DHH/LTCP without recourse. The contractor shall maintain written records to substantiate costs incurred under the contract.
- F. **Timing and Sequence** - Timing and sequence of events resulting from this RFP will ultimately be determined by LPHI/TFL and DHH/LTCP.
- G. **Stability of Proposed Prices** - Any price offerings from applicants must be valid for a period of 120 days from the due date of applicant proposals.
- H. **Oral Agreements** - Any alleged oral agreement or arrangement made by an applicant with any agency or employee will be superseded by the written agreement.
- I. **Amending or Canceling Requests** - LPHI/TFL and DHH/LTCP reserves the right to amend or cancel this RFP at its discretion, prior to the due date and time, and/or at any point to the issuance of the written agreement, if it is in the best interests of the agency and LPHI/TFL and DHH/LTCP.
- J. **Rejection for Default or Misrepresentation** - LPHI/TFL and DHH/LTCP reserves the right to reject the proposal of any applicant which is in default of any prior contract or for misrepresentation.

- i. **LPHI/TFL and DHH/LTCP Clerical Errors in Awards** - LPHI/TFL and DHH/LTCP reserves the right to correct inaccurate awards resulting from its clerical errors.

K. **Rejection of Proposals** - Proposals are subject to rejection in whole or in part if they limit or modify any of the terms and conditions and/or specifications of the RFP.

L. **Applicant Presentation of Supporting Evidence** - An applicant, if requested, must be prepared to present evidence of experience, ability, service facilities, and financial standing necessary to satisfactorily meet the requirements set forth or implied in the RFP.

M. **Changes to Proposals** - No additions or changes to the original proposal will be allowed after submittal, unless specifically requested by LPHI/TFL and DHH/LTCP.

N. **Collusion** - By responding, the applicant implicitly states that the proposal is not made in connection with any competing applicant submitting a separate response to the RFP, and is in all respects fair and without collusion or fraud. It is further implied that the applicant did not participate in the RFP development process, had no knowledge of the specific contents of the RFP prior to its issuance, and that no employee of the agency participated directly or indirectly in the applicant's proposal preparation.

O. **Subcontracting** - In a multi-contractor situation, LPHI/TFL and DHH/LTCP requires a single point of responsibility and accountability.

The undersigned acknowledges receiving and reading the aforementioned assurances and agrees to these terms and conditions as set forth by the LPHI/TFL and DHH/LTCP.

Signature

Date

On behalf of:

**Louisiana Public Health Institute/The Louisiana Campaign for Tobacco-Free Living
and Department of Health and the Hospitals Tobacco Control Program
Tobacco Industry Funding and Partnership Certification**

I, _____ certify that _____ (agency) has
not

received funding or engaged in partnerships, either formal or informal, with any Tobacco Company within the last two (2) years. The above mentioned agency will not accept funding nor engage in partnerships with any Tobacco Company during the contract period, should we be awarded funds from LPHI/TFL and DHH/LTCP as a result of the Request for Proposals # 2009-1001.

Contractor's Authorized Signature

Date

ATTACHMENT B:

PRELIMINARY REVIEW TEAM TECHNICAL CRITERIA WORKSHEET
Telephone QUITLINE Services

Applicant

Criteria	Maximum Points	Applicant's Points
1. The extent to which applicant has demonstrated successful experience providing similar services. (140 points)		
(a) Ability to have quitline system operational by July 1, 2009.	20	
(b) Experience in operating a telephone service.	20	
(c) Experience with and understanding of assessing readiness to quit tobacco use, knowledge of appropriate treatment options and the rationale for selection, knowledge of providing referrals.	20	
(d) Experience in establishing and implementing quality assurance protocols to monitor interventions.	20	
(e) Experience and ability to develop and implement an automated referral service database that includes fax referrals.	20	
(f) Experience and ability to develop and maintain an electronic data collection system.	20	
(h) Does applicant adequately address requirements for core services of the Quitline? (Pages 7-9 of RFP)	20	
2. The Department's prior experience with the applicant organization including issues of contract compliance.	10	
3. The extent to which references support the applicant's success providing similar services.	20	
4. The extent to which services to be provided are described clearly and cover all requirements outlined in the RFP.	20	
5. The extent to which adequate time is allocated to manage the services to be provided.	20	
6. The extent to which the profile of staff who will be working on this project is clear and adequate to manage the services to be provided.	10	
7. The extent to which a thorough work plan is presented with measurable objectives and specific, appropriate timelines.	20	
8. The extent to which a cost effective budget is presented which follows eligibility guidelines.	20	
9. The extent to which contractor provides evidence of successful cessation interventions by providing quit rates at 4, 7, and 13 months.	20	
10. The fiscal competitiveness of the proposal.	20	
TOTAL	300	

Attachment C:

Minimum Requirement Checklist

Applicant

Minimum Requirements	COMPLETE (✓)
(1) An original and electronic copy of the completed proposal must be received at DHH/LTCP postmarked by April 22, 2009.	
(2) Proposal is completed on Application Forms included in Attachment A	
a. Signed Statement of Adherence to Assurances included in proposal.	
b. Completed Tobacco Industry Funding and Partnership Certification included in proposal.	
(3) Resumes provided for all management and professional staff assigned to this project.	
(4) At least three letters of reference provided.	
(5) The proposal is signed by an authorized official of the Applicant Organization.	