

# Proposal to Offer Tobacco Use Cessation Services

## Responses to Project Description and Scope of Work

RFP Number: 124316 03



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FILE 3 OF 5: FINANCIAL STATEMENT

FILE 4 OF 5: COST NARRATIVE

FILE 5 OF 5: SIGNATURE PAGES FOR SECTIONS II-IV AND SIGNED CONTRACTUAL AGREEMENT

## 1. CORPORATE OVERVIEW

### 1.a. BIDDER IDENTIFICATION AND INFORMATION

National Jewish Health is the nation's leading nonprofit academic medical center dedicated to respiratory, cardiac, immune, and related chronic diseases. The organization's headquarters is located at 1400 Jackson Street, Denver, Colorado 80206.

National Jewish Health is a nonprofit corporation and is incorporated in the State of Colorado. National Jewish Health was founded in 1899, demonstrating more than a century of leadership in clinical care, research, and public health.

Throughout its history, National Jewish Health has maintained its nonprofit corporate structure and has not undergone any changes to its legal name or organizational form that would impact its standing or ability to conduct business. We remain in good standing and are authorized to conduct business in multiple states, including Nebraska, in support of its national public health programs.

Through its Health Initiatives department, National Jewish Health translates its clinical and research expertise into large-scale public health programs, including the delivery of Quitline services across multiple states. This experience reflects the organization's long-standing commitment to advancing health outcomes and delivering evidence-based services to diverse populations.

### 1.b. FINANCIAL STATEMENTS

National Jewish Health is a nonprofit academic medical center and is not a publicly held corporation. As such, the organization provides financial information in a manner consistent with nonprofit reporting standards and requirements.

National Jewish Health maintains strong financial stability supported by diversified revenue streams, including clinical services, research funding, philanthropy, and public health program operations. National Jewish Health has demonstrated long-term financial viability, with more than 125 years of continuous operation and a national reputation for excellence in healthcare delivery and public health programming.

Audited financial statements are prepared annually in accordance with generally accepted accounting principles (GAAP) and have been submitted with our proposal. These audited reports reflect the organization's sound financial management practices, strong internal controls, and ability to sustain large-scale operations, including multi-state Quitline services.

National Jewish Health is home to over 1,500 employees and operates a broad portfolio of clinical, research, and public health initiatives. Through its Health Initiatives department, the organization delivers large-scale tobacco cessation and behavior change programs across the United States,

supporting millions of individuals since 2002. This extensive client base and operational footprint further demonstrate financial and organizational stability.

A banking reference can be provided upon request to validate the organization's financial standing and creditworthiness.

National Jewish Health affirms that there are no known judgments, pending or anticipated litigation, or other financial conditions that would materially affect the viability or stability of the organization.

National Jewish Health understands and acknowledges that the state may elect to conduct third-party credit checks as part of the evaluation process and will fully cooperate with any such requests.

### 1.c. CHANGE OF OWNERSHIP

National Jewish Health does not anticipate any change in ownership or control of the organization.

National Jewish Health is a well-established nonprofit corporation with a stable governance structure and longstanding operational continuity. National Jewish Health maintains consistent leadership and oversight through its executive team and Board of Directors, ensuring stability in both strategic direction and program operations.

In the event that any change in ownership or control were to occur, National Jewish Health acknowledges and will comply with the requirement to promptly notify the state. National Jewish Health is committed to maintaining transparency and ensuring continuity of services throughout the duration of the contract.

### 1.d. OFFICE LOCATION

The primary office responsible for performance pursuant to this contract is National Jewish Health, located at:

**1400 Jackson Street  
Denver, Colorado 80206**

This headquarters location serves as the central hub for executive leadership, clinical oversight, program management, and administrative support for Quitline services. Key functions including contract management, legal, clinical governance, quality assurance, reporting, and financial oversight are coordinated through this office.

In addition to its headquarters, National Jewish Health operates a distributed service delivery model supported by a national workforce and technology infrastructure. Quitline services, including counseling and participant support, are delivered through a combination of centralized systems and trained staff operating in secure, compliant environments. This model ensures scalability, flexibility, and continuity of operations while maintaining consistent service quality.

All staff supporting the Tobacco Free Nebraska Quitline operate under the direction and oversight of the Denver-based leadership team, ensuring alignment with program requirements, performance standards, and quality expectations.

### 1.e. RELATIONSHIPS WITH THE STATE

National Jewish Health has been honored to provide tobacco cessation services to the State of Nebraska since 2020, supporting Nebraska residents through evidence-based counseling, pharmacotherapy support, and integrated digital cessation services.

Through this work, National Jewish Health has partnered with Tobacco Free Nebraska (TFN) to deliver accessible, high-quality cessation services aligned with state and national best practices. This includes supporting program operations, participant engagement, reporting, and continuous quality improvement efforts.

National Jewish Health's experience working with the staff at the state has helped us gain a strong understanding of Nebraska's program goals, population needs, and operational expectations. National Jewish Health has a long-standing reputation to collaborate effectively with state partners, respond to evolving program requirements, and maintain high performance standards.

Specific contract identifiers can be provided upon request. National Jewish Health remains in good standing with the state and is committed to continuing its partnership to advance tobacco cessation efforts across Nebraska.

### 1.f. BIDDER'S EMPLOYEE RELATIONS TO STATE

National Jewish Health affirms that no party named in this solicitation response is currently or has been within the past six (6) months, an employee of the State of Nebraska.

National Jewish Health is not an employer within the State of Nebraska and does not have any known employee relationships that would create a conflict of interest or require disclosure under this provision.

### 1.g. CONTRACT PERFORMANCE

National Jewish Health affirms that neither the organization nor any proposed subcontractor has experienced a termination for default on any contract within the past five (5) years.

National Jewish Health maintains strong contract performance across its portfolio of state and national programs, including the delivery of Quitline services in multiple states and health plans. Our team has established robust operational, clinical, and quality assurance processes that support consistent, high-quality performance and compliance with contractual requirements.

Furthermore, National Jewish Health, Health Initiatives' team has not experienced any contract terminations for convenience, non-performance, non-allocation of funds, or any other reason that would materially impact its ability to perform under this solicitation.

National Jewish Health’s track record reflects a commitment to meeting or exceeding performance standards, maintaining strong partnerships with state agencies, and proactively addressing any operational challenges to ensure continuity of services.

### 1.h. SUMMARY OF BIDDER’S CORPORATE EXPERIENCE

National Jewish Health brings extensive experience delivering large-scale, statewide tobacco cessation programs in partnership with state health departments and tobacco control programs. Through our longstanding work with Nebraskans, we have developed a strong understanding of the state’s needs, priorities, and populations, and we are grateful for the opportunity to have supported tobacco cessation efforts in Nebraska over the years.

In addition to our experience in Nebraska, National Jewish Health has successfully implemented and managed programs of similar size, scope, and complexity across multiple states. The matrix in Figure 1 and narrative descriptions highlight three (3) comparable projects that demonstrate this depth of experience and our ability to deliver high-quality, effective services.

#### Project Summary Matrix

State	Program	Duration	Agency	Role
Montana	Montana Tobacco Quitline	July 2011 – Present (~15 years)	Montana Department of Public Health and Human Services	Prime Vendor
Massachusetts	Massachusetts Tobacco Quitline	January 2015 – Present (~11 years)	Massachusetts Department of Public Health	Prime Vendor
Colorado	Colorado State Quitline	July 2002 – Present (~24 years)	Colorado Department of Public Health and Environment	Prime Vendor

Figure 1

#### 1.h.i. Narrative Project Descriptions

##### 1.h.i.1. Montana Tobacco Quitline

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

4. [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]
- [REDACTED]  
[REDACTED]

Relevance to Nebraska:

This program is highly comparable to Nebraska in terms of population size, rural access challenges, and need for scalable, flexible service delivery. National Jewish Health demonstrates its ability to deliver high-quality cessation services in geographically dispersed populations while maintaining performance standards and strong collaboration with the state.

1.h.i.2. Massachusetts Tobacco Quitline

1. [REDACTED]  
■ [REDACTED]  
[REDACTED]
- [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]
- [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]
- [REDACTED]  
[REDACTED]

Relevance to Nebraska:

Massachusetts represents a large-scale, high-demand program requiring sophisticated coordination with healthcare systems and public health initiatives. National Jewish Health demonstrates its ability to manage complex program requirements, integrate services with clinical systems, and respond to high call volumes driven by media and policy changes.

1.h.i.3. Colorado State Quitline

1. [REDACTED]  
■ [REDACTED]  
[REDACTED]

3. [Redacted]
- [Redacted]
  - [Redacted]

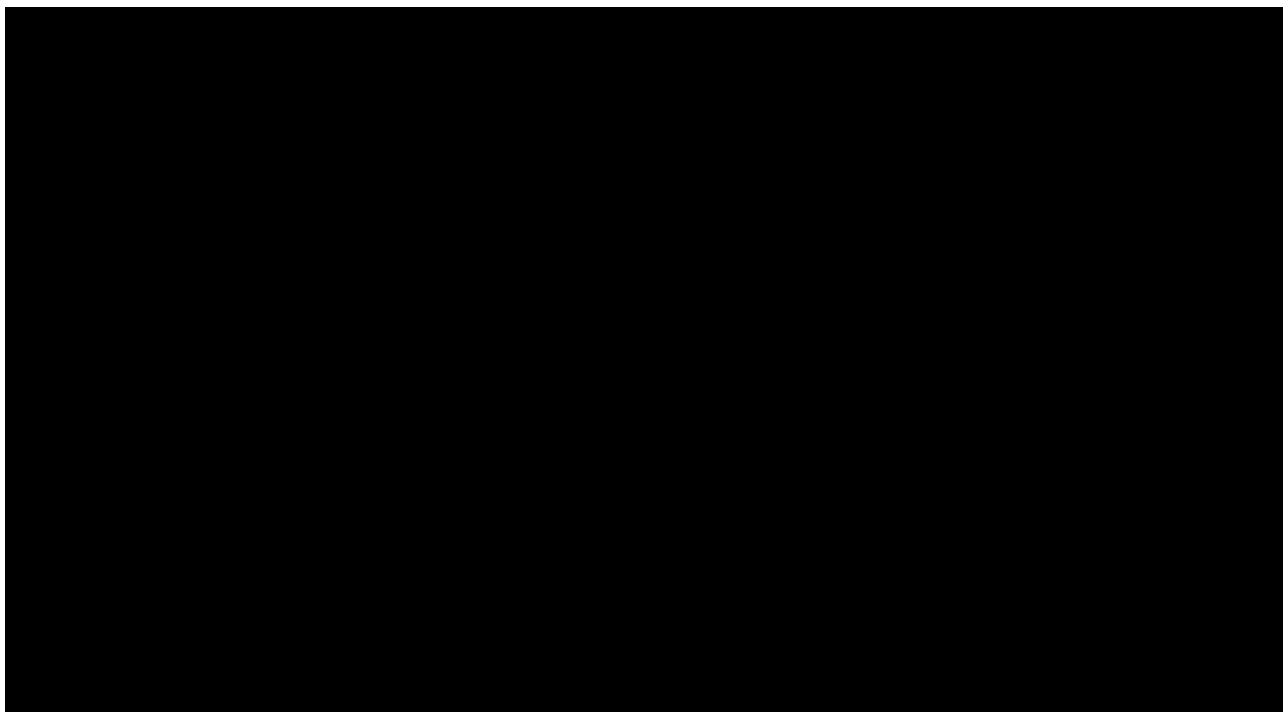
Relevance to Nebraska:

National Jewish Health demonstrates its ability to manage long-term stability, innovation, and ability to evolve programs over time in Colorado. As a mature program, it highlights National Jewish Health highlights its expertise in sustaining high performance, implementing new service models (e.g., digital and text-based support), and aligning with evolving clinical guidelines and state priorities.

1.h.ii. Subcontractor Experience

[Redacted]

[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]



#### 1.h.iii. Prime Vendor vs. Subcontractor Performance

For all projects listed:

- National Jewish Health served as the prime contractor.
- Programs were delivered on schedule and within approved budgets.
- Contracts have been successfully renewed and extended, demonstrating strong performance and client satisfaction.

#### 1.i. PERSONNEL AND MANAGEMENT APPROACH

National Jewish Health implements a structured, scalable, and performance-driven management approach to ensure the continued success of the Tobacco Free Nebraska Quitline. As the current provider, National Jewish Health brings a deep, working knowledge of Nebraska's program structure, operational workflows, and participant needs, enabling seamless continuity and sustained program performance.

This approach builds upon the established processes already in place in Nebraska, while incorporating proven best practices and enhancements refined across National Jewish Health's portfolio of state Quitline programs. It ensures consistently high-quality service delivery, strong accountability, and a commitment to continuous improvement aligned with Nebraska's priorities.

## Organizational Structure and Leadership

National Jewish Health utilizes a centralized leadership model with clearly defined roles and responsibilities to support all aspects of program implementation and ongoing operations for Nebraska. This established structure has supported effective program delivery and ongoing collaboration, ensuring consistency, accountability and responsiveness. Key leadership roles include:

- Account Manager (primary point of contact): Responsible for overall contract management, coordination with Tobacco Free Nebraska (TFN), and ensuring alignment with program goals and requirements.
- Executive Director: Oversees program operations, alignment from contracts to service delivery and leads business planning.
- Clinical Director and Medical Director: Provide clinical oversight, ensure adherence to evidence-based guidelines, and support protocol development and quality assurance.
- Operations Leadership: Oversees daily service delivery, staffing, workforce management, and performance monitoring.
- Data and Reporting Team: Manages data collection, reporting, analytics, and performance evaluation.
- Training and Quality Assurance Team: Ensures staff competency, maintains fidelity to counseling protocols, and supports continuous quality improvement.

See Figure 2 for organizational chart.

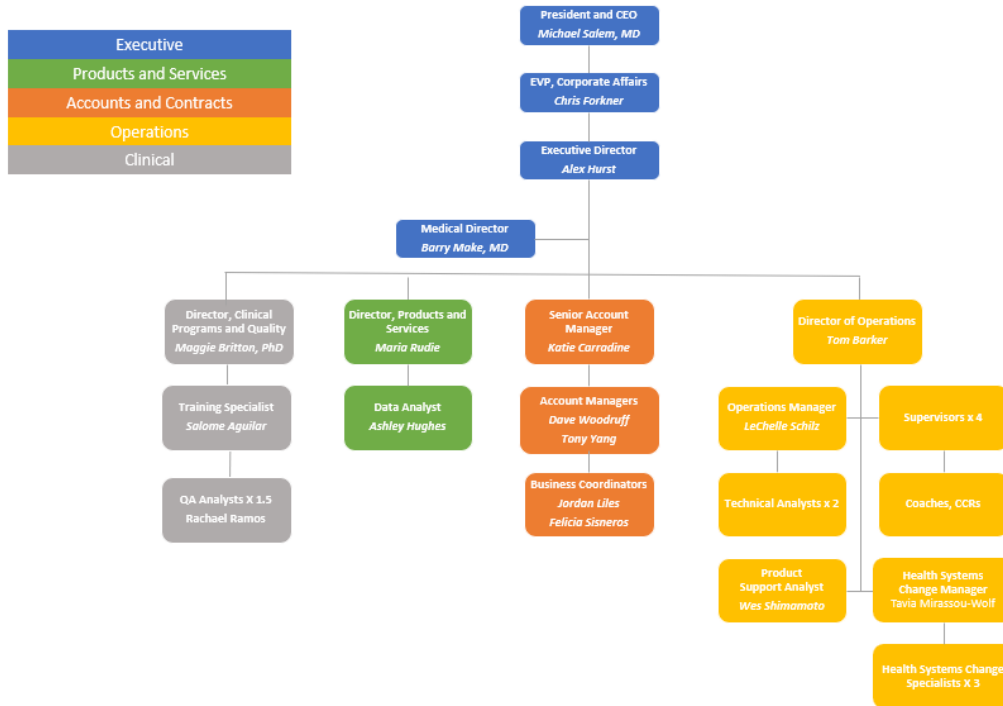


Figure 2

### Staffing Model and Workforce Management

National Jewish Health employs a flexible, scalable staffing model designed to meet fluctuating demand and maintain performance standards. tobacco cessation health coach, customer care representatives (CCR), and supervisory staff are trained to deliver services across multiple modalities, including phone, web, and text.

Our Workflow team supports the workforce planning by using forecasting tools and historical data analysis to anticipate call volume trends, including those driven by media campaigns or seasonal variation. Staffing levels are adjusted proactively to maintain key performance metrics such as live answer rate, speed of answer, and participant engagement.

Our staffing model contains supervisory structures that maintain appropriate staff-to-supervisor ratios, ensuring adequate oversight, coaching, and support for frontline staff.

### Training and Staff Development

National Jewish Health maintains an accredited and comprehensive training program to ensure all staff are equipped with the skills and knowledge required to deliver high-quality cessation services. Our training program includes:

- Evidence-based counseling approaches (motivational interviewing, cognitive-behavioral strategies)
- Tobacco dependence treatment, including emerging products.
- Population-specific competencies (e.g., behavioral health, pregnant individuals, youth)
- Cultural competency and trauma-informed care
- System and workflow training
- Ongoing refresher training and performance coaching are provided to maintain high standards and incorporate evolving best practices.

### Quality Assurance and Performance Management

National Jewish Health implements a robust quality assurance (QA) framework to monitor and improve service delivery. This includes:

- Call monitoring and review of participant interactions
- Performance tracking against key metrics (e.g., answer rates, counseling engagement, follow-up completion)
- Regular feedback and coaching for staff
- Continuous quality improvement processes driven by data analysis
- QA findings are used to inform training updates, operational adjustments, and program enhancements.

### Communication and Collaboration with TFN

National Jewish Health prioritizes strong, ongoing communication with TFN to ensure continued alignment, responsiveness, and program success. As the current provider, National Jewish Health has established effective communication channels and collaborative processes that support day-to-day operations and long-term planning. This includes:

- Regularly scheduled meetings to review performance, discuss program updates, and address emerging needs
- Timely reporting and data sharing to support informed decision-making
- Collaborative planning for media campaigns, outreach strategies, and program enhancements
- Rapid response to inquiries and operational considerations

This established, collaborative approach ensures transparency, strengthens partnership, and supports effective and responsive program management for Nebraska.

### Technology and Systems Integration

National Jewish Health utilizes a secure, integrated technology platform to support all aspects of Quitline operations, including intake, counseling, data tracking, reporting, and referral management. The system

enables real-time monitoring, seamless multi-modal service delivery, and integration with healthcare systems and referral pathways.

### Continuous Improvement and Innovation

National Jewish Health remains committed to continuous improvement and innovation, leveraging data, participant feedback, and industry best practices to enhance program performance. This includes:

- Refinement of counseling protocols
- Expansion of digital engagement tools
- Optimization of referral systems
- Adaptation to emerging tobacco products and trends

### Leadership Team

*[Note: Resumes can be found here](#)*

The leadership team at National Jewish Health brings decades of collective expertise in clinical medicine, health systems operations, finance, and tobacco cessation program delivery. Their professional backgrounds demonstrate the depth and stability required to oversee OTH services. National Jewish Health will notify DHHS if any change in personnel in key positions is terminated and replaced. Any changes in proposed personnel will only be implemented after written approval from the state.

#### Michael Salem, MD, FACS, President and Chief Executive Officer

Dr. Salem has led National Jewish Health since 2005. He is an accomplished surgeon and executive, responsible for implementing the institution's long-range strategic vision, which emphasizes excellence in patient care, groundbreaking research, and innovative population health initiatives. Under his leadership, National Jewish Health has consistently ranked among the top U.S. hospitals for pulmonary care.

#### Christine (Chris) Forkner, CPA, Executive Vice President Corporate Affairs/Chief Financial Officer

Ms. Forkner has over 30 years of financial and operational leadership experience in health care. She has served as CFO at National Jewish Health since 2008, providing oversight for budget planning, fiscal accountability, and contract management. Her credentials include a CPA Certification from Colorado. She brings extensive expertise in shaping high-performing organizational cultures and complex financial environments.

#### Alex Hurst, MHA, Executive Director, Health Initiatives

Mr. Hurst provides strategic leadership and oversees the day-to-day management of the Health Initiatives Department, including Quitline operations. He holds a Bachelor of Science in Public Health from Tulane University and a Master of Health Administration from Louisiana State University, and brings decades of experience in program strategy, operations, and client services. He ensures that all Quitline programs meet client and participant expectations for quality, innovation, and measurable outcomes. Mr. Hurst also serves as

Vice Chair of the North American Quitline Consortium Board of Directors and as Chair of the Board of Directors for the Center for Black Health and Equity.

#### Barry Make, MD, Medical Director

Dr. Make is board certified in pulmonology and has more than 30 years of experience in clinical practice, research, and program leadership. He serves as Co-Director of the COPD Program, Medical Director of Health Initiatives, and Director of Pulmonary Rehabilitation at National Jewish Health. He is also a Professor of Medicine at the University of Colorado School of Medicine. A nationally recognized expert in COPD, Dr. Make has authored more than 400 publications and delivered international lectures on COPD management and outcomes.

#### Maggie Britton, PhD, Clinical Director

Dr. Britton brings years of experience in research, program development, and strategic planning within public health and behavioral health settings. Dr. Britton provides clinical leadership for evidence-based tobacco treatment protocols, ensuring alignment with current clinical guidelines and best practices. Her background includes designing and evaluating behavioral health interventions, translating research into practical program implementation, and leading cross-functional teams to improve service delivery and outcomes. In her role, Dr. Britton oversees training curriculum development, supports quality assurance initiatives, and works closely with the Medical Director and operations leadership to ensure high-quality, participant-centered cessation services for Nebraskans.

#### Tom Barker, MBA, Operations Director

Mr. Barker is a seasoned telecommunications and operations leader with more than 25 years of industry experience. He oversees day-to-day Quitline operations, manages call center workflow and capacity planning, and directs the implementation of eReferral systems. His leadership ensures operational excellence and responsiveness to clients and participants.

#### Katie Carradine, Senior Account Manager

Ms. Carradine leads the Account Management Team and has over 20 years of experience in health care account services, FDA-regulated industries, and client retention. She serves as the primary liaison for state Quitline clients, ensuring contractual obligations are met, budgets are managed, and services are tailored to client needs.

#### Maria Rudie, MPH, Director, Products and Services

With nearly 20 years of experience in public health and tobacco control, Ms. Rudie oversees data collection, reporting, and product development in support of Quitline operations. She also serves on a North American Quitline Consortium advisory committee, where she contributes to and reviews current strategic reporting standards and protocols.

### Additional Key Personnel

Operations and supervisory staff, composed of experienced managers and supervisors, oversee Coaches and CCRs, ensuring staff performance, adherence to evidence-based practices, and continuous quality monitoring.

Together, this leadership and management team integrates executive-level vision, financial stewardship, clinical rigor, and operational excellence, ensuring TFN is supported by professionals with the proven expertise to deliver exceptional outcomes.

### Dedicated Account Representative

Katie Carradine will continue to serve as the primary liaison between TFN and National Jewish Health. This position's responsibilities include:

- Contract oversight and compliance monitoring
- Budget tracking and invoicing coordination
- Strategic planning and service enhancement discussions
- Performance review and corrective action coordination
- Media surge planning and forecasting collaboration
- Coordination of cross-functional teams

Katie will conduct regular standing meetings with TFN and provide ongoing communication regarding performance metrics, program enhancements, and operational updates.

## 2. TECHNICAL RESPONSE

### A. PROJECT OVERVIEW

#### A.1. QUITLINE SUPPORT

##### Comprehensive Integration with Nebraska Tobacco Control Efforts

National Jewish Health recognizes that the Tobacco Free Nebraska Quitline serves as a cornerstone of the state's broader tobacco control strategy. Consistent with the Centers for Disease Control and Prevention Best Practices for Comprehensive Tobacco Control Programs, our approach is designed to integrate cessation services within a coordinated framework of prevention, cessation, and protection to maximize population-level impact.

National Jewish Health partners closely with the Nebraska Department of Health and Human Services (DHHS) and statewide stakeholders to ensure the Quitline continues to function not only as a direct service provider, but also as a strategic asset that strengthens and amplifies broader tobacco control initiatives across the state. As the current provider, National Jewish Health has established strong relationships and collaborative pathways that support alignment with statewide priorities and ongoing program impact.

*Note: Any mention or reference to "tobacco" within this proposal refers solely to commercial tobacco products and not to the sacred, ceremonial, or traditional use of tobacco by Indigenous and Native American communities.*

##### A.1.a. Foundation of Cessation Services

If selected, National Jewish Health will continue to provide a comprehensive cessation program at no cost to participants, ensuring that all Nebraskans, regardless of income, insurance status, geography, or readiness to quit, have access to high-quality, evidence-based support. Our model is intentionally designed to remove barriers to care and create multiple pathways into services so individuals can engage in ways that best fit their needs.

Participants may access services through telephone-based coaching, web enrollment and digital coaching platforms, or live text and chat services. This multi-channel approach expands reach to rural populations, individuals with limited access to healthcare, and those who prefer flexible or non-traditional modes of engagement. By offering multiple entry points, the Quitline serves as a low-barrier access point that complements community-based programs, healthcare systems, and public health initiatives across Nebraska.

Once enrolled, participants receive individualized support from our trained tobacco cessation health coaches who use motivational interviewing and cognitive-behavioral strategies to guide behavior change. Coaching is personalized and responsive, allowing individuals to progress at their own pace

while receiving structured support for quit planning, relapse prevention, and sustained behavior change. Eligible participants are also provided with FDA-approved nicotine replacement therapy, including patch, gum, and lozenge, following appropriate clinical screening and education to support safe and effective use.

#### **A.1.b. Engagement and Training of Healthcare Professionals**

National Jewish Health will actively support Nebraska's efforts to engage healthcare professionals in addressing tobacco use by providing comprehensive training, resources, and system-level integration support. Our approach is designed to ensure that tobacco use is consistently addressed as a standard component of care across clinical settings.

We will offer accessible, online training opportunities that include continuing education units for physicians, nurses, behavioral health providers, and other healthcare professionals. These trainings focus on practical application of evidence-based approaches such as the 5A's (Ask, Advise, Assess, Assist, Arrange) framework and motivational interviewing, equipping providers with the skills needed to effectively engage patients in tobacco cessation within the context of routine care.

In addition to training, National Jewish Health will support healthcare systems in implementing electronic referral pathways that connect patients directly to Quitline services. This includes integration with electronic health records, development of efficient referral workflows, and implementation of closed-loop systems that provide feedback to referring providers on patient engagement and outcomes. Ongoing technical assistance, educational materials, and collaborative learning opportunities will further strengthen provider capacity and promote sustained integration of tobacco treatment into clinical practice.

#### **A.1.c. Support for Insurers and Employers**

Tobacco Free Nebraska Quitline National Jewish Health will work to position the Tobacco Free Nebraska Quitline as a strategic partner to insurers and employers, expanding access to tobacco dependence treatment and reinforcing cessation opportunities statewide. In partnership with the DHHS, National Jewish Health can contract with third-party payors—including Medicaid, managed care organizations, commercial insurers, and employer groups—to help offset the state's financial burden for tobacco cessation services. Through these aligned partnerships, Quitline services can be delivered in accordance with existing benefit structures, while reducing fragmentation and ensuring a more coordinated, sustainable approach to care.

National Jewish Health will provide clear, actionable data to demonstrate the value of cessation services, including program utilization, participant engagement, quit outcomes, and the impact on healthcare cost savings. These insights support the department and its partners in making informed decisions around benefit design and understanding the return on investment of comprehensive tobacco treatment.

Our service model is designed to integrate seamlessly across payer and employer environments, allowing the Quitline to serve as both a primary cessation resource and a complementary support within broader population health efforts. This approach helps expand access to counseling, pharmacotherapy, and ongoing support, ensuring more Nebraskans are successfully able to quit tobacco.

#### A.1.d. Resource for Policy and Population-Level Initiatives

National Jewish Health will serve as a data-driven and collaborative partner to support Nebraska's public health strategies, policy efforts, and community-based initiatives related to tobacco control. The Quitline will function as both a service delivery platform and a source of actionable insights that inform statewide decision-making.

We will provide regular reporting and analysis on tobacco use trends, participant engagement, and program outcomes across geographic and demographic populations. These insights can be used to identify service gaps, inform targeted outreach strategies, and support continuous program improvement.

In alignment with state-led media and public awareness campaigns, National Jewish Health will ensure that Quitline services reinforce campaign messaging and are prepared to respond to increases in demand during campaign launches or policy changes. Additionally, we will participate in stakeholder meetings, coalitions, and advisory groups to provide subject matter expertise and collaborate on initiatives that promote tobacco-free environments and encourage quitting.

National Jewish Health's service model is already closely aligned with Nebraska's State Plan for Tobacco Use Prevention and Cessation and continues to support each of its core goals. Through our ongoing partnership, we have worked to ensure immediate, accessible cessation services are available to Nebraskans—supporting youth, young adults, and adults at the moment they are ready to quit. Our established engagement strategies, including digital tools and youth-focused approaches, further reinforce the state's efforts to prevent initiation among younger populations.

Our coaching model also reflects Nebraska's commitment to addressing the broader impact of tobacco use across families and communities, including reducing exposure to secondhand smoke. We remain focused on delivering culturally responsive care, ensuring language access, and supporting targeted outreach efforts that align with the state's priorities to reduce disparities in tobacco use and improve equitable access to treatment.

## A.2. QUITLINE SERVICE EXPECTATIONS

National Jewish Health acknowledges that the Quitline service expectations will be based on the recommendations contained in the following resources:

- a. Center for Disease Control and Prevention (CDC) Telephone Quitline: A Resource for Development, Implementation, and Evaluation <https://www.cdc.gov/tobacco/hcp/patient-care/quitlines-and-other-resources.html>
- b. U.S. Public Health Service Clinical Practice Guideline on Treating Tobacco Use and Dependence <https://www.ahrq.gov/prevention/guidelines/tobacco/clinicians/update/correctadd.html>
- c. North American Quitline Consortium (NAQC) Minimal Data Set (MDS) offering a standard approach to evaluating tobacco cessation Quitline [www.naquitline.org](http://www.naquitline.org)

## B. CURRENT PROJECT ENVIRONMENT AND STATISTICS

### National Network of Quitlines and Access Points

National Jewish Health knows firsthand that the Tobacco Free Nebraska Quitline operates within a coordinated national and statewide framework designed to maximize access, visibility, and impact. As a participant in the National Network of Quitlines, Nebraska utilizes the 1-800-QUIT-NOW (1-800-784-8669) and 1-855-DÉJELO-YA (1-855-335-3569) access points to ensure seamless entry into cessation services. National Jewish Health has extensive experience operating within this national infrastructure and will ensure that all inbound contacts are managed efficiently and consistently, providing immediate, high-quality support when individuals reach out for help.

### Proactive Quitline Service Model

The service model delivered by National Jewish Health is intentionally aligned with Nebraska's established Quitline approach and reflects the model currently supporting Nebraskans today. Incoming calls are met with immediate, responsive assistance from trained staff, ensuring individuals are engaged at their point of readiness to quit. This is complemented by a structured proactive outreach approach, where participants receive ongoing, scheduled follow-up through outbound calls and other communication channels.

This combination of reactive and proactive engagement has supported strong participation and retention across the Nebraska program, reinforcing accountability and improving quit outcomes over time. Our model ensures that individuals are not only connected to services but are consistently supported throughout their quit journey.

### B.1. CEREMONIAL USE OF TOBACCO IN NATIVE AMERICAN CULTURE

As noted in the proposal introduction, National Jewish Health recognizes and respects the distinction between commercial tobacco use and the ceremonial and spiritual use of tobacco within Native American communities. As such, services, messaging, and program materials reflect this distinction, ensuring cultural respect and appropriateness in alignment with Nebraska's expectations.

National Jewish Health’s approach to serving American Indian participants in Nebraska is grounded in respect, cultural understanding, and the strengths already built within the current program. Our coaching team includes individuals with Native ancestry, which supports authentic connection and helps ensure participants are met in a way that feels respectful and aligned with their communities. Coaches are trained to recognize the historical and cultural significance of traditional tobacco, while clearly distinguishing cessation efforts as focused on commercial tobacco use.

This approach reinforces trust, supports meaningful engagement, and reflects our shared commitment with the state to provide culturally responsive, respectful services to American Indian communities across Nebraska.

## B.2. QUITLINE MEDIA CAMPAIGN COORDINATION

National Jewish Health understands the Tobacco Free Nebraska Quitline operates within a broader public health ecosystem that includes coordinated media campaigns designed to promote awareness and utilization of services. National Jewish Health will work in close partnership with Tobacco Free Nebraska and its media contractors to ensure operational readiness for campaign-driven demand.

Advance notice of media campaigns will be used to inform staffing forecasts, activate surge protocols, and align messaging across service channels. This coordination ensures that increased public awareness translates into timely access to services, minimized wait times, and a seamless participant experience during high-volume periods.

## B.3. PROMOTION TO HEALTHCARE SYSTEMS

National Jewish Health will support efforts to promote the Quitline throughout Nebraska’s healthcare delivery system by aligning with Tobacco Free Nebraska’s outreach strategies and priorities. The Quitline will be positioned as a trusted, evidence-based resource for providers seeking to connect patients with cessation support.

This includes ensuring readiness to support referral integration, receive referrals, maintaining consistent and high-quality participant experiences, and supporting integration with healthcare workflows. By reinforcing connections between the Quitline and clinical systems, the program strengthens opportunities for provider engagement and patient referral.

## Understanding Nebraska’s Tobacco Burden and Program Impact

National Jewish Health understands the significant impact of tobacco use on the health and economy of Nebraska, including preventable mortality, healthcare expenditures, and lost productivity. Tobacco use remains a leading cause of preventable death and disease in the state, contributing to substantial healthcare costs and economic burden.

The current service model is designed to directly address this burden by expanding access to cessation services, strengthening participant engagement, and supporting successful quit attempts. Through immediate access to care, proactive follow-up, and ongoing coordination with Nebraska's statewide initiatives, the Tobacco Free Nebraska Quitline continues to contribute to measurable reductions in tobacco use and the associated health and economic impacts across the state.

## C. MINIMUM QUALIFICATIONS

National Jewish Health meets and exceeds all minimum qualifications established by the Nebraska DHHS and brings a strong track record of performance through our longstanding partnership with the state. Through our work supporting the Tobacco Free Nebraska Quitline, we have demonstrated the ability to deliver high-quality, comprehensive tobacco cessation services at scale. Our approach continues to reflect evidence-based best practices, alignment with national standards, and a commitment to effectively serving Nebraska's diverse populations.

### C.1. NORTH AMERICAN QUITLINE CONSORTIUM (NAQC) MEMBERSHIP

National Jewish Health maintains active engagement with the North American Quitline Consortium (NAQC) and has participated in NAQC membership and initiatives for over two decades. This involvement reflects a continued commitment to national standards, best practices, and ongoing collaboration within the Quitline community.

Through participation in NAQC, National Jewish Health remains aligned with evolving guidance related to service delivery models, quality improvement, data reporting, and performance benchmarking. This engagement ensures that services delivered are consistent with nationally recognized best practices and informed by current research, innovation, and peer collaboration.

Our leadership is deeply embedded in the national Quitline ecosystem, positioning us at the forefront of strategy, innovation, and best practices. Our Executive Director, Alex Hurst, serves as Vice Chair on the board of Directors for NAQC, contributing to the advancement of evidence-based standards, policy development, and the overall direction of Quitline services across the country. This level of engagement ensures that our approach is not only aligned with national priorities but also actively helps shape them.

In parallel, our Director of Products and Services plays a critical role on the NAQC national advisory, providing insight into emerging trends, data-driven program enhancements, and participant engagement strategies. Through this involvement, we continuously integrate the latest innovations and field-tested approaches into our services, ensuring that our programs remain responsive, effective, and grounded in best practices that drive meaningful outcomes for the populations we serve.

## C.2. EXPERIENCE IN TOBACCO CESSATION SERVICES

National Jewish Health brings more than twenty-five years of experience delivering comprehensive tobacco cessation services and has supported nearly three (3) million individuals in quitting tobacco since 2002. As Nebraska's current Quitline provider, this experience is reflected in the established program already serving the state. National Jewish Health operates across multiple states, delivering integrated, multi-channel cessation services—including telephone counseling, digital and web-based programs, text-based support, and healthcare system integration—that continue to strengthen and inform the services provided to Nebraskans.

This experience includes serving diverse populations across geographic regions, including rural communities, urban centers, and populations disproportionately impacted by tobacco use. Services are designed to be inclusive and accessible, incorporating culturally responsive approaches, language access, and tailored engagement strategies to meet the needs of varied populations.

National Jewish Health has consistently aligned program delivery with NAQC priorities and national best practices, including adherence to evidence-based treatment protocols, performance measurement standards, and continuous quality improvement processes. This depth of experience ensures the ability to effectively support awareness, participation, and engagement across Nebraska's population.

## C.3. EXPERIENCE WITH SIMILAR SCOPE OF WORK

National Jewish Health has successfully implemented and operated tobacco cessation programs with a scope comparable to or exceeding the requirements outlined in this RFP. As the current partner to the Nebraska DHHS, National Jewish Health delivers comprehensive Quitline services that include inbound and outbound counseling, multi-channel engagement, nicotine replacement therapy distribution, healthcare system referrals, reporting, and ongoing performance management.

Through our work in Nebraska, National Jewish Health has partnered closely with the department to monitor performance, respond to challenges, and continuously strengthen key metrics. When performance measures have not been met, we have worked collaboratively with the state to identify root causes, implement targeted improvements, and enhance key performance indicators—resulting in stronger engagement, improved access, and overall program performance.

Across our broader portfolio, National Jewish Health has demonstrated consistent performance in meeting or exceeding key performance indicators related to access, engagement, and service delivery. This experience reflects our ability to manage complex, multi-state operations while maintaining high standards of quality, responsiveness, and participant experience. We continue to adapt to evolving state needs and collaborate closely with partners like Nebraska to align services with public health goals, media strategies, and healthcare system integration efforts.

## C.4. INDEPENDENCE FROM TOBACCO INDUSTRY

As a leading national respiratory care hospital, National Jewish Health maintains a strict policy prohibiting any affiliation, partnership, or contractual relationship with tobacco companies. The organization has not held, and does not currently hold, any contracts or affiliations with the tobacco industry within the past five years.

Furthermore, National Jewish Health is committed to maintaining complete independence from the tobacco industry. This commitment reflects a core organizational value and ensures that all services, strategies, and recommendations are grounded solely in public health principles and evidence-based practices, free from any real or perceived conflicts of interest.

National Jewish Health fully satisfies all minimum qualifications required by the State of Nebraska and brings a proven track record of delivering high-quality, evidence-based tobacco cessation services. With extensive experience, national leadership, and a strong commitment to public health integrity, National Jewish Health is well-positioned to successfully implement and sustain the Tobacco Free Nebraska Quitline in alignment with state and national expectations.

## D. Scope of Work

### D.1. SYSTEM CAPABILITIES AND DATA INFRASTRUCTURE

National Jewish Health utilizes a robust, enterprise-level technology infrastructure designed to support large-scale, multi-state Quitline operations with high reliability, flexibility, and performance. The system architecture is intentionally designed to manage high call volumes, support multi-channel engagement, ensure real-time operational visibility, and provide comprehensive data collection and reporting capabilities aligned with state and national standards.

National Jewish Health utilizes a robust, enterprise-level technology infrastructure designed to support large-scale, multi-state Quitline operations with high reliability, flexibility, and performance. The system currently supports more than 40,000 inbound and outbound calls each month across multiple state programs, demonstrating proven capacity to manage high call volumes while maintaining performance standards.

#### D.1.a. Multi-Channel Telephony with Multilingual and Accessibility Capabilities

The telephony platform supporting Quitline operations at National Jewish Health is designed to manage multiple, simultaneous inbound and outbound calls across a distributed workforce. The system supports high-volume environments and ensures seamless participant access regardless of call demand or time of day.

Multilingual capability is a core component of service delivery. In addition to bilingual English- and Spanish-speaking staff, interpreter services are available to support more than 240 languages, ensuring equitable access for diverse populations across Nebraska. The system is also fully accessible

via teletypewriter (TTY) and telecommunications device for the deaf (TDD) lines, ensuring compliance with accessibility standards and enabling individuals who are deaf or hard of hearing to engage with Quitline services without barriers.

The telephony infrastructure, supported by platforms such as Avaya, is designed to manage high volumes of concurrent calls across multiple states, ensuring consistent performance even during periods of increased demand. This includes the ability to support simultaneous inbound and outbound call activity without degradation in service quality.

This integrated, multi-channel communication model ensures that all Nebraskans can access services in a manner that is inclusive, responsive, and aligned with their communication needs.

#### **D.1.b. Live Answer Capability During Hours of Live Response**

National Jewish Health maintains a service model centered on immediate engagement, ensuring that inbound calls are answered live during designated hours of live response. Calls are routed through an advanced telephony system that connects participants directly to trained customer care representatives or tobacco cessation health coaches without unnecessary delay.

Workforce management tools, including real-time monitoring and forecasting systems, are used to align staffing levels with anticipated demand and maintain performance standards. These systems support the ability to achieve and sustain key operational metrics, including high live answer rates, low average speed of answer, and minimal call abandonment.

This infrastructure supports consistent achievement of key performance benchmarks, including maintaining a live answer rate of at least 90%, an average speed of answer of 30 seconds or less, and minimal abandonment rates, even in high-volume environments.

Supervisory staff monitor call activity continuously and can make real-time adjustments to staffing and call routing to ensure that participants receive timely assistance at the moment they are ready to quit.

#### **D.1.c. Scalable Communications Infrastructure and Real-Time Monitoring**

National Jewish Health utilizes a scalable communications server and advanced call center technologies that support automatic call distribution, intelligent call routing, and seamless integration between voice and data systems. The system is designed to optimize call flow, reduce wait times, and ensure efficient utilization of staff resources.

Automatic call distribution functionality routes calls based on factors such as staff availability, language needs, and service type, ensuring that participants are connected to the most appropriate resource. Real-time monitoring tools provide visibility into overall system activity, including queue volume, call wait times, staff performance, and individual call handling.

Operational leadership uses these tools to oversee performance continuously, identify emerging trends, and implement immediate adjustments when needed. This real-time visibility supports a proactive approach to service delivery and ensures consistent adherence to performance expectations.

The telephony platform is fully integrated with the QuitPro® customer relationship management system, enabling seamless exchange of information between voice interactions and participant records. This integration ensures that all participant interactions are documented, accessible, and available for reporting and quality assurance purposes.

Workforce management tools, including Calabrio forecasting and scheduling systems, enable proactive alignment of staffing resources with anticipated demand, including during media-driven surges or unexpected increases in call volume. These tools support real-time adjustments to ensure continuous service availability and performance stability.

Our program uses state-of-the-art telephony systems to route incoming calls and place outbound calls to thousands of individuals every month. As such, our Avaya system can efficiently manage the volume of calls for TFN through the well-known 1.800.QUIT.NOW and 1-855-DÉJELO-YA phone lines, as well as any TFN specific numbers.

More than 20% of our staff is bilingual, allowing us to provide services in English and Spanish. We also leverage LanguageLine services to provide real-time translation in more than 240 additional languages. We utilize TTY technology and support video relay for hearing- and/or speech-impaired callers. Along with dedicated phone lines for telephone counseling, we maintain a dedicated fax referral telephone line to facilitate the referral process.

To enhance our Quitline program and better meet the needs of our participants and state clients, we developed a proprietary CMS, QuitPro®. This software, developed internally by the IST Team at National Jewish Health, allows for increased flexibility and speed in responding to the changing needs of our state partners. The online cessation program is fully integrated into QuitPro® and is hosted and managed by our internal IST Team. This facilitates rapid evolution of the online products and services offered to our clients.

### **Call Volume Monitoring and Adjustments**

National Jewish Health utilizes Calabrio Workforce Management software and internal staffing metrics to support staffing levels, which helps us achieve a 90% live answer rate. The Quitline program regularly handles inbound monthly call volumes up to 40,000 calls, demonstrating our ability to adjust staffing levels in a flexible and responsive manner.

In addition, National Jewish Health utilizes the Avaya Outbound Dialer, a dialer system used to initiate outbound calls to maximize the efficiency of staff and call center operations. The outbound dialer initiates scheduled coaching calls, referral calls, and missed-appointment resets. When a participant answers a call, the Avaya telephony system immediately connects the call to a coach or a

call center representative (CCR). If an outbound call reaches the participant's voicemail, an automated message will let the participant know we attempted to contact them, and that they can call for further assistance. If the outbound call receives a busy signal or no answer, the system will initiate two new attempts before noting the caller was unreachable in our CMS. Results from these auto-dialer campaigns can then be fed back into Calabrio to further refine call volume forecasting. Avaya Contact Recorder records all inbound and outbound calls for training and quality assurance purposes and are retained for five years.

### Telecommunications System

The telephony system used by National Jewish Health utilizes a suite of Avaya applications. Our automatic call distribution (ACD) system allows National Jewish Health to handle multiple, simultaneous incoming and outgoing calls with multi-lingual capability. The ACD system uses the participant input through menu selection to route calls to CCRs or coaches within the call center based on their training and experience. Our Avaya telephony and Calabrio systems are used for accurate call analysis. These systems provide real-time and historical information on call volume, wait time for callers, abandonment rates, calls sent to voicemail, and calls received during times when a live answer is not available. Calabrio uses two data sources to generate forecasted call volumes and staffing needs: 1) historical call volume trends stored; and 2) real-time call volume feed from Avaya. Our dedicated Workforce Management Team can further adjust these projections based on internal staffing metrics and known events, such as state or federal media campaigns that increase call volume.

### Responsive Phone System

Avaya Communication Manager is designed as an open, scalable, and highly reliable telephony solution; it effectively scales from under 100 users to as many as 36,000 on a single system and to more than one (1) million users on a clustered network configuration.

The Avaya Call Management System is an integrated analysis and reporting program offering real-time monitoring, historical reporting, custom reporting, task scheduling, exception notification, and threshold warning, configuration, and long-term data storage.

Real-time reports can be updated as often as every three seconds and summarized as often as every 30 minutes. Historical reports are available in various intervals using daily, weekly, and monthly summaries. Integrated reports include data for a specified start time in the past 24 hours, up to and including the moment the report is generated.

With the Avaya Call Management System, our Workforce Management Team views live, real-time information and sees the immediate results of adjustments. They also use historical reports to analyze trends, establish performance benchmarks, and plan new marketing or customer service campaigns. The combination of access to real-time and historical reports helps the Workforce Management Team effectively manage the performance of their personnel.

## Call Queues

The Avaya Call Management Systems allows for continuous monitoring of call volume and coach and CCR status. When call volume is extremely high, the Operations Team will determine the cause for the increase in volume, while modifying existing processes to answer and respond to as many callers as possible. Our operations staff will work with TFN to change voice message prompts, modify processes, redirect participants to the state's website, or make other operational changes within our staffing model, using data from our state-of-the-art call center software. Our operations team acts quickly to isolate the cause for the volume increase to minimize the impact to other state clients. These processes are used for both English and Spanish callers. If it is determined the high call volume will continue, we will work with staffing agencies to quickly increase staffing levels. With adequate notice about media events and marketing campaigns, including national campaigns for 1.800.QUIT.NOW, we will increase staffing to accommodate the anticipated increased number of callers.

### D.1.d. Data Collection, Tracking, and Reporting Infrastructure

National Jewish Health maintains a comprehensive data infrastructure designed to capture, track, and analyze all aspects of Quitline service delivery. The system collects detailed information on unique individuals, services provided, call patterns, participant demographics, and engagement across all service modalities.

Data are captured in real time within the QuitPro<sup>®</sup> system and are structured to support both operational monitoring and formal reporting requirements. The system enables the identification of unique participants, tracks service utilization over time, and captures key demographic and behavioral indicators that inform program evaluation and improvement efforts.

Data is aggregated and analyzed to produce standardized reports on a monthly, quarterly, and annual basis. These reports support performance monitoring, program evaluation, and strategic decision-making, ensuring that Nebraska has access to accurate, timely, and actionable information.

The system is designed to support concurrent, multi-state reporting requirements, enabling standardized and customized reporting across programs while maintaining data integrity and consistency.

Our proprietary CMS, QuitPro<sup>®</sup>, drives both our telephone coaching and online databases, allowing for collection, storage, security, and access of participant data for all parties who require access, whether for staff on a call or for reporting purposes. Using our custom QuitPro<sup>®</sup> system allows the flexibility to create software that directs all efforts toward successful tobacco cessation.

QuitPro<sup>®</sup> is a browser-based information management system housed on a secure proprietary platform developed and maintained by National Jewish Health. The QuitPro<sup>®</sup> web platform uses load-balanced, virtualized web servers and a clustered SQL database. We use leading-edge

technology including Microsoft .NET Framework 4, SQL Server, and SQL Server Integration and Reporting Services. The system is flexible and customized, allowing for quick and easy updates to meet client specifications.

#### **D.1.e. Reporting on Service Utilization, Call Patterns, and Cost Estimates**

National Jewish Health produces a comprehensive suite of reports that provide detailed insights into program performance and service utilization. Reporting capabilities include analysis of the types and amounts of services provided per participant, allowing for a clear understanding of engagement patterns and service intensity.

Call pattern analysis is conducted across multiple timeframes, day of week, and month, enabling identification of peak demand periods and informing staffing and operational planning. These insights support continuous optimization of service delivery and resource allocation.

All reporting outputs are designed to be flexible and are refined in partnership with the Nebraska DHHS to align with the state's specific priorities and requirements. National Jewish Health works closely with Nebraska to define reporting needs, formats, and timelines, ensuring the data provided is meaningful, actionable, and supportive of program oversight. These data are used not only for reporting purposes, but also to inform continuous quality improvement and ongoing enhancement of participant outcomes.

The technology infrastructure supporting the Tobacco Free Nebraska Quitline is designed to provide reliable, scalable, and data-driven operations that align with the state's expectations. Through advanced telephony systems, real-time monitoring, integrated data platforms, and comprehensive reporting capabilities, National Jewish Health supports high-quality service delivery, operational transparency, and continuous program improvement, while maintaining the flexibility to adapt as Nebraska's needs evolve.

#### **D.1.f. Call Tracking and Monitoring (During and Outside Hours of Operation)**

The system implemented by National Jewish Health provides comprehensive tracking of all inbound and outbound call activity, both during hours of live response and outside of staffed operating hours. All call events are captured and logged within the telephony and customer relationship management systems, ensuring full visibility into participant access and engagement patterns.

The system tracks key performance indicators including total call volume, abandonment rates, wait times, and call duration. Calls received during hours of live response are monitored in real time, allowing supervisors to assess queue activity, identify trends, and make immediate operational adjustments to maintain performance standards.

For calls received outside of live staffing hours, the system captures voicemail interactions, callback requests, and attempted contacts. These interactions are logged and queued for follow-up in

accordance with program protocols, ensuring that all individuals who reach out receive timely engagement. Data from both live and off-hours interactions are incorporated into routine reporting and used to inform staffing models, improve accessibility, and optimize service delivery.

#### **D.1.g. Recording of Participant Communication for Quality Assurance**

All participant communications, including inbound and outbound calls as well as digital interactions, are recorded and securely stored to support quality assurance, training, and compliance monitoring. These recordings are maintained within encrypted, access-controlled systems and are accessible only to authorized supervisory and quality assurance personnel.

Quality assurance processes include routine review of recorded interactions to assess adherence to evidence-based counseling protocols, communication standards, and program requirements. Feedback from these reviews is used to support ongoing staff coaching, reinforce best practices, and identify opportunities for improvement in service delivery.

This structured quality assurance framework ensures consistency in participant experience, supports high standards of care, and enables continuous improvement across all service modalities.

#### **D.1.h. Multi-Channel Referral Acceptance**

National Jewish Health currently supports a range of referral pathways for the Tobacco Free Nebraska Quitline, ensuring providers and partners can connect individuals to services in a way that aligns with their workflows. Fax referrals remain a reliable and widely used option, allowing healthcare providers and community organizations to securely submit participant information for proactive outreach. Upon receipt, National Jewish Health initiates timely follow-up, typically within one business day, to engage the referred individual and offer enrollment in Quitline services.

In addition to fax referrals, National Jewish Health supports web-based referral options that allow providers to submit referrals through secure online forms. These web referrals offer a streamlined, accessible approach for partners across Nebraska, reducing administrative burden while maintaining secure and efficient transmission of participant information. Both fax and web referral pathways are integrated into daily operations, ensuring consistent processing, outreach, and tracking. See Figure 3 for an example of the existing Fax Referral form:

**FAX REFERRAL FORM**  
Web referral option at: [QuitNow.ne.gov/providers](http://QuitNow.ne.gov/providers)

**NEBRASKA TOBACCO QUITLINE**

*Step one of this form can be filled out online and printed for the patient to fill out the remainder.*

**1 Provider Information**

CLINIC NAME  CLINIC ZIP CODE

HEALTH CARE PROVIDER  CONTACT NAME

ADDRESS  CITY  STATE

FAX NUMBER (XXX) XXX-XXXX  PHONE NUMBER (XXX) XXX-XXXX

I AM A HIPAA COVERED ENTITY (PLEASE CHECK ONE)  
 YES  NO  DON'T KNOW

EMAIL FOR HIPAA COVERED ENTITY

A HIPAA covered entity is authorized to receive personal health information for the individual being referred. An entity not covered under HIPAA is not authorized to receive personal health information for the individual being referred.

Provider authorization is required to provide nicotine replacement therapy (NRT) to individuals who are pregnant or breastfeeding.  
 CHECK IF PATIENT IS CURRENTLY:  PREGNANT  BREASTFEEDING

I authorize the Quitline to send the patient over-the-counter nicotine replacement therapy.

PROVIDER SIGNATURE:  DATE:  /  /   
Please sign here if patient may use NRT.

**Patient Information**

PATIENT NAME  DATE OF BIRTH (MM-DD-YYYY)  ZIP CODE

PHONE NUMBER (XXX) XXX-XXXX  HOME  WORK  CELL  LANGUAGE PREFERENCE (PLEASE CHECK ONE)  
 ENGLISH  SPANISH  OTHER

DO YOU REQUIRE ACCOMMODATION WHILE PARTICIPATING IN THE PROGRAM SUCH AS TTY, TRANSLATOR OR RELAY SERVICE?  
 NO  YES IF YES, PLEASE SPECIFY

**2**  YES  NO I give my permission to the Nebraska Tobacco Quitline to leave a message when contacting me at the number(s) provided above.  
 YES  NO I consent to receiving text messages with motivational messages, appointment reminders, medication shipments, quit anniversaries, and other program events. Message and data rates may apply.

I give my permission to the Nebraska Tobacco Quitline to share information with my provider for the purposes of my health care treatment.

SIGNATURE:   PATIENT  GUARDIAN  PARENT DATE:  /  /

**3 Fax to the Quitline: 1-800-261-6259** DATE SENT:  /  /

Confidentiality Notice: This facsimile contains confidential information. If you have received this facsimile in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, disclose, copy, or distribute.

UPDATED FEBRUARY 2022

Figure 3

As part of our ongoing partnership with Nebraska, National Jewish Health works collaboratively with the Department and provider partners to ensure referral processes are clear, effective, and aligned with statewide goals. While fax and web referrals remain core components of the program, National Jewish Health also supports broader referral strategies, including eReferral, as appropriate and in alignment with Nebraska’s priorities and partner readiness.

As the current partner for the Tobacco Free Nebraska Quitline, National Jewish Health brings extensive experience in implementing and supporting eReferral solutions to expand access through healthcare systems. National Jewish Health has played a national leadership role in advancing Quitline eReferral standards, including the development of bidirectional eReferral capabilities

aligned with industry standards such as Consolidated Clinical Document Architecture (C-CDA). These efforts have supported scalable, cost-effective integration with healthcare systems across the country, with implementations in more than 50 health systems.

Our eReferral system allows providers to securely submit referrals electronically and receive ongoing participant status updates that can be integrated into the electronic medical record. In Nebraska, referred participants are proactively contacted within one business day, with outreach attempts that include encouraging messages to support engagement. National Jewish Health follows NAQC guidelines for provider feedback, including structured progress reports following referral and enrollment.

Through our ongoing partnership with Nebraska, we continue to work collaboratively with the Department and healthcare partners to expand and refine eReferral capabilities based on readiness and priorities. National Jewish Health supports this work with dedicated implementation resources, including a primary point of contact who coordinates with health systems and internal technology teams to ensure a smooth, efficient, and well-supported integration process.

#### **D.1.h.i. Provider-Initiated Referrals**

National Jewish Health supports referrals from healthcare providers to the Quitline, allowing providers to directly connect patients to services when appropriate. This model enables immediate engagement and supports patients at the point of care when they are ready to initiate services.

National Jewish Health utilizes a flexible referral model that does not require providers to remain on the line throughout the intake process. Instead, providers can initiate the connection and allow the participant to complete intake, assessment, and scheduling directly with Quitline staff. This approach reduces burden on clinical workflows while maintaining a seamless participant experience.

For healthcare settings where real-time connection is not feasible, providers are supported through alternative referral pathways, including electronic referrals (eReferral), secure online forms, fax referrals, and secure email submissions. These options ensure that referrals can be initiated efficiently across a variety of clinical environments.

This hybrid approach allows healthcare partners to choose the most appropriate referral method based on workflow, staffing, and patient needs, while ensuring that all referred individuals are effectively connected to Quitline services.

#### **D.1.h.ii. Electronic Health Record (EHR) Referrals (eReferral)**

National Jewish Health supports bidirectional electronic referral (eReferral) integration with healthcare systems, aligned with North American Quitline Consortium standards. These integrations enable secure, automated transmission of referral data directly from electronic health records into the Quitline system.

The eReferral infrastructure supports secure intake of participant information, prioritization of outreach, and automated workflows that facilitate timely engagement. In addition, bidirectional communication capabilities allow referring providers to receive status updates and outcome information, supporting closed-loop referral processes and reinforcing tobacco treatment as a standard component of care.

This model ensures efficient, scalable integration with healthcare systems while maintaining data integrity, security, and alignment with national standards.

#### **D.a.h.iii. Electronic Health Record Integration and Bidirectional eReferral Capability**

National Jewish Health maintains the capability to implement secure, electronic connections with healthcare provider systems and electronic health records (EHRs) to support referral and feedback workflows. The system supports electronic referral (eReferral) integration that enables healthcare providers to transmit participant information directly to the Quitline through secure, standardized data exchange processes.

These integrations are designed to align with North American Quitline Consortium standards and support bidirectional communication between the Quitline and healthcare systems. Referral data received from EHR systems are automatically ingested into the QuitPro® platform, allowing for timely participant outreach and streamlined enrollment.

In addition to receiving referrals, the system supports the return of electronic feedback to referring providers. This includes updates on participant contact attempts, enrollment status, and engagement in cessation services. This closed-loop communication reinforces tobacco treatment as a standard component of care and provides healthcare providers with visibility into patient outcomes.

National Jewish Health supports the implementation of two-way electronic referral systems for healthcare partners identified by the Nebraska DHHS. These integrations are provided at no cost to DHHS and are designed to be scalable, secure, and adaptable to a variety of healthcare system configurations. Technical support is provided throughout implementation to ensure successful onboarding, testing, and ongoing operation.

#### D.1.h.iv. Two-Way Electronic Referral at No Cost to DHHS

As the current provider for the Tobacco Free Nebraska Quitline, National Jewish Health supports bidirectional referral processes through established fax and web-based referral pathways, which serve as the primary mechanisms for secure, two-way communication between healthcare providers and the Quitline. These referral options allow providers to submit participant information efficiently, while also receiving structured updates on outreach, enrollment status, and participation in services.

These processes are integrated into daily operations to support timely intake, prioritization of outreach, and consistent follow-up. Referred participants are proactively contacted within one business day, and referring providers receive feedback aligned with program protocols, including confirmation of contact attempts and engagement outcomes.

National Jewish Health works closely with the Nebraska DHHS to ensure these referral pathways remain effective, accessible, and aligned with provider needs across the state. By maintaining streamlined, no-cost referral options for partners, the program reduces barriers to participation and supports broader healthcare system engagement in tobacco cessation efforts across Nebraska.

#### D.1.i. 24/7 Web-Based Services and Digital Engagement

As the current provider for the Tobacco Free Nebraska Quitline, National Jewish Health delivers a comprehensive, web-based cessation platform that complements and extends existing services already available to Nebraskans. This includes ongoing integration with the Nebraska DHHS' "I Want to Quit Tobacco" webpage, as well as hosting and supporting the Nebraska QuitLogix web experience.

The platform is available 24 hours per day, seven (7) days per week, and allows participants to register, enroll, and engage in services at their convenience. Individuals can self-enroll directly through the web, reducing barriers to entry and enabling immediate access to support without requiring initial interaction with call center staff. At the same time, the platform remains fully integrated with telephone-based services, allowing participants to move seamlessly between digital and coach-supported engagement.

The digital experience includes structured, evidence-based content such as quit planning tools, educational resources, progress tracking, and ongoing engagement features. This integrated, multi-channel approach reflects Nebraska's current model and supports participants in engaging in the way that best meets their needs.

By maintaining continuous access through both the "I Want to Quit Tobacco" webpage and the QuitLogix platform, National Jewish Health ensures that Nebraskans can begin their quit journey at any time and remain engaged beyond traditional service hours.

#### D.1.j. Collaboration on Telecommunications and System Transitions

National Jewish Health will work in close collaboration with Tobacco Free Nebraska to ensure the seamless management and transition of all telecommunications infrastructure associated with the Quitline. This includes coordination related to the Quitline telephone number, fax referral lines, and texting service numbers.

The organization has experience managing number transitions and will develop a structured transition plan to ensure continuity of service, minimize disruption, and maintain accessibility for Nebraskans. This includes coordination with telecommunications providers, testing of routing configurations, and validation of system functionality prior to implementation.

At the conclusion of the contract period, National Jewish Health will support the transfer of all designated telephone numbers and related services back to Tobacco Free Nebraska or its designee. This process will be managed in a coordinated and secure manner to ensure uninterrupted service continuity and preservation of program integrity.

#### D.1.k. Coordination with NAQC and Quitline Network Resources

National Jewish Health maintains active engagement with national Quitline networks and will collaborate with Tobacco Free Nebraska to determine the most effective strategies for coordinating with the North American Quitline Consortium and other Quitline support resources available throughout the contract period.

This includes alignment with national initiatives, participation in shared learning opportunities, and integration of emerging tools or resources that enhance service delivery. The organization remains responsive to evolving best practices and will work collaboratively with Nebraska to incorporate new approaches, technologies, or partnerships that benefit program participants.

This coordinated approach ensures that Nebraska's Quitline remains aligned with national standards while leveraging innovations and shared resources across the broader Quitline network.

#### D.1.l. Use of Artificial Intelligence (AI) and Commitment to Human-Centered Care

National Jewish Health prioritizes live, human interaction as the foundation of Quitline service delivery. All core participant interactions, including intake, coaching, and follow-up support, are conducted by trained customer care representatives and tobacco cessation health coaches.

National Jewish Health will fully disclose any use of AI or automated systems and will provide alternative service options that do not rely on these technologies if requested by the Nebraska DHHS.

#### D.1.m. Culturally and Linguistically Appropriate Services for Priority Populations

As the current provider for the Tobacco Free Nebraska Quitline, National Jewish Health delivers tobacco cessation services through a comprehensive, evidence-based, and participant-centered model that reflects the needs of Nebraskans. Through our ongoing partnership with the Nebraska DHHS, the program has been designed to recognize that tobacco use, nicotine dependence, readiness to quit, access to care, language needs, and trust in systems vary across populations. Rather than a one-size-fits-all approach, services are delivered through a flexible model that incorporates culturally responsive coaching, linguistically appropriate communication, specialized protocols, accessible materials, multiple service modalities, and targeted engagement strategies.

This approach builds on National Jewish Health's extensive experience and is reflected in the current Nebraska program, including tailored support for individuals with behavioral health conditions, pregnant and postpartum participants, American Indian communities, youth, and other populations that may face higher rates of commercial tobacco use or additional barriers to care. Coaches and customer care representatives supporting Nebraska receive training in cultural responsiveness, trauma-informed communication, participant-centered engagement, disability inclusion, and strategies to effectively support populations with elevated tobacco-related disease burden.

Educational and self-help materials are designed to be clear, easy to understand, and accessible, recognizing the range of health literacy levels, educational backgrounds, and communication preferences across Nebraska's population. This established, adaptable approach helps ensure services remain relevant, respectful, and effective for all Nebraskans.

##### D.1.m.i. Medicaid Beneficiaries

National Jewish Health provides services that are highly appropriate for Medicaid beneficiaries by ensuring that cessation support is accessible, low-barrier, and aligned with the realities many Medicaid participants face, including transportation barriers, competing social and economic stressors, variable healthcare access, and higher rates of co-occurring chronic and behavioral health conditions. All services are provided at no cost to the participant, which is especially important for individuals who may otherwise face financial barriers to treatment access.

The service model includes telephone-based coaching, digital engagement, text-based support, and referral pathways that allow participants to access services through multiple channels depending on their preferences and circumstances. Coaching is individualized and responsive to each participant's readiness to quit, life context, and barriers to treatment adherence. Because Medicaid populations often include individuals with chronic disease, mental health concerns, and socioeconomic challenges, the flexibility of the model is particularly important. Where appropriate, participants may also benefit from enhanced protocols such as behavioral health-focused coaching or chronic disease educational supports that reinforce the relationship between commercial tobacco use and ongoing health conditions.

#### D.1.m.ii. Uninsured/Low Socioeconomic Status

National Jewish Health is well-positioned to serve uninsured individuals and those with low socioeconomic status because the program is intentionally designed to eliminate barriers to care. Services are provided at no cost, which removes one of the most significant obstacles to treatment. Multiple methods of enrollment and engagement—including phone, web, text, and provider referral—ensure that participants can access care in the way that is most feasible for them.

Coaches are trained to understand that financial strain, unstable housing, work schedules, caregiving responsibilities, transportation limitations, and competing stressors can influence readiness to quit, participation in coaching, and the ability to sustain a quit attempt. Coaching therefore incorporates practical problem-solving and individualized planning to help participants navigate cravings, stress, and relapse triggers within the context of their daily lives. Materials are designed to be easy to read and accessible to individuals with a range of literacy levels, which is especially important for populations that may have experienced barriers to educational access.

#### D.1.m.iii. Pregnant Women

National Jewish Health offers a dedicated Pregnancy and Postpartum Program specifically designed to serve pregnant participants and continue support into the postpartum period, when the risk of relapse is especially high. This specialized protocol was originally developed in 2010 and reflects longstanding leadership in the delivery of tobacco cessation services for pregnant and postpartum individuals. As part of the current Tobacco Free Nebraska Quitline program, National Jewish Health provides tailored coaching support for pregnant and postpartum participants, including relapse prevention and continuity with the same female coach to support rapport and trust. The program also incorporates contingency management through financial incentives to encourage engagement and sustained participation.

Currently, incentives are structured at \$20 for each completed pregnancy coaching call and \$30 for each completed postpartum call. National Jewish Health will continue to partner closely with the Nebraska DHHS to evaluate and adjust the incentive structure as needed, ensuring alignment with state priorities, participant needs, and program goals.

This model recognizes that pregnant women often require a distinct approach that balances empathy, trust, clinical appropriateness, and sustained engagement beyond delivery. The program is designed to support commercial tobacco cessation during pregnancy while also recognizing the heightened stress, transition, and vulnerability that can occur after childbirth. Program evaluation has demonstrated the importance of maintaining engagement throughout pregnancy and postpartum, with 68% of participants who completed three or more counseling calls during pregnancy and postpartum reporting long-term abstinence. Since its inception, this enhanced protocol has served more than 10,000 pregnant and postpartum women.

#### D.1.m.iv. Senior Adults

National Jewish Health provides appropriate cessation services for senior adults by ensuring that coaching is individualized, respectful, accessible, and responsive to the health concerns and communication needs that may be more common among older participants. Senior adults may have longer histories of tobacco use, more previous quit attempts, multiple chronic conditions, and concerns about whether quitting will still provide meaningful benefits. Coaches are trained to address these concerns directly, reinforcing that cessation at any age can improve health, reduce disease progression, and enhance quality of life.

Older adults may also benefit from the program's chronic disease educational supports, which focus on conditions commonly caused or worsened by commercial tobacco use, including heart disease, chronic obstructive pulmonary disease, asthma, diabetes, and high blood pressure. These educational messages reinforce the benefits of quitting in the context of existing health concerns and help participants understand how cessation can contribute to symptom reduction and improved well-being.

#### D.1.m.v. Veterans

National Jewish Health is equipped to serve veterans through a coaching model that is individualized, trauma-informed, and responsive to the higher prevalence of tobacco use, stress-related conditions, chronic disease, and behavioral health concerns that may affect this population. The program's experience with behavioral health-informed coaching is particularly relevant for veterans who may be navigating anxiety, depression, substance use, or other mental health challenges.

In addition, National Jewish Health has experience coordinating tobacco cessation services with payer and health system pathways, including the use of referral and transfer models for populations with alternative cessation resources. This experience supports the ability to serve veterans directly where appropriate and to coordinate with existing systems or resources when needed. Coaches help veterans develop realistic quit plans, cope with stress, and build confidence in managing tobacco dependence within the broader context of their health and life circumstances.

#### D.1.m.vi. Individuals Who Use Smokeless Tobacco

National Jewish Health provides tailored cessation support for individuals who use smokeless tobacco, recognizing that this population may have distinct dependence patterns, triggers, social norms, and motivations for quitting compared with individuals who use cigarettes. Coaches are trained to address a range of commercial tobacco products, including chewing tobacco and other smokeless products, and to tailor quit planning and coping strategies accordingly.

This population is also reflected in programming designed for young adults and other groups where smokeless tobacco use may be more prevalent. Coaching focuses on product-specific

withdrawal patterns, behavioral routines, cravings, relapse triggers, and strategies for managing nicotine dependence without relying on the assumptions or messaging used for smoked products. This tailored approach ensures individuals who use smokeless tobacco receive clinically relevant, product-specific cessation support.

#### **D.1.m.vii. Native Americans**

National Jewish Health offers a dedicated American Indian Commercial Tobacco Program designed specifically to support American Indian participants in a manner that is culturally responsive and respectful of the sacred and ceremonial role tobacco holds in many Native communities. The program explicitly distinguishes between commercial tobacco use and sacred or ceremonial tobacco use, ensuring that cessation services focus only on commercial tobacco.

The American Indian Commercial Tobacco Program was launched in 2015 as the first dedicated, culturally tailored Quitline program for American Indian callers and is now offered in 19 states. Participants enrolled in this program receive all coaching calls from an American Indian coach with lived experience in American Indian communities. This lived experience is essential to building trust, honoring cultural context, and supporting meaningful engagement. Program evaluation has reinforced the value of this culturally tailored model, including the importance of longer engagement, since some participants may initially hesitate to use nicotine replacement therapy and may require additional time to build trust and consider treatment options. Since inception, more than 6,677 people have selected this program, and in 2023 and 2024 alone, National Jewish Health served 2,864 American Indian callers through the American Indian Commercial Tobacco Program and standard coaching pathways.

#### **D.1.m.viii. African Americans**

National Jewish Health provides culturally responsive services for African American participants by integrating respectful, participant-centered communication and recognizing the disproportionate burden of commercial tobacco use, targeted marketing, tobacco-related disease, and barriers to healthcare access that affect many Black communities. Coaches are trained to engage participants in ways that build trust, respect autonomy, and respond to personal and community context rather than relying on generic cessation messaging.

The program's emphasis on culturally responsive care, easy-to-read materials, multiple service channels, and individualized coaching supports more meaningful engagement across diverse racial and ethnic populations. National Jewish Health also recognizes that African American participants may face chronic stressors, healthcare inequities, and mistrust rooted in historical and structural factors, all of which underscore the importance of empathetic and tailored cessation support.

To further address disparities driven by targeted marketing of menthol products, National Jewish Health incorporates a specialized menthol protocol within its treatment approach. This protocol

includes tailored coaching strategies that address the unique challenges associated with menthol tobacco use, including higher dependence and targeted industry influence. Where available and aligned with state program design, additional incentives may also be offered to support engagement and quit attempts among menthol users, reinforcing motivation and helping reduce barriers to successful cessation.

#### **D.1.m.ix. Hispanic/Latinos**

National Jewish Health provides culturally appropriate services for Hispanic and Latino participants through a combination of bilingual staffing, culturally responsive communication, interpreter support, and accessible service delivery across multiple modalities. Coaches and staff are trained to engage participants respectfully and in ways that are responsive to family structure, trust-building, and community context, which can be important factors in supporting participation and retention in cessation services.

The program's design allows Hispanic and Latino participants to access services by phone, text, web, or referral, helping reduce access barriers and increase flexibility. Materials and messaging are developed to support understanding and engagement while recognizing that cultural identity, language preference, and experiences with healthcare systems may differ significantly within Hispanic and Latino populations.

#### **D.1.m.x. Spanish-Speaking Participants**

National Jewish Health maintains bilingual English- and Spanish-speaking staff to ensure that Spanish-speaking participants can receive services directly in Spanish. This includes enrollment, coaching, and ongoing cessation support delivered by staff who can communicate effectively and appropriately in Spanish. Spanish-speaking participants are therefore able to engage in services without relying solely on interpretation, which enhances rapport, continuity, and quality of care.

This direct-language capacity is reinforced by culturally appropriate communication approaches and materials designed to support understanding and engagement. Spanish-speaking participants can access services through the established 1-855-DÉJELO-YA infrastructure and through the broader multi-channel model. This ensures that Spanish-language services are not an afterthought or accommodation, but a fully integrated component of the cessation program.

#### **D.1.m.xi. Deaf and Hard of Hearing**

National Jewish Health provides accessible services for participants who are deaf or hard of hearing through TTY/TDD capabilities and other accessible communication pathways. This ensures that participants with hearing-related communication needs are able to access cessation services without unnecessary barriers. Accessibility is treated as a core program responsibility, not an optional enhancement.

In addition to communication access, staff training and inclusive service design support respectful and effective engagement with participants who may require accommodations or alternative interaction methods. The broader emphasis on accessibility, dignity, inclusion, and autonomy in staff training further strengthens service delivery for this population.

#### **D.1.m.xii. Participants with Mental Health or Substance Abuse Disorders**

National Jewish Health offers a specialized Behavioral Health Protocol for participants who report living with behavioral health conditions, including both mental health and substance use disorders. This enhanced protocol was developed in partnership with multiple states and reflects extensive experience serving a population that has higher tobacco use prevalence and lower cessation rates than the general population.

The Behavioral Health Protocol includes a seven-call coaching model with higher-intensity treatment focused on symptom management, coping with stress and mood, longer-term cessation support, and relapse prevention. Coaches receive extensive training in working with participants who report behavioral health conditions, both during initial onboarding and through continuing education. National Jewish Health has also contributed to research and national leadership in this area, including work with behavioral health experts at the University of Colorado and participation on the NAQC Behavioral Health Advisory Forum to develop intake questions assessing behavioral health. In 2023 and 2024, National Jewish Health served 26,269 callers who reported at least one behavioral health condition.

#### **D.1.m.xiii. Teens**

National Jewish Health offers *My Life, My Quit™*, a dedicated and developmentally appropriate cessation program designed specifically for teens. This program was launched in 2019 in partnership with multiple states in response to the rapid rise in youth vaping and recognition that young people needed cessation support designed for their age group, communication preferences, and lived experience.

*My Life, My Quit™* provides free and confidential support through specially trained coaches via telephone, real-time text messaging, and online chat. The program also includes tailored automated text messages, participant education materials, and a youth-oriented website focused on the harms of vaping and nicotine use. The service model is designed to align with how teens prefer to communicate and engage, while also supporting autonomy, identity development, and motivation for behavior change. The program has continued to evolve based on evaluation findings, including expansion of direct text enrollment through a dedicated short code. In 2023 and 2024, National Jewish Health served 3,417 youth participants through phone, web, and text services.

#### D.1.m.xiv. Other Limited English-Speaking Populations

In addition to direct Spanish-language services, National Jewish Health provides interpreter support for more than 240 languages, ensuring access for participants with limited English proficiency across a wide range of linguistic communities. This capacity is essential to equitable service delivery in a diverse state environment and ensures that limited English-speaking participants are not excluded from cessation support due to language barriers.

Interpreter access is integrated into the service model so that participants can engage in intake, coaching, and follow-up using their preferred language. This is complemented by staff training in culturally responsive communication and inclusive engagement practices. The ability to support a broad range of languages ensures that the cessation program can respond effectively to the needs of Nebraska's changing and diverse population.

#### Cross-Cutting Program Features that Support Cultural and Linguistic Appropriateness

Across all of these populations listed above, National Jewish Health applies several foundational strategies that strengthen cultural and linguistic appropriateness throughout the program. First, the service model is multi-channel, allowing participants to engage by phone, web, chat, text, and referral pathways. This flexibility is essential, because access preferences and barriers differ across populations. Second, coaches and customer care representatives receive training in working with populations that experience higher prevalence of commercial tobacco use and additional barriers to accessing cessation support. Training includes people-first and identity-first language, social inclusion, dignity, respect for autonomy, awareness of developmental and intellectual differences, and strategies for adapting support to participant needs.

Third, educational materials are intentionally designed to be easy to read and include visual elements to support usability among individuals with lower literacy levels or differing communication needs. Fourth, the program includes specialized protocols that go beyond general coaching and offers enhanced engagement for populations such as pregnant and postpartum women, participants with behavioral health conditions, youth, young adults, and American Indian participants. Finally, the program is grounded in respect for the participant's pace, goals, and lived experience, ensuring that support remains individualized, clinically appropriate, and accessible.

## D.2. QUITLINE HOURS OF OPERATION

### 24/7 Live Response and Continuous Access

National Jewish Health provides continuous access to Quitline services through a 24 hours per day, seven (7) days per week operational model designed to ensure that individuals can access support at the moment they are ready to quit. This model exceeds the minimum requirements outlined by the State of

Nebraska and reflects a commitment to maximizing accessibility, participant engagement, and successful quit outcomes.

During hours of live response, inbound calls are answered directly by trained customer care representatives or coaches. Callers hear a brief greeting and respond to no more than two prompts before being connected to a live representative, ensuring a streamlined and participant-centered experience. This approach minimizes barriers to entry and supports immediate engagement.

Peak call times are continuously monitored through real-time dashboards and workforce management tools. National Jewish Health utilizes forecasting methodologies that incorporate historical trends, time-of-day patterns, seasonality, and anticipated demand related to media campaigns or policy changes. Staffing is dynamically adjusted to meet demand, including the use of cross-trained personnel, extended shift coverage, and surge capacity protocols. This model supports consistent performance across key metrics, including live answer rates, speed of answer, and abandonment rates.

The Quitline remains operational throughout the year with very limited exceptions. National Jewish Health provides live Quitline services 24 hours per day, seven (7) days per week with few exceptions:

- a. Live services are closed on Thanksgiving Day
- b. Live services are closed on Christmas Day
- c. Call center hours are reduced (closing at 5:30PM MT and opening at 5:00AM the following day) on Christmas Eve.
- d. Call center hours are reduced (closing at 5:30PM MT and opening at 5:00AM the following day) on New Year's Eve.
- e. Call center hours are reduced (closing at 5:30PM MT and opening at 5:00AM the following day) on Labor Day, Memorial Day, and July 4.

Outside of these limited adjustments, services remain continuously available, including evenings, weekends, and all other holidays.

During any period when live staff are not available, callers are provided with a brief automated message and are able to leave a voicemail, request a callback, or access alternative enrollment pathways. Voicemails received during live response hours are returned within one business day, and those received outside of live hours are returned within 24 hours or the next business day, whichever occurs first. This ensures that all individuals who reach out are promptly engaged and supported.

Because the operational model is fully remote, service continuity is maintained even during localized disruptions such as severe weather or facility closures. This distributed workforce model enhances reliability and ensures uninterrupted access for participants across Nebraska.

#### [Alignment with Nebraska Holiday Structure \(a–e\)](#)

National Jewish Health acknowledges Nebraska's defined holiday exception structure and will continue to collaborate closely with the state to ensure alignment with program expectations while maintaining

the integrity of the current service model. As demonstrated through our existing partnership, the Tobacco Free Nebraska Quitline maintains service availability across nearly all holidays, with only limited hours as described above. This approach supports consistent access for Nebraskans while remaining aligned with state expectations.

### Online Web Access to Coaching

In addition to telephone-based services, National Jewish Health will provide a comprehensive web-based cessation platform that is available 24 hours per day, seven (7) days per week. This platform allows participants to register for both telephone-based and digital services through the Internet and begin their quit journey at any time.

The digital platform includes evidence-based tools such as quit planning resources, educational content, progress tracking, and ongoing engagement features. Participants may engage independently through the web-based program or transition seamlessly between digital and live coaching services. This integrated, multi-channel approach ensures continuous access to support and enhances participant engagement outside of traditional call center interactions.

## D.3. QUITLINE PARTICIPANT MANAGEMENT

As the current provider for the Tobacco Free Nebraska Quitline, National Jewish Health delivers a structured, participant-centered registration process that serves as the foundation for effective tobacco cessation support. The existing registration model is designed to ensure accurate data collection, immediate engagement, appropriate service matching, and alignment with national standards and Nebraska program requirements. Participants can access registration through multiple established channels, including telephone, web, text, and referral pathways, ensuring Nebraskans can enter services in the way that is most convenient and accessible to them.

This process incorporates standardized screening, tailored resource identification, participant consent protocols, and strong data integrity practices. Together, these elements support high-quality service delivery, ongoing performance monitoring, and evaluation, consistent with the current program in Nebraska.

### D.3.I. REGISTRATION OVERVIEW AND MULTI-CHANNEL ACCESS

National Jewish Health provides a flexible, multi-channel registration process that allows participants to enroll via inbound phone calls, web-based platforms, text-based engagement, and referrals from healthcare providers or community partners. This approach ensures accessibility across diverse populations and reduces barriers to entry.

During registration, participants are greeted by trained customer care representatives or engage through secure digital systems that guide them through intake and enrollment. Regardless of entry point, all participants are registered within a centralized system, ensuring consistency in data collection, service eligibility determination, and program enrollment.

The registration process is designed to be efficient, participant-friendly, and responsive to individual readiness, allowing participants to move directly into services or schedule follow-up engagement based on their preferences.

#### **D.3.1.1. Standardized Screening Aligned with NAQC Minimal Data Set (MDS)**

Screening procedures implemented by National Jewish Health align with the North American Quitline Consortium Minimal Data Set (MDS), ensuring consistency with national best practices and enabling standardized evaluation across Quitline programs. During registration, key data elements are collected to assess tobacco use patterns, readiness to quit, demographic characteristics, and other factors that inform individualized service delivery.

This standardized approach supports accurate identification of participant needs, appropriate assignment to cessation protocols, and consistent reporting aligned with Nebraska's evaluation requirements. Screening protocols may be further refined in collaboration with Tobacco Free Nebraska to ensure alignment with state-specific priorities while maintaining adherence to national standards.

#### **D.3.1.2. Identification of Informational Services and Resources**

National Jewish Health ensures that all participants receive access to relevant, evidence-based information and resources tailored to their needs, preferences, and role in the cessation process. Educational content is integrated into the registration and early engagement process to ensure participants are informed and supported from the outset of their quit journey.

##### **D.3.1.2.a. Resources for Individuals Supporting Family and Friends**

The program recognizes that individuals who do not use tobacco may still play a critical role in supporting cessation efforts. As part of the registration process, individuals seeking to support family members, friends, or peers are provided with guidance on effective support strategies, including how to encourage quit attempts, reduce exposure to triggers, and connect others to Quitline services.

This approach expands the reach of the Quitline by equipping social networks with the knowledge and tools needed to reinforce cessation efforts beyond direct participant engagement.

##### **D.3.1.2.b. Resources for Participants Engaging in Cessation Services**

Participants who register for services receive tailored information on tobacco dependence, available treatment options, and the benefits of quitting. This includes education on behavioral counseling approaches, pharmacotherapy options such as nicotine replacement therapy, and strategies for managing cravings, withdrawal symptoms, and relapse.

Participants are also informed about the dangers of secondhand smoke and its impact on families and communities. Educational materials are designed to be accessible, easy to understand, and culturally appropriate, incorporating clear language and visual elements to support usability across diverse populations. In addition, participants may be connected to community-based cessation resources when appropriate, further strengthening support beyond the Quitline.

#### **D.3.1.3. Consent for Follow-Up and Evaluation**

As the current provider for the Tobacco Free Nebraska Quitline, National Jewish Health incorporates a structured consent process during registration to obtain participant permission for follow-up contact related to quit rate evaluation and program assessment. Participants are informed of the purpose of follow-up, the nature of the contact, and how their information will be used and protected in accordance with confidentiality and data security standards.

This process supports Nebraska's established evaluation approach, which includes follow-up services conducted by National Jewish Health's third-party evaluator, Westat. Through this partnership, the state is able to assess program effectiveness, measure quit outcomes and generate insights that inform continuous quality improvement and ongoing program refinement.

##### **D.3.1.3.a. Duplicate Registration Within 30 Days**

National Jewish Health maintains system controls to ensure accurate participant tracking and billing integrity. Participants who complete registration via phone, web, or text and re-submit registration within 30 calendar days are identified through unique participant matching protocols and are not treated as new billable registrations.

These controls rely on multiple data points, including participant identifiers and contact information, to prevent duplication, ensure compliance with Nebraska's requirements, and maintain accurate reporting.

##### **D.3.1.3.b. Registration and Re-Engagement**

As the current provider for the Tobacco Free Nebraska Quitline, National Jewish Health supports re-enrollment in alignment with Nebraska's requirements, allowing participants who re-submit registration after 90 calendar days to re-enter services as appropriate. This approach recognizes that tobacco cessation is often a cyclical process, with individuals making multiple quit attempts over time. We look forward to working with you to support Nebraska's needs.

In addition to participant-initiated re-enrollment, National Jewish Health utilizes an established reengagement process within the current program. The system proactively attempts to reengage participants who have completed at least 2 coaching calls approximately 45 days after they have stopped responding to appointment outreach, providing an additional opportunity to reconnect individuals to services and support continued quit attempts.

Together, these approaches ensure that participants can return to services when they are ready, while also supporting proactive outreach to sustain engagement. All interactions are consistently captured to support accurate reporting, evaluation, and program management in Nebraska.

### D.3.II. COUNSELING AND CONSULTATION

National Jewish Health delivers comprehensive, evidence-based counseling and consultation services designed to support tobacco users at all stages of readiness to quit while also strengthening the capacity of healthcare providers to address tobacco dependence effectively. The service model integrates low-barrier access, personalized care, proactive engagement, pharmacotherapy support, and coordination with healthcare systems and community resources to ensure a seamless and effective cessation experience.

#### D.3.II.a. Access to Services, Screening, Counseling, NRT, and Referrals

As the current provider for the Tobacco Free Nebraska Quitline, National Jewish Health has delivered a simple, no-cost point of access to cessation services over the past five years through a comprehensive, multi-channel model. This includes telephone-based coaching, web enrollment, text-based engagement, and referral pathways from healthcare providers and community partners—ensuring Nebraskans can access support at the moment they are ready, regardless of location, schedule, or preferred method of engagement.

Through the existing program, participants complete a structured screening and assessment process upon entry, evaluating tobacco use patterns, readiness to quit, prior quit attempts, and individual needs. This information is used to guide service recommendations and match participants to the most appropriate level of support.

Participants receive evidence-based counseling grounded in motivational interviewing and cognitive-behavioral strategies, tailored to their readiness and personal circumstances to support sustained behavior change. Eligible participants are provided with nicotine replacement therapy (NRT), including patch, gum, and lozenge, in alignment with Nebraska's program guidelines, along with education on proper use and adherence consistent with U.S. Public Health Service Clinical Practice Guidelines.

In addition to counseling and pharmacotherapy, participants receive educational materials that reinforce cessation strategies and increase awareness of the health impacts of tobacco use, including secondhand smoke exposure. When appropriate, participants are also connected to community-based resources, supporting a coordinated and comprehensive approach to tobacco cessation across Nebraska.

#### D.3.II.b. Services for Participants Ready to Quit

For participants who indicate readiness to quit, National Jewish Health provides a structured and proactive approach designed to support successful quit attempts and long-term cessation.

#### D.3.II.b.1. Personalized Quit Plan

As the current provider for the Tobacco Free Nebraska Quitline, National Jewish Health works with each participant to develop a personalized quit plan in partnership with a trained tobacco cessation health coach. This approach is already embedded within the Nebraska program and is tailored to each individual's tobacco use patterns, readiness, preferences, and personal circumstances.

A key component of this process is the P.L.A.N. framework:

- Pick a quit date
- Let friends and family know
- Anticipate triggers
- Nicotine Replacement Therapy (NRT) as appropriate

Coaches guide participants through each of these steps, helping them prepare for their quit attempt, build a support system, and develop strategies to manage cravings and high-risk situations.

This structured yet flexible approach ensures that each participant receives relevant, practical support that reflects their goals and environment, while reinforcing skills needed for long-term success.

#### D.3.II.b.2. Proactive Behavioral Counseling

Participants are enrolled in a comprehensive, proactive coaching program that includes scheduled follow-up calls initiated by Quitline staff. These sessions are designed to guide participants through the quit process, including preparation, quitting, early abstinence, and relapse prevention.

The standard evidence-based coaching model includes multiple proactive calls, with enhanced protocols available for populations requiring additional support, such as individuals with behavioral health conditions or pregnant participants. Coaching sessions focus on managing cravings and withdrawal, building coping strategies, reinforcing motivation, and supporting long-term behavior change.

#### D.3.II.b.3. Information on Health Plan Coverage

As the current provider for the Tobacco Free Nebraska Quitline, National Jewish Health supports participants in understanding potential health plan resources that may be available for tobacco dependence treatment. While coaches do not have access to or provide plan-specific coverage details, they encourage participants to connect directly with their health plans, including Medicaid, managed care organizations, or employer-sponsored coverage, to better understand their available benefits.

Coaches provide general education on the types of cessation supports that may be covered, such as counseling and pharmacotherapy, and help participants consider how these resources may complement Quitline services. This approach supports continuity of care while ensuring participants are connected to the most accurate and up-to-date information through their health plan providers.

#### [D.3.II.b.4. Referral to Community-Based Services](#)

When appropriate and desired, participants are referred to community-based cessation services and other supportive resources. These may include local programs, healthcare providers, behavioral health services, or other support systems that complement Quitline services.

This ensures that participants have access to a broader network of support and that cessation efforts are reinforced across multiple touchpoints.

#### [D.3.II.c. Technical Assistance and Consultation for Healthcare Providers](#)

National Jewish Health understands that health system partnerships are critical and has developed, and continues to grow, expertise in connecting health systems with the Quitline, delivering technical assistance, and providing continuing education credits for providers to support implementation of best practices in tobacco control. As examples of our expertise in working with health systems, National Jewish Health staff have participated in developing the NAQC technical guide and have published medical journal articles on developing eReferral systems.

National Jewish Health provides comprehensive, ongoing technical assistance and consultation to healthcare providers across Nebraska to strengthen the identification, treatment, and management of tobacco dependence within clinical settings. This support is designed to ensure that tobacco use is addressed consistently as a standard component of care and that providers are equipped with the knowledge, tools, and systems needed to effectively support patients in quitting.

The approach is grounded in evidence-based practices, including the U.S. Public Health Service Clinical Practice Guidelines for Treating Tobacco Use and Dependence, and is informed by extensive experience working with healthcare systems, behavioral health organizations, federally qualified health centers, hospitals, and other clinical partners. Technical assistance is delivered through a combination of individualized consultation, structured training, resource development, and ongoing collaboration to support sustainable integration of cessation services into clinical workflows.

#### D.3.II.c.1. Technical Assistance and Consultation Topics

As the current provider for the Tobacco Free Nebraska Quitline, National Jewish Health delivers technical assistance and consultation across a broad range of tobacco dependence treatment topics, anchored by the QuitLogix Education (QLE) library, an established program resource that enables physicians, nurses, pharmacists, and other healthcare professionals to complete accredited modules and earn Continuing Medical Education (CME), Continuing Nursing Education (CNE), and Continuing Pharmacy Education (CPE) credits. Content is structured to support both foundational knowledge and advanced skill development, allowing providers at all levels of experience to enhance their ability to deliver effective cessation support. These training courses are designed to be accessible, flexible, and directly applicable to clinical practice. The availability of CEU-accredited training supports ongoing professional development and incentivizes provider participation, contributing to sustained improvements in tobacco treatment across Nebraska.

This core offering is complemented by additional training videos and access to our general inquiry line for real-time support, ensuring healthcare providers receive current, practical, and actionable guidance to enhance their clinical practice and better support patient cessation efforts. National Jewish Health partners with the state to ensure resources remain relevant, accessible, and aligned with Nebraska's public health goals.

D.3.II.c.1.a. Together, these resources cover requested topics and extend beyond them, as outlined below:

##### *D.3.II.c.1.a.i. Up-to-Date Information on Nicotine Replacement Therapy (NRT)*

National Jewish Health provides education on current, evidence-based information on nicotine replacement therapy and other pharmacological cessation aids. This includes guidance on appropriate product selection, dosing strategies, combination therapy, contraindications, and patient education. Providers are supported in understanding how to tailor pharmacotherapy recommendations based on individual patient characteristics, including level of dependence, prior quit attempts, co-occurring conditions, and personal preferences.

This ensures that providers are equipped to confidently recommend and support the use of cessation medications as part of a comprehensive treatment approach.

##### *D.3.II.c.1.a.ii. High-Quality Referral Processes to the Quitline*

National Jewish Health provides education on effective referral practices. This includes sharing information on how to identify appropriate patients, introduce Quitline services in a way that builds motivation and trust, and incorporate referrals seamlessly into existing clinical workflows.

National Jewish Health supports providers in utilizing established referral pathways within Nebraska, including electronic-, fax-, and web-based referrals, and other methods aligned with partner needs. In collaboration with the state, we focus on strengthening referral processes to improve connection to services, increase participant follow-through, and ensure referrals are positioned as an extension of care. This ongoing partnership helps enhance the overall effectiveness of referral systems and supports broader engagement with Quitline services across Nebraska.

*D.3.II.c.1.a.iii. Implementation of In-Office Cessation Procedures*

National Jewish Health provides education on implementing systematic, in-office tobacco cessation procedures aligned with U.S. Public Health Service Clinical Practice Guidelines. This includes integration of brief intervention frameworks including the 5A's and Ask-Advise-Connect into routine care. This includes embedding tobacco use screening into standard intake processes, developing efficient workflows for brief interventions, and establishing consistent referral practices. Through this education, providers are encouraged to identify opportunities to incorporate cessation support into routine visits, including primary care, specialty care, and behavioral health settings.

*D.3.II.c.1.a.iv. Assistance with Complex Patient Case Management and Community Resources*

National Jewish Health provides education on managing patients with complex needs, including those with co-occurring behavioral health conditions, pregnant and postpartum women, American Indian communities, youth and young adults, as well as individuals with chronic disease, multiple failed quit attempts, or social and environmental barriers to cessation. This includes guidance on adapting cessation strategies to address mental health and substance use disorders, managing nicotine dependence in the context of chronic illness, and supporting patients who may require more intensive or sustained engagement.

Education also covers community-based cessation resources that complement Quitline services, ensuring a coordinated and comprehensive approach to care. This includes cessation benefits available to Nebraskans and how they can be integrated with Quitline services.

*D.3.II.c.1.a.v. Free Comprehensive Online Training with Continuing Education Units*

As mentioned above in [D.3.II.c.1](#), National Jewish Health offers free, comprehensive online training programs for healthcare providers, called QuitLogix Education, it includes opportunities to earn continuing education units (CEUs). These training courses are designed to be accessible, flexible, and directly applicable to clinical practice.

Training topics include brief tobacco 101, intervention techniques, motivational interviewing, pharmacotherapy, relapse prevention, and strategies for engaging diverse populations. Content is structured to support both foundational knowledge and advanced skill development, allowing providers at all levels of experience to enhance their ability to deliver effective cessation support.

The availability of CEU-accredited training supports ongoing professional development and incentivizes provider participation, contributing to sustained improvements in tobacco treatment capacity across Nebraska.

*D.3.II.c.1.a.vi. Best Practices for Supporting Patients in Quitting Tobacco*

See [this section](#) on online training for healthcare professionals and best practices for supporting cessation efforts.

*D.3.II.c.1.a.vii. Vaping and E-Cigarettes*

National Jewish Health provides accredited education focused on e-cigarettes and vaping, offering an overview of the technical features and chemical composition of electronic cigarettes and vaping devices. The known health impacts associated with vaping are described to help guide providers in discussing risks with patients who use electronic cigarettes. This education also provides an introduction to conducting a history of electronic cigarette use, offers a framework for screening and preventing vaping, and expands an evidence-based tobacco treatment approach to address electronic cigarette use.

#### **D.3.II.d. Participant Information Sharing and Continuity of Care**

National Jewish Health supports continuity of care by providing healthcare providers with participant information through secure, bidirectional communication systems. When participants are referred through electronic, fax or provider web referral pathways, providers receive updates on key milestones, including contact attempts, enrollment status, and engagement in services.

This closed-loop communication ensures that providers remain informed about their patients' progress and are able to reinforce cessation efforts during clinical encounters. Information sharing is conducted in accordance with all applicable privacy and data security requirements, ensuring that participant confidentiality is maintained.

By integrating Quitline services with healthcare systems and maintaining transparent communication, National Jewish Health ensures a seamless delivery of services that supports both participant outcomes and provider engagement.

### D.3.III. Quitline Evaluation and Quality Assurance

#### D.3.III.a. Collaboration with TFN and Third Parties for Evaluation

As the current provider for the Tobacco Free Nebraska Quitline, National Jewish Health utilizes a comprehensive, data-driven approach to evaluation and quality assurance, in close collaboration with the Nebraska DHHS and its third-party evaluator. Through this established partnership, the program is continuously assessed to ensure quality, effectiveness, and meaningful impact for Nebraskans.

Evaluation activities are supported by a robust data infrastructure that captures detailed information across all stages of participant engagement, including registration, service utilization, coaching interactions, pharmacotherapy distribution, and outcomes. Data collection aligns with the North American Quitline Consortium (NAQC) Minimal Data Set (MDS), ensuring consistency with national standards and enabling benchmarking against other Quitline programs.

Through this approach, the Nebraska program has demonstrated strong outcomes. Most recently, evaluation results showed a 42% quit rate among participants who completed five or more coaching calls, along with a 92% participant satisfaction rate—reflecting both the effectiveness of services and the positive experience of those engaged in the program.

National Jewish Health continues to provide timely, accurate, and validated data to support both routine and ad hoc evaluation efforts, including reporting on key performance indicators such as service reach, engagement, quit attempts, and outcomes. Data validation processes remain embedded within reporting workflows to ensure accuracy, completeness, and consistency across all deliverables.

In addition to quantitative reporting, National Jewish Health maintains a structured quality assurance (QA) program that directly supports evaluation of service quality and effectiveness. This includes routine monitoring and review of participant interactions across service modalities, including inbound and outbound calls as well as digital communications. QA reviews assess adherence to evidence-based counseling protocols, including motivational interviewing techniques, behavioral coaching strategies, and appropriate use of pharmacotherapy guidance.

Findings from QA reviews are used to inform individualized staff coaching, targeted training enhancements, and broader program improvements. Performance trends are analyzed at both the individual and program levels to identify opportunities for strengthening service delivery, improving participant engagement, and enhancing outcomes.

National Jewish Health employs a continuous quality improvement (CQI) approach that integrates evaluation findings into ongoing program operations. This includes regular internal review of performance data, identification of areas for improvement, implementation of corrective actions, and reassessment to measure impact. National Jewish Health will collaborate with TFN and third-

party evaluators to review findings, align on priorities, and implement program enhancements as needed.

The organization will actively participate in evaluation planning and review processes, including regular meetings with TFN and evaluation partners, response to data requests, and provision of supporting documentation related to program design and implementation. When appropriate and permitted, de-identified data and call recordings may be made available through secure processes to support deeper evaluation of participant experience and service quality.

#### **D.3.III.b. Client Database Management and Secure Data Transfer**

National Jewish Health maintains a secure, centralized client database designed to support comprehensive data collection, efficient reporting, and seamless collaboration with Tobacco Free Nebraska (TFN) and designated evaluation partners. The database infrastructure is built to meet and exceed program requirements for confidentiality, data integrity, and accessibility while ensuring that all data elements required by TFN are captured, maintained, and made available for evaluation purposes.

All participant data are stored within the QuitPro<sup>®</sup> customer relationship management system, which serves as the system of record for all Quitline interactions, including registration, service utilization, coaching engagement, pharmacotherapy distribution, referral activity, and follow-up outcomes. The system is configured to align with TFN-defined measures, including those based on the NAQC MDS, and can be customized to incorporate Nebraska-specific data elements, reporting fields, and performance indicators.

The database is designed to support efficient extraction, transformation, and transfer of data for evaluation purposes. National Jewish Health employs standardized data management and validation processes to ensure that all data shared with TFN and third-party evaluators are accurate, complete, and consistent. This includes routine data quality checks, validation protocols, and reconciliation processes prior to submission.

To support evaluation activities, National Jewish Health will provide TFN and its evaluation partners with secure access to data through established transfer methods, including secure file transfer protocol (SFTP) or other encrypted data exchange mechanisms approved by TFN. Data can be provided in a variety of formats to meet evaluation needs, including raw datasets, structured extracts, and aggregated reports. The system is capable of supporting both routine scheduled data transfers and ad hoc data requests.

All data management and transfer processes adhere to strict confidentiality and security standards. Participant information is protected through administrative, technical, and physical safeguards, including role-based access controls, encryption of data at rest and in transit, and secure authentication protocols. Data shared for evaluation purposes can be de-identified or limited to the

minimum necessary information, as appropriate, to protect participant privacy while supporting meaningful analysis.

In addition, National Jewish Health maintains documentation and code books that describe database structure, variable definitions, and data collection methodologies. These resources are made available to TFN and evaluation partners to facilitate accurate interpretation and use of the data.

The database is also designed to support continuity and transition, ensuring that data can be efficiently transferred to TFN or its designee at the conclusion of the contract period. National Jewish Health will collaborate with TFN to develop and implement a structured data transition plan that preserves data integrity, ensures completeness, and minimizes disruption to ongoing evaluation efforts.

Through this secure, flexible, and evaluation-ready database infrastructure, National Jewish Health ensures that TFN has timely access to high-quality data needed to assess program performance, measure outcomes, and guide continuous improvement efforts.

#### **D.3.III.c. Tobacco Use Verification and Client Satisfaction Measurement**

As the current provider for the Tobacco Free Nebraska Quitline, National Jewish Health, in partnership with its third-party evaluator, Westat, conducted evaluation activities for the state over the past year using a structured, evidence-based methodology aligned with national standards. This approach supports accurate verification of tobacco use status, meaningful measurement of participant satisfaction, and ongoing program improvement.

Follow-up evaluation is conducted at seven months post-enrollment with a representative, randomly selected sample of participants who received services and consented to follow-up, consistent with NAQC MDS. Standardized survey instruments are used to capture key outcome measures, including self-reported tobacco use status, duration of abstinence, quit attempts, use of cessation medications, and level of engagement with Quitline services. To support strong response rates and representative participation, outreach is conducted using multiple modalities, primarily telephone and web-based surveys—with repeated attempts scheduled across different days and times.

In parallel, participant satisfaction is assessed through targeted survey questions that evaluate access to services, timeliness, quality of coaching interactions, and overall program experience. Together, outcome and satisfaction data provide a comprehensive view of program performance.

As reflected in the most recent evaluation, the Nebraska program achieved a 42% quit rate among participants who completed five or more coaching calls, along with a 92% participant satisfaction rate. Additional insights identified through the evaluation have been used to inform targeted enhancements to service delivery, engagement strategies, and participant support.

National Jewish Health and Westat partner closely with the Nebraska DHHS to review evaluation findings, refine methodologies, and ensure alignment with state priorities. This includes ongoing

collaboration to adjust survey instruments, sampling approaches, outreach strategies, and reporting formats as needed. This flexible, responsive approach ensures that evaluation activities continue to meet Nebraska's needs while maintaining methodological rigor and comparability to national benchmarks.

*Note: All evaluation activities are conducted in compliance with applicable privacy and confidentiality standards, with participant consent obtained during registration and all data securely managed. Through this collaborative and adaptable framework, National Jewish Health ensures Nebraska receives reliable, actionable insights to support continuous quality improvement and sustained program success.*

#### **D.3.III.a. Definition of "Quit" and Follow-Up Methodology**

National Jewish Health defines "quit" in alignment with established Quitline evaluation standards and will operationalize this definition consistent with Tobacco Free Nebraska (TFN) requirements. For purposes of program evaluation, a participant is considered to have achieved cessation if, at the time of follow-up, the individual self-reports no use of tobacco within the past 30 days.

Verification of tobacco use status is conducted through follow-up evaluation at seven (7) months from the participant's quit date, consistent with the methodology referenced in Exhibit 1 – Reporting Quit Rates. During this follow-up period, participants who meet evaluation criteria and have consented to follow-up contact are surveyed to determine tobacco use status, including whether any tobacco products have been used within the previous 30 days. Participants who report no tobacco use during this period are classified as having achieved a successful quit outcome. We are able to calculate a response rate (contact rate), responder quit rate and intent-to-treat quit rate. Our evaluation methodology and calculation of quit rates adheres to standards set by NAQC,

National Jewish Health implements structured follow-up protocols to ensure accurate and representative data collection. Follow-up surveys are conducted with a random sample of eligible participants using standardized survey instruments and methodologies. Multiple outreach attempts are made across varied times and modalities to maximize response rates and ensure that findings reflect the experiences of diverse participant populations.

All data collected through follow-up evaluation are subject to validation and quality control processes to ensure accuracy and completeness. Results are analyzed and reported in accordance with TFN requirements, including overall program quit rates, quit rates by program type and program utilization (i.e. number of completed coaching calls), and quit rates by demographics. National Jewish Health uses program evaluation data across all states to inform continuous quality improvement efforts, including refinement of coaching protocols, engagement strategies, and participant support services. We work closely with our state clients to use program evaluation data to understand the effectiveness and impact of their state's program.

#### **D.3.III.b. Evaluation Sample Size and Methodology**

National Jewish Health will ensure that the number of completed follow-up evaluations meets or exceeds the recommended sample size of  $n = 400$ , consistent with the guidance outlined in the 2009 “Measuring Quit Rates” issue paper published by the NAQC. This standard is widely recognized as necessary to produce statistically reliable and representative estimates of quit rates within Quitline programs.

To achieve this threshold, National Jewish Health implements a structured sampling and outreach methodology designed to maximize response rates and ensure adequate participation across eligible populations. A random sample of participants who meet established evaluation criteria—such as receipt of services and consent for follow-up—is selected for inclusion in the seven (7) month follow-up evaluation. Sampling procedures are designed to ensure representativeness across key demographic and programmatic variables, supporting valid and generalizable findings.

National Jewish Health applies proven outreach strategies to achieve the required number of completed evaluations. These include multiple contact attempts across varied times of day and days of the week, use of multiple contact modalities such as telephone and web-based surveys, and prioritization of participant-preferred communication methods when available. Outreach protocols are designed to reduce nonresponse bias and increase the likelihood of successful participant contact.

Progress toward the target sample size is monitored continuously throughout the evaluation period. If response rates fall below projected thresholds, National Jewish Health implements adaptive strategies, such as expanding the outreach window, increasing the number of contact attempts, or adjusting sampling volumes to ensure that the required number of completed surveys is achieved. This proactive approach ensures that evaluation requirements are consistently met without compromising data quality.

All evaluation data are subject to validation and quality control processes prior to analysis and reporting. National Jewish Health will collaborate with Tobacco Free Nebraska (TFN) and any designated evaluation partners to confirm sampling methodologies, response rate targets, and reporting expectations, ensuring full alignment with state requirements.

Through this structured and data-driven approach, National Jewish Health ensures that evaluation sample size requirements are met consistently, supporting reliable quit rate estimation and meaningful program evaluation.

#### **D.3.III.d. Collaboration with TFN to Facilitate Effective Evaluation**

National Jewish Health will facilitate effective evaluation of the Tobacco Free Nebraska Quitline through a structured, collaborative partnership with Tobacco Free Nebraska (TFN) that emphasizes transparency, alignment, and shared ownership of program performance. This partnership is

designed to ensure that evaluation activities are integrated into program operations and directly inform strategic decision-making.

At program initiation, National Jewish Health will work with TFN to align on evaluation priorities, reporting expectations, and performance indicators. Ongoing collaboration will be supported through regular performance and evaluation meetings, during which data trends, service utilization, participant outcomes, and operational insights are reviewed jointly. These discussions are intended to move beyond reporting and support interpretation of findings, identification of opportunities for improvement, and alignment on program refinements.

National Jewish Health will also provide responsive support for ad hoc data and analysis requests, enabling TFN to explore specific questions, populations, or program components as needed. This includes the ability to provide targeted data extracts, analytic summaries, and contextual insights that support policy development, program planning, and stakeholder engagement.

Through this ongoing, collaborative approach, evaluation becomes a continuous and actionable process that supports program effectiveness and responsiveness to Nebraska's needs.

#### **D.3.III.e. Opportunities for TFN to Engage in Quitline-Related Research**

National Jewish Health supports participation in Quitline-related special projects and will provide opportunities for TFN to engage in research initiatives in collaboration with other states and national partners. As a multi-state Quitline provider with established partnerships across public health, academic, and clinical organizations, National Jewish Health is well-positioned to facilitate cross-state learning and research participation.

The organization has a history of contributing to research and innovation in tobacco cessation, including work related to behavioral health populations, youth engagement, and culturally tailored interventions. National Jewish Health will collaborate with TFN to identify opportunities for participation in multi-state studies, pilot programs, and evaluation initiatives that advance the evidence base for tobacco cessation.

TFN may participate in activities such as shared research protocols, data analyses across multiple states, evaluation of emerging service models, and dissemination of findings through reports, presentations, or publications. All research activities will be conducted in accordance with applicable data governance, privacy, and approval requirements, and TFN will be engaged in the planning, design, and interpretation of research efforts.

#### **D.3.III.f. Comprehensive Quality Assurance Plan**

National Jewish Health maintains a comprehensive quality assurance (QA) program designed to ensure high-quality, consistent, and evidence-based service delivery across all aspects of Quitline operations. The QA plan is integrated into daily operations and aligned with continuous quality

improvement (CQI) principles, ensuring that performance is monitored, evaluated, and enhanced on an ongoing basis.

The QA program encompasses both operational and clinical components, including call center performance, participant experience, adherence to counseling protocols, and data quality. Quality assurance activities are conducted across all service modalities, including inbound and outbound calls, digital interactions, and referral processing.

Key elements of the QA program include routine monitoring and evaluation of participant interactions, standardized scoring of call quality, and assessment of adherence to evidence-based counseling techniques such as motivational interviewing and cognitive-behavioral strategies. QA reviews are conducted by trained supervisors and quality specialists and are used to provide individualized feedback to staff, reinforce best practices, and identify opportunities for improvement.

Performance data are analyzed at both the individual and program levels to identify trends, gaps, and areas for enhancement. Findings from QA activities are incorporated into staff training, coaching, and operational adjustments, ensuring that quality improvement efforts are targeted and effective.

#### [D.3.III.f.i. Procedures, Standards, and Measures to Ensure Quality](#)

The quality assurance plan implemented by National Jewish Health includes clearly defined procedures, standards, and performance measures to ensure consistent and high-quality service delivery.

Procedures include systematic monitoring of calls and interactions, calibration sessions among QA staff to ensure scoring consistency, and structured feedback processes for staff development. These procedures ensure that quality is assessed consistently and that staff receive timely and actionable feedback.

Standards are based on evidence-based counseling practices, operational performance expectations, and program requirements. These include adherence to motivational interviewing principles, accurate delivery of cessation information, appropriate use of pharmacotherapy guidance, and maintenance of a respectful, participant-centered communication style.

Measures used to evaluate quality include both process and outcome indicators. Process measures may include call handling metrics such as speed of answer, call duration, and adherence to call flow protocols, while outcome measures include participant engagement, satisfaction, and quit outcomes. Data accuracy and completeness are also monitored to ensure integrity in reporting and evaluation.

In addition, National Jewish Health incorporates regular calibration and continuous improvement cycles into the QA plan, ensuring that standards remain consistent across staff and that the program evolves in response to performance findings and emerging best practices.

#### D.3.III.f.ii. Performance Reporting, Interpretation, and Use of Quality Assurance Data

National Jewish Health employs a structured, data-driven approach to QA reporting that ensures performance across all operational and clinical areas is consistently monitored, clearly communicated, and actively used to maintain and improve service quality. QA performance is reported through a combination of routine dashboards, standardized reports, and targeted analyses that provide visibility into key operational, clinical, and participant experience metrics.

QA reporting includes both process and outcome measures. Operational performance metrics include indicators such as live answer rate, speed of answer, abandonment rates, call handling times, and timeliness of follow-up. Clinical quality measures assess adherence to evidence-based counseling protocols, including motivational interviewing techniques, appropriate use of pharmacotherapy guidance, and participant-centered communication. Participant experience is captured through satisfaction survey results and engagement metrics, while outcome measures include quit attempts and quit rates derived from follow-up evaluation.

These data are compiled and shared with Tobacco Free Nebraska (TFN) on a regular basis through monthly and quarterly reporting, as well as through ad hoc reports as needed. Reports are designed to be clear, actionable, and aligned with TFN priorities, including the ability to disaggregate data by population, service type, and referral source to support deeper analysis.

Interpretation of QA data is conducted collaboratively with TFN and is supported by contextual analysis that goes beyond raw metrics. National Jewish Health provides narrative summaries that highlight trends over time, identify areas of strong performance, and flag potential gaps or risks. This includes analysis of performance against established benchmarks, identification of root causes for any performance variances, and recommendations for corrective or enhancement actions.

QA data are integrated into a continuous quality improvement (CQI) framework that ensures findings are translated into action. When opportunities for improvement are identified, National Jewish Health implements targeted interventions such as staff retraining, coaching reinforcement, workflow adjustments, or system enhancements. These interventions are tracked and reassessed over time to evaluate their effectiveness and ensure sustained improvement.

In addition to program-level analysis, QA data are used at the staff level to support individualized coaching and professional development. Supervisors use QA findings to provide structured feedback, reinforce best practices, and support skill development among customer care representatives and tobacco cessation health coaches.

This closed-loop approach—data collection, reporting, interpretation, action, and reassessment—ensures that QA activities are not only used to maintain high standards of service delivery but also to drive continuous improvement across all aspects of the program.

#### D.3.III.f.iii. Submission of Quality Assurance Plan

National Jewish Health will develop and submit a comprehensive Quality Assurance Plan to Tobacco Free Nebraska (TFN) for review and approval within 60 days of the contract start date.

The Quality Assurance Plan will outline the full QA framework, including performance measures, monitoring procedures, scoring methodologies, reporting structures, and continuous quality improvement processes. The plan will define roles and responsibilities for QA activities, establish performance benchmarks, and describe the processes used to ensure consistency, accuracy, and accountability across all service modalities.

The plan will also include detailed descriptions of call monitoring protocols, calibration processes to ensure scoring consistency, staff feedback and coaching mechanisms, data validation procedures, and integration of QA findings into training and operational improvements. In addition, the plan will describe how QA activities align with evaluation efforts and support TFN's broader program goals.

National Jewish Health will collaborate with TFN during the development and review of the QA plan to ensure alignment with state-specific expectations and priorities. Any feedback provided by TFN will be incorporated into the final plan, and updates will be made as needed throughout the contract period to reflect evolving best practices and program needs.

#### D.3.III.g. Database Management and Reporting Accuracy

National Jewish Health maintains a centralized, secure database system designed to ensure the accuracy, consistency, and integrity of all reporting associated with Quitline operations. The database serves as the system of record for participant registration, service utilization, coaching interactions, pharmacotherapy distribution, referral activity, and follow-up outcomes.

To ensure reporting accuracy, National Jewish Health employs structured data validation and quality control processes at multiple points within the data lifecycle. These include real-time data entry checks, standardized data definitions, automated system validations, and routine audits of data completeness and consistency. Prior to submission of reports to Tobacco Free Nebraska (TFN), data undergo reconciliation and verification processes to confirm alignment across systems and reporting outputs.

The database is configured to align with program requirements, including measures informed by the North American Quitline Consortium Minimal Data Set (MDS), and supports both standard and customized reporting. This ensures that all reported data are accurate, reliable, and suitable for performance monitoring, evaluation, and decision-making.

#### D.3.III.h. Internal Complaint Resolution and HIPAA Compliance

National Jewish Health maintains a formalized process for receiving, documenting, and resolving complaints related to Quitline services. This process is designed to ensure timely, respectful, and

confidential handling of all participant and stakeholder concerns while maintaining full compliance with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable privacy regulations.

Complaints may be received through multiple channels, including phone, email, web-based submissions, or through TFN. All complaints are logged within a centralized tracking system and categorized based on type, severity, and required level of response. Each complaint is reviewed by designated supervisory or quality assurance staff and assigned for investigation and resolution.

The complaint resolution process includes documentation of the issue, review of relevant participant interactions (including call recordings when applicable), identification of root causes, and implementation of appropriate corrective actions. Responses are provided in a timely and professional manner, and participants are informed of resolution outcomes when appropriate.

Throughout this process, participant privacy is strictly protected. Access to complaint information is limited to authorized personnel, and all data are handled in accordance with HIPAA requirements, including secure storage, controlled access, and protection of personally identifiable information.

#### **D.3.III.i. Notification of Complaints to TFN**

National Jewish Health will notify Tobacco Free Nebraska (TFN) of complaints related to Quitline services within five (5) business days, in accordance with program requirements. Notifications will include a summary of the complaint, relevant context, actions taken to investigate the issue, and any corrective measures implemented.

For complaints of a more serious or urgent nature, National Jewish Health will provide more immediate notification and will work collaboratively with TFN to determine appropriate response and resolution strategies. Ongoing communication will be maintained as needed to ensure transparency and alignment.

This structured notification process ensures that TFN remains informed of participant concerns and that issues are addressed in a timely and coordinated manner.

#### **Annual Participant Success Story**

National Jewish Health will develop and provide at least one (1) narrative success story each year featuring a Tobacco Free Nebraska Quitline participant who has successfully ceased using tobacco products. These stories are designed to highlight the participant's journey, illustrate the effectiveness of Quitline services, and demonstrate the positive impact of cessation on the individual's health and quality of life.

Each success story will include a compelling narrative that reflects the participant's experience, including their motivation to quit, challenges encountered, engagement with Quitline services such as counseling and coaching, and outcomes achieved. Stories will be developed in a format suitable

for public distribution and may be used by the Nebraska DHHS for outreach, education, and program promotion.

National Jewish Health will obtain informed consent from participants prior to sharing any personal information or story details. Consent processes will ensure that participants understand how their story will be used and that their privacy preferences are respected. All materials will be reviewed to ensure compliance with privacy requirements and alignment with TFN and DHHS communication standards.

#### **D.3.III.j. Scientific Panel/Advisory Board Oversight**

National Jewish Health maintains current, science-based, and high-quality Quitline services through ongoing clinical and scientific oversight. Program design, protocols, and service delivery are informed by established evidence-based guidelines, including the U.S. Public Health Service Clinical Practice Guidelines for Treating Tobacco Use and Dependence, and are continuously updated to reflect emerging research, evolving tobacco product landscapes, and best practices in behavioral health and cessation treatment.

Clinical oversight is supported through internal leadership, including a medical director and clinical director, as well as engagement with national experts and professional networks such as the North American Quitline Consortium and organizations focused on tobacco treatment and behavioral health, such as The University of Colorado Anschutz Medical Center, The University of Texas MD Anderson Cancer Center, amongst other experts in the field. These connections ensure that National Jewish Health remains aligned with current research and innovations in cessation science.

#### **D.3.III.k. Quitline Website Maintenance and Modernization**

As the current provider for the Tobacco Free Nebraska Quitline, National Jewish Health has worked in close partnership with the Nebraska DHHS over the past two years to redesign and enhance the Quitline's digital experience. Throughout 2024 and 2025, this collaboration resulted in the successful rollout of an updated QuitLogix web program and a refreshed website that better meets the needs of Nebraskans and aligns with evolving best practices in digital health engagement.

These efforts included modernizing the website design to ensure a user-friendly, accessible, and mobile-responsive experience, as well as improving navigation and content clarity to support individuals at all levels of digital literacy. The updated platform also strengthened integration with Quitline services, allowing for streamlined online registration, easier access to resources, and a more seamless connection between digital and coaching support.

Content has been thoughtfully updated in partnership with DHHS to reflect Nebraska-specific messaging, current cessation guidance, program offerings, and emerging topics such as e-cigarettes and nicotine pouches. Ongoing website management includes routine content updates, system maintenance, and performance monitoring to ensure the platform remains current and effective.

National Jewish Health will continue to partner with Nebraska to refine and enhance the website over time, incorporating feedback, aligning with state priorities, and ensuring the digital experience remains accessible, engaging, and responsive to the needs of Nebraskans.

#### **D.3.III.I. Quitline Application (App) Maintenance and Modernization**

As the current provider for the Tobacco Free Nebraska Quitline, National Jewish Health currently offers mobile app support through the *My Life My Quit™* platform, which is available to youth participants in Nebraska. In addition, National Jewish Health is under way in development of a QuitLogix mobile application designed to expand digital engagement for adult participants (18+). At this time, Nebraska has not elected to implement the [QuitLogix app](#) within the state.

The QuitLogix app (see example in the Appendix) is designed to complement existing telephone and web-based services by providing participants with an additional, flexible way to engage in cessation support. The platform includes features such as quit planning tools, progress tracking, reminders, motivational messaging, and interactive resources that support behavior change between coaching sessions.

National Jewish Health maintains and enhances its mobile applications through routine updates to ensure compatibility with evolving operating systems, resolution of technical issues, and overall performance optimization. Content is regularly reviewed and updated to reflect current cessation guidance and participant needs.

Should Nebraska choose to explore expansion of mobile app offerings in the future, National Jewish Health would partner with the state to support implementation in alignment with program priorities and participant needs.

#### **D.3.III.m. Medical Director Role and Clinical Oversight**

National Jewish Health maintains a medical director who provides clinical leadership and oversight across Quitline operations. The medical director works closely with Quitline staff, including coaches and customer care representatives, as well as with healthcare professionals and partners, to address complex clinical issues and ensure adherence to evidence-based practices.

The medical director supports the development and review of clinical protocols, including guidance related to nicotine replacement therapy, pharmacological treatments, and management of participants with co-occurring conditions such as behavioral health disorders or chronic disease. The role also includes consultation on complex cases, providing expertise on treatment strategies and ensuring that participants receive appropriate and effective care.

In addition, the medical director contributes to staff training and quality assurance efforts, helping to ensure that clinical guidance is accurately and consistently applied across all participant interactions. The medical director also engages with external stakeholders, including healthcare providers and TFN, as needed to support coordination of care and address clinical questions.

Through this leadership and collaboration, National Jewish Health ensures that Quitline services are clinically sound, responsive to participant needs, and aligned with current standards of care.

#### D.4. QUITLINE MANAGEMENT AND STAFFING

##### D.4.a. Identification of Participants Eligible for Alternative Resources

National Jewish Health maintains established processes to identify participants who may be eligible for cessation services through alternative resources, including health plans, employer-sponsored programs, federal programs, or other designated services. This identification occurs during the registration and intake process, where participants are screened for insurance coverage, veteran status, and other eligibility indicators that may affect service pathways.

The system is configured to flag participants who may qualify for alternative services and prompt customer care representatives to provide appropriate guidance. This includes informing participants of available benefits, explaining service options, and ensuring that individuals are connected to the most appropriate and comprehensive support available to them.

At the same time, National Jewish Health maintains a participant-centered approach that prioritizes access and engagement. If participants are eligible for alternative services but prefer to receive Quitline services, the program will ensure that participants are not denied access to support. This balanced approach ensures compliance with program requirements while minimizing barriers to care and maintaining a seamless participant experience.

Data related to eligibility identification and referral pathways are captured within the system to support reporting, evaluation, and coordination with Tobacco Free Nebraska (TFN).

##### D.4.b. Warm Transfer and Coordination of Services to TFN

National Jewish Health can manage and facilitate warm transfers for participants who are identified as eligible for alternative cessation services as outlined in the cost proposal. Warm transfer capabilities allow customer care representatives to directly connect participants to the appropriate program or resource in real time, ensuring a seamless transition and minimizing the risk of participant drop-off.

The telephony infrastructure supports efficient routing and transfer protocols, enabling staff to remain engaged with the participant until a successful connection is made. When a warm transfer is not feasible due to participant preference or system limitations, National Jewish Health ensures that participants are provided with clear instructions, contact information, and follow-up support to complete the connection.

National Jewish Health will support participants who are transferred to other eligible Quitline services, noting there is an added cost for warm transfer for services received through those alternative programs. Internal tracking mechanisms are used to document transfers and ensure accurate attribution of service utilization and billing.

#### **D.4.c. Account Management and Clinical Oversight**

As the current provider for the Tobacco Free Nebraska Quitline, National Jewish Health maintains a strong, established account management structure to support the state. Katie Carradine serves as the dedicated account manager and primary point of contact for all communications with the Nebraska DHHS. In this role, she is responsible for overall contract management, coordination of deliverables, performance monitoring, issue resolution, and ongoing communication. Katie facilitates regular meetings with the state, including performance reviews, operational updates, and strategic planning discussions, ensuring consistent alignment and a responsive partnership.

Clinical oversight for the Nebraska program is led by Maggie Britton, Clinical Director, who provides guidance on training, quality assurance, and adherence to evidence-based counseling practices. She works closely with the program to ensure services are delivered consistently and in alignment with national standards, while also offering clinical consultation and support as needed.

This established leadership structure reflects the current partnership in Nebraska and ensures that both operational and clinical components of the Quitline are effectively managed, supported, and continuously strengthened.

#### **D.4.d. Staffing Plan to Support 24/7 Live Response**

National Jewish Health maintains a comprehensive, data-driven staffing model designed to support live call response 24 hours per day, seven (7) days per week with minor noted exceptions, delivered by trained coaches. This model is built on workforce forecasting, real-time monitoring, and flexible staffing structures to ensure consistent coverage, high service levels, and responsiveness to participant demand.

Staffing plans are developed using historical call volume trends, seasonal patterns, time-of-day demand, and anticipated fluctuations associated with media campaigns or other external drivers. Workforce management tools, including forecasting and scheduling systems, are used to align staffing levels with projected demand and ensure that sufficient coverage is maintained across all hours of operation.

The staffing model incorporates cross-trained personnel who are able to support multiple service modalities, including inbound calls, outbound coaching, and digital engagement. This flexibility allows National Jewish Health to dynamically adjust staffing in response to real-time demand, ensuring that participants receive timely access to services.

#### D.4.d.i. Minimum Qualifications for Quitline Coaches and Medical Director

All Quitline coaches and the medical director meet or exceed the minimum qualifications outlined in [Section VI. A.1.i. Summary of Bidder's Proposed Personnel/Management Approach](#). Coaches are trained in evidence-based counseling techniques, including motivational interviewing and cognitive-behavioral strategies, and are equipped to support diverse participant populations and complex cessation needs.

#### D.4.e. Supervisor-to-Staff Ratio and Oversight

National Jewish Health maintains an appropriate supervisor-to-staff ratio to ensure effective oversight, coaching, and quality assurance during live response operations. The program adheres to a supervisor-to-staff ratio within the recommended range of 8:1 to 12:1, allowing supervisors to provide meaningful support, monitor performance, and ensure adherence to service standards.

Supervisors are responsible for real-time monitoring of call activity, review of performance metrics, and ongoing staff coaching. This includes providing feedback based on quality assurance evaluations, supporting skill development, and addressing performance concerns promptly.

The staffing and supervision model is designed to remain flexible and responsive to participant demand. Supervisor coverage is aligned with staffing levels and adjusted as needed based on call volume, service complexity, and operational needs. Performance data are used to inform staffing and supervision decisions, ensuring that both participant experience and staff support remain strong across all shifts.

#### D.4.f. Orientation and Ongoing Training

National Jewish Health provides comprehensive orientation and ongoing training for all Quitline staff to ensure high-quality, consistent, and culturally responsive service delivery. Initial training includes instruction on tobacco dependence, evidence-based counseling techniques, program protocols, and use of system tools. Staff are also trained in motivational interviewing, participant-centered communication, and strategies for supporting behavior change.

Ongoing training and refresher sessions are conducted regularly to reinforce skills, introduce updated clinical guidance, and address emerging topics in tobacco cessation. Training is informed by quality assurance findings, performance trends, and evolving best practices, ensuring that staff remain current and effective in their roles.

#### D.4.f.i. Competencies for interaction

Training programs include specific competencies related to priority populations, including pregnant women, individuals with mental health or substance use disorders, and culturally responsive engagement with Native American, African American, and Hispanic/Latino

participants. These components ensure that staff are equipped to provide respectful, relevant, and effective support to diverse populations.

Training is delivered through a combination of formats, including live sessions, virtual modules, coaching feedback, and continuing education opportunities, supporting both initial onboarding and ongoing professional development.

#### **D.4.g. Supervision and Infrastructure for Home-Based Workforce**

National Jewish Health operates a fully remote workforce model that enables consistent, high-quality service delivery without reliance on a physical call center. This model supports flexibility, scalability, and continuity of operations while maintaining strong oversight and performance management.

Home-based staff are supervised and supported through a combination of real-time monitoring tools, communication platforms, and structured management processes. Supervisors have access to live dashboards that display call activity, queue status, and staff performance, allowing for immediate intervention and support as needed. Communication tools, including secure messaging, video conferencing, and team collaboration platforms, facilitate ongoing interaction between staff and supervisors.

Training and coaching for home-based staff are conducted through virtual platforms, including live training sessions, recorded modules, and one-on-one coaching meetings. Quality assurance processes, including call monitoring and performance evaluation, are applied consistently across all staff regardless of location.

##### **D.4.g.i. Physical Call Center**

While a physical call center is not required for this program, National Jewish Health maintains the capability to support secure and compliant operations in any setting. All staff are equipped with secure systems, including encrypted connections, role-based access controls, and HIPAA-compliant technology to protect participant information.

##### **D.4.g.ii. TTY/TDD Line**

In addition, National Jewish Health maintains TTY/TDD capabilities to ensure accessibility for participants who are deaf or hard of hearing. These services are integrated into the telephony system and supported by trained staff, ensuring equitable access to Quitline services for all participants.

As a hospital, research institution, and contractor for state agencies, National Jewish Health maintains the highest levels of security and privacy to guard protected health information, and we are committed to complying with HIPAA regulations.

#### **D.4.h. Financial Management and Communication with TFN**

National Jewish Health will work in close collaboration with Tobacco Free Nebraska (TFN) to ensure transparent, proactive, and responsible management of funds available under this contract. Financial oversight is integrated into routine program operations and supported through regular communication, data monitoring, and forecasting.

National Jewish Health will establish a cadence of regular financial and operational check-ins with TFN to review program utilization, expenditures, and alignment with available funding. These discussions will include analysis of call volume trends, enrollment patterns, service utilization rates, and cost drivers such as coaching intensity, pharmacotherapy distribution, and outreach efforts.

The organization utilizes forecasting methodologies that incorporate historical utilization data, current trends, and anticipated demand drivers, including media campaigns and seasonal fluctuations. This allows for early identification of potential changes in program demand and associated financial impact.

If call volume or service demand begins to exceed available state budget, National Jewish Health will notify TFN promptly and provide clear, data-informed projections outlining expected utilization and cost implications. The organization will collaborate with TFN to identify and implement appropriate strategies, which may include adjustments to service levels, prioritization of services, or other agreed-upon approaches to ensure program sustainability while maintaining participant access.

This proactive and collaborative approach ensures that TFN has the information needed to make informed decisions regarding program management and resource allocation.

#### **D.4.i. Billing and Reimbursement from Health Plans and Medicaid**

National Jewish Health strongly believes providing barrier-free care is best for individuals trying to stop their tobacco use, which is why we promote a single point of entry to care through the toll-free 1.800.QUIT.NOW telephone number in each state. State budgets are already maximized to provide best practice services to their entire smoking populations. To respond to fiscal constraints, National Jewish Health has pioneered work with states to engage insurance providers, health plans, brokers, and employer groups to provide Quitline services on individual contracts. Our account manager and other members of our team will work together with TFN to proactively identify, reach out to, and engage these groups.

We know that capitalizing on the national move toward value-based medical purchasing is key to sustaining Quitlines. Because health care systems, managed care organizations (MCOs), and other payors are increasingly concerned with preventable causes of health care costs, we contract directly with these partners to provide evidence-based tobacco treatment services under the 1.800.QUIT.NOW and 1.855.DÉJELO-YA umbrella. We are actively building partnerships with MCOs in states to disseminate best practices for Quitline referrals to their network providers, and to build referral systems from chronic disease specialists within the MCO programs.

NAQC and CDC literature about building private-public partnerships for sustainable Quitlines describes our success in pioneering MCO partnerships. Our experience demonstrates that developing high-level state partnerships is essential to sustaining Quitline programs.

Because Medicaid has a disproportionate rate of tobacco use associated with the health disparities among the population served, this strategy also represents an essential path for delivering evidence-based treatment and reducing tobacco-related disparities with priority populations. These partnerships effectively address tobacco use disparities because they can influence multiple provider groups simultaneously and systematically through policy and reimbursement changes, and MCOs are motivated to provide tobacco treatment to improve health and reduce costs for insured members. In our experience, these statewide partnerships are among the most influential, cost-efficient, and sustainable strategies for tobacco cessation.

#### *Public/Private Partnerships*

National Jewish Health has substantial experience and will continue to work with Nebraska and health plans and/or employer groups throughout the state to support Quitline services for their members and/or employees. National Jewish Health will lend expertise based on our extensive experience in other states with such collaborations. If requested, we will assist in developing public-private partnerships with Nebraska to provide Quitline services to members of third-party payors such as Medicaid, health plans, and employers through a direct contract with the payors.

As the current provider for the Tobacco Free Nebraska Quitline, National Jewish Health is able to partner with the Nebraska DHHS to support and explore approaches to Medicaid coordination that align with state priorities. We recognize that states utilize a variety of models to integrate Quitline services with Medicaid and managed care, and we are experienced in working collaboratively to identify strategies that best fit each state's structure and goals.

National Jewish Health can support high-level processes such as identifying participant insurance type (as voluntarily provided), aggregating and reporting relevant data, and helping inform reimbursement or coordination strategies. While we do not collect or transmit Medicaid identification numbers over the phone for billing purposes, we can work with the state to explore alternative approaches that support appropriate coordination with Medicaid and managed care entities.

Across other state programs, models have included state-directed reimbursement approaches, direct partnerships with managed care organizations, and coordinated referral pathways between Quitlines and health plans. National Jewish Health is well positioned to provide insight into these models and help Nebraska evaluate options, streamline processes, and strengthen alignment between Quitline services and Medicaid coverage.

We look forward to continuing to partner with Nebraska to develop a thoughtful, feasible approach that supports participants, aligns with program operations, and meets state goals.

When National Jewish Health establishes a relationship with a partner, we collect information from participants to identify which callers qualify for services covered by that partner. Our comprehensive reporting and billing systems accommodate this procedure, and we work closely with our state clients to ensure we provide the necessary reports and data extracts to support partnerships. This process can help expand services and reduce the Quitline program cost borne by Nebraska.

#### Medicaid Medication Process

National Jewish Health understands the importance of partnering with states to expand Quitline reach into Medicaid-insured populations. We partner with a mail-order pharmacy, Ridgeway Pharmacy, to support state-approved Medicaid provider. We provide participants with any FDA-approved pharmacotherapy, and Ridgeway bills Medicaid directly for the prescribed medication. We are pleased to offer this option to TFN, and if selected as your vendor, we will work with Ridgeway Pharmacy to become a Nebraska-approved Medicaid provider. Through this partnership, we navigate the ordering process, including prior authorization and prescription requirements, and ship medication directly to the participant. This process removes the barrier of the participant having to travel to the pharmacy to fill and refill their cessation medication prescription. Often the prescription can also be obtained electronically, which eliminates the need for a participant to schedule an office visit. Our aim is to eliminate as many barriers as possible to ensure that all Quitline participants can access full tobacco treatment coordinated through a single resource.

We offer four (4) scenarios for Medicaid member medication processing, that also either replicate or expand the current Nebraska process. First, the state elects to cover all participants. Again, National Jewish Health provides reporting at the individual level on the volume of Medicaid member medication orders. Second, National Jewish Health partners directly with the MCO to pay for medication and the state pays for any participant not covered by the MCO. Third, Ridgeway becomes a state-approved Medicaid vendor and participants with Medicaid insurance receive all medications through Ridgeway, with the medication billed directly to the MCO. Fourth, if Ridgeway is not approved as a Medicaid provider and the state does not cover medications for Medicaid members, coaches instruct participants on how to access their medication benefits through Medicaid.

#### D.4.j. Referral Forms and Referral System Management

National Jewish Health will manage and maintain use of the Nebraska Quitline fax referral form, consistent with [Exhibit 2 – Example Quitline Fax Referral Form](#) (Figure 3) which is currently being used in the existing program service. This includes ensuring that the form remains current, accessible, and aligned with program requirements, as well as supporting healthcare providers in its use.

The fax referral system allows healthcare professionals to refer patients directly to the Quitline through a secure, toll-free process. Upon receipt of a fax referral, participant information is entered into the system, and outreach is initiated promptly in accordance with program protocols.

In addition to the fax referral form, National Jewish Health will support the development and implementation of a community referral form designed for use by community-based organizations, social workers, and other non-clinical partners. This form will be designed to be simple, accessible, and adaptable to a variety of settings, ensuring that community partners can easily connect individuals to Quitline services.

Referral pathways are integrated into the broader system to allow tracking of referral source, timeliness of outreach, and participant engagement outcomes. This supports evaluation of referral effectiveness and helps inform ongoing outreach and partnership strategies.

National Jewish Health will collaborate with TFN to ensure that all referral tools, including fax and community referral forms, align with Nebraska branding, messaging, and program priorities, and will update these tools as needed to reflect evolving program needs.

#### D.5. QUITLINE CALL PERFORMANCE STANDARDS

National Jewish Health maintains a high-performing, data-driven operational model designed to consistently meet and exceed established call performance standards. Performance is supported through real-time monitoring, workforce forecasting, structured workflows, and continuous quality improvement processes. Each performance measure is tracked routinely, reported to Tobacco Free Nebraska (TFN), and incorporated into ongoing operational refinement.

##### D.5.a. 90% Live Answer Rate During Operating Hours

National Jewish Health consistently achieves and maintains a live answer rate of at least 90% during hours of live response. This performance is supported through advanced workforce forecasting, real-time queue monitoring, and dynamic staffing adjustments. Call volume is continuously tracked, and staffing levels are aligned with anticipated demand based on historical trends, time-of-day patterns, and external drivers such as media campaigns.

Supervisors monitor live dashboards to assess queue status and can redeploy cross-trained staff or adjust schedules in real time to maintain performance. This proactive approach ensures that callers are promptly connected to live staff and reduces barriers to engagement.

##### D.5.b. Average Speed of Answer Within 30 Seconds

National Jewish Health maintains an average speed of answer of 30 seconds or less through a combination of efficient call routing, optimized staffing models, and real-time performance monitoring. The telephony system is configured to prioritize incoming calls and minimize delays, while workforce management tools ensure that adequate staffing is in place during peak periods.

Performance is tracked continuously, and any deviations from targets are addressed through immediate operational adjustments and longer-term staffing refinements.

#### D.5.c. 80% Immediate Transfer to Quitline Coach

National Jewish Health offers all callers an immediate transfer to a coach at the completion of intake. This is facilitated through integrated workflows that allow customer care representatives to connect participants to available coaches in real time. We offer transfers 100% of the time.

In the case a participant isn't able to continue on to a health coach, National Jewish Health ensures that follow-up contact is scheduled according to participant preference, with outreach conducted within the requested timeframe. This approach balances immediacy with participant convenience and supports higher engagement and satisfaction.

#### D.5.d. 90% Appointment Adherence Tracking for Multiple Call Participants

In our multi call phone program is designed to provide proactive coaching calls seven to ten days apart over a 30 day per period. At the end of each coaching session, Coaches schedule the next appointment based on participant availability. National Jewish Health's appointment systems capture scheduled sessions, completed interactions, and missed contacts, allowing for accurate tracking and reporting. Operations team reviews these data on a monthly basis to ensure adherence to multi-call program and established metrics. We affirm our ability to meet TFN's 90% Appointment Adherence for multi-call phone program participants.

#### D.5.e. 70% Contact Within 48 Hours of Quit Date

National Jewish Health ensures that at least 70% of participants enrolled in multiple-call programs receive a proactive coaching call within 48 hours of their quit date. This critical touchpoint is built into the scheduling system during the development of the participant's quit plan.

Automated scheduling tools and coach workflows prioritize quit date follow-ups, ensuring timely engagement during a high-risk period for relapse. Performance is monitored regularly, and scheduling practices are adjusted as needed to maintain or exceed this standard.

#### D.5.f. First Contact Attempt Within 24 Hours of Referral

National Jewish Health ensures that a first contact attempt is made within 24 hours of receiving a referral. Referral workflows are integrated into the system to prioritize outreach and assign tasks to staff promptly upon receipt.

Referral tracking systems monitor timeliness of outreach, and performance is reviewed regularly to ensure compliance. This rapid response approach supports higher enrollment rates and strengthens the connection between referral sources and Quitline services.

#### **D.5.g. Less Than 5% Abandonment After 30 Seconds**

National Jewish Health maintains call abandonment rates below 5% for callers waiting longer than 30 seconds after the initial queue message. This is achieved through effective staffing alignment, efficient call routing, and real-time queue management.

Supervisors monitor abandonment rates continuously and implement immediate corrective actions when thresholds are approached, including adjusting staffing levels or redistributing workload. This ensures that callers remain engaged and are not lost due to delays.

#### **D.5.h. Self-Help Materials Sent Within One Day of Registration**

National Jewish Health ensures that 100% of self-help materials are distributed within one business day of registration. Fulfillment processes are integrated into the system to trigger material distribution immediately upon enrollment.

Materials may be delivered through multiple channels, including digital delivery and mail, depending on participant preference. Fulfillment timelines are tracked and monitored to ensure compliance with this standard.

#### **D.5.i. 95% of Voicemails Returned the Following Business Day**

National Jewish Health ensures that at least 95% of voicemail messages are returned by the next business day. Voicemail systems are integrated into the workflow, allowing messages to be logged, assigned, and tracked for follow-up.

Staff are trained to prioritize voicemail callbacks, and supervisors monitor completion rates to ensure compliance. This ensures timely response to participant inquiries and supports positive participant experience.

#### **D.5.j. 15% Referral-to-Registration Conversion Rate**

National Jewish Health targets a minimum of 20% conversion from referral to registration and employs strategies to meet or exceed this benchmark. These include timely outreach, participant-centered communication, and effective engagement techniques that build motivation and trust.

Referral source data are tracked and analyzed to identify high-performing channels and opportunities for improvement. National Jewish Health also works collaboratively with TFN and referral partners to strengthen referral quality, improve messaging, and enhance connection rates.

### **D.6. REPORTING REQUIREMENTS**

National Jewish Health maintains a robust, flexible, and secure reporting infrastructure designed to meet all requirements outlined in Exhibit 3 – Tobacco Free Nebraska Quitline Reporting Requirements and Exhibit 4 – Tobacco Free Nebraska Quitline Reports. The reporting approach is built to ensure accuracy,

timeliness, transparency, and alignment with Tobacco Free Nebraska (TFN) performance expectations, while also supporting continuous quality improvement and data-driven decision-making.

#### **D.6.a. Data Collection and Reporting of Performance Measures**

National Jewish Health collects and reports data across all required domains to support monitoring of Quitline performance measures as outlined in Section V.D.5. Data are captured in real time through the centralized system of record and are structured to align with both standard reporting requirements and Nebraska-specific needs.

The system supports comprehensive tracking of operational and service delivery metrics, including:

- i. Live response rates
- ii. Average speed of answer
- iii. Call volume
- iv. Multiple-call participation
- v. Referral activity
- vi. Abandonment rates
- vii. Fulfillment of self-help materials
- viii. Voicemail management
- ix. Delivery of counseling services

These data elements are integrated into routine reporting outputs and are used to assess performance against established standards.

Data collection processes are standardized and supported by defined data dictionaries, consistent variable definitions, and automated validation checks to ensure accuracy and completeness. Metrics are calculated using consistent methodologies, allowing for reliable tracking over time and comparison across reporting periods.

National Jewish Health recognizes that data collection requirements may evolve over time and will collaborate with TFN to update data elements, reporting structures, and performance measures as needed. The reporting system is designed to be adaptable, allowing for the addition or modification of data fields and reports without disruption to ongoing operations. Advance modification and/or reporting request may come as an added fee. This flexibility ensures that reporting remains aligned with TFN priorities, emerging program needs, and evolving best practices.

#### **D.6.b. Ability to Provide De-Identified Data**

National Jewish Health maintains the capability to provide de-identified datasets to TFN to support evaluation, research, and program analysis. Data extracts can be configured to remove or mask personally identifiable information while preserving key variables necessary for meaningful analysis.

De-identification processes follow established standards and include removal or encryption of direct identifiers, as well as application of data minimization principles to ensure that only the information

necessary for the intended purpose is shared. Data can be delivered through secure transfer methods in formats that support TFN's analytic needs, including raw datasets, structured extracts, and aggregated summaries.

This capability supports transparency and collaboration while ensuring that participant privacy is protected.

#### **D.6.c. Confidentiality and Protection of Caller Records**

National Jewish Health maintains strict confidentiality of all caller records and adheres to all applicable federal and state privacy regulations, including (HIPAA). The organization employs a comprehensive set of administrative, technical, and physical safeguards to protect participant information.

Access to caller records is restricted through role-based permissions, ensuring that only authorized personnel can view or modify participant data. All data are encrypted both at rest and in transit, and secure authentication protocols are used to prevent unauthorized access.

Staff receive training on privacy, confidentiality, and data security requirements as part of onboarding and ongoing professional development. Policies and procedures are in place to govern data handling, storage, transmission, and disposal, ensuring consistent protection of sensitive information.

In addition, National Jewish Health conducts routine audits and monitoring of data security practices to ensure compliance and identify opportunities for improvement. These safeguards ensure that all caller records are handled with the highest level of confidentiality and integrity.

#### **D.6.d. Notice of Privacy Practices and Consent for Evaluation**

National Jewish Health maintains a standardized process for issuing a Notice of Privacy Practices (NPP) and obtaining participant consent for follow-up contact and evaluation activities. During registration, participants are informed of how their information will be used, including for service delivery, quality assurance, and evaluation purposes.

Participants are provided with clear, accessible information about privacy protections and their rights, and consent for follow-up contact is obtained and documented within the system. This includes permission to be contacted for evaluation activities such as quit rate follow-up and satisfaction surveys.

The consent process is integrated into registration workflows across all enrollment channels, including phone, web, and text, ensuring consistency and compliance. Documentation of consent is maintained securely and is accessible for reporting and audit purposes.

#### **D.6.e. Data Backup, Recovery, and Continuity Planning**

National Jewish Health maintains comprehensive data backup and recovery procedures to ensure that all files and systems can be restored in the event of data loss due to system failure, disaster, or other causes. Backup processes are automated and conducted on a regular schedule, including daily incremental backups and routine full system backups.

Backup data are stored in secure, geographically diverse locations to protect against localized disruptions. Redundant systems and infrastructure are in place to support continuity of operations and minimize downtime.

The organization maintains documented procedures for restoring data, including protocols for reconciling any activity that occurred between the last backup and the point of disruption. These procedures ensure that data integrity is maintained and that services can resume quickly with minimal loss of information.

Regular testing of backup and recovery processes is conducted to validate system readiness and ensure that restoration procedures are effective and reliable.

#### **D.6.f. Monthly Usage Reporting and Invoicing**

As the current provider for the Tobacco Free Nebraska Quitline, National Jewish Health provides regular usage reporting and invoicing to the Nebraska DHHS based on an agreed-upon schedule. Reporting and invoicing timelines are established collaboratively between National Jewish Health and the state to ensure alignment with DHHS processes and preferences.

Monthly (or otherwise agreed upon) usage reports include a detailed accounting of services delivered during the reporting period, such as registrations, coaching sessions, pharmacotherapy distribution, and other applicable service components. These reports are generated from validated system data and align with contract requirements to ensure accuracy and transparency.

Invoices are supported by clear, detailed documentation that reflects service utilization, enabling DHHS to easily review and reconcile reported activity and associated costs. This structured yet flexible approach supports timely reimbursement while maintaining accountability and clarity in program expenditures.

#### **D.6.g. Monthly, Quarterly, and Annual Reporting**

As the current provider for the Tobacco Free Nebraska Quitline, National Jewish Health provides monthly, quarterly, and annual reporting in alignment with Nebraska's established reporting requirements ([See Addendum 3 for Exhibits 3 and 4](#)). These reports are designed to offer comprehensive, actionable insight into program performance, service utilization, and participant outcomes, supporting both routine monitoring and strategic decision-making.

Reporting includes detailed information on participant volume, demographics, engagement levels, progression through services, and types of services utilized, including coaching, digital engagement, and pharmacotherapy. Reports are structured to support analysis of trends over time, comparisons across priority populations, and evaluation of program effectiveness. Geographic breakdowns, including aggregate data by county, are included to help the state assess reach and identify opportunities to strengthen engagement across Nebraska.

In addition to standard reporting, National Jewish Health supports ad hoc data requests and works collaboratively with the Nebraska DHHS to ensure reporting remains relevant and responsive to evolving program needs.

All reports are developed using standardized methodologies and validated data sources to ensure accuracy, consistency, and alignment with national standards, including the North American Quitline Consortium Minimal Data Set. Through this established and collaborative reporting approach, National Jewish Health ensures Nebraska has timely, reliable data to inform program oversight, evaluation, and continuous quality improvement.

#### **D.6.h. Monthly, Quarterly, and Annual Reporting to TFN**

As the current provider for the Tobacco Free Nebraska Quitline, National Jewish Health submits monthly, quarterly, and annual reports to the Nebraska DHHS in alignment with established reporting requirements ([See Attachment 3 for Exhibits 3 and 4](#)). These reports provide a comprehensive view of program performance, utilization, participant engagement, and outcomes across all service modalities.

Monthly reports focus on key operational and utilization metrics, including call volume, registrations, service delivery, referral activity, and performance against established call standards. Quarterly reports offer deeper analysis of trends, including participant engagement patterns, progression through services, and performance across priority populations. Annual reporting provides a comprehensive summary of program performance over time, including outcomes, reach, and overall impact, supporting ongoing evaluation and strategic planning.

All reports are generated from validated system data and undergo review for accuracy and completeness prior to submission. National Jewish Health continues to work collaboratively with the state to refine report formats, ensure alignment with Nebraska's priorities, and adapt reporting as needed to support evolving program and data needs.

#### **D.6.i. NAQC and Federal Reporting Requirements**

National Jewish Health maintains the capability to complete all reporting requirements associated with the North American Quitline Consortium (NAQC) as well as applicable federal reporting obligations. Data collection and reporting processes are aligned with national standards, including the NAQC Minimal Data Set (MDS), ensuring consistency, comparability, and compliance.

The reporting system is designed to capture all required data elements needed for submission to national reporting systems and federal partners. National Jewish Health has extensive experience preparing and submitting these reports across multiple state programs and ensures that all submissions are accurate, timely, and compliant with applicable guidelines.

The organization will coordinate with TFN to ensure that all reporting timelines, formats, and submission requirements are met and that Nebraska's data are fully represented in national reporting efforts.

#### **D.6.j. Maintenance of Data Definitions and Reporting Documentation**

National Jewish Health will develop, maintain, and regularly update comprehensive definitions for all data elements included in reporting. These definitions will be documented in a data dictionary that outlines variable names, descriptions, calculation methodologies, and data sources.

The data dictionary will be made available to TFN and will be updated as needed to reflect any changes to reporting requirements, program design, or data collection processes. This ensures transparency, consistency in interpretation, and alignment across all stakeholders involved in reporting and evaluation.

Maintaining clear and current definitions supports accurate reporting, facilitates data validation, and ensures that TFN and any evaluation partners have a shared understanding of how metrics are defined and calculated.

#### **D.6.k. Tracking and Reporting Analytics for Online Healthcare Provider Training**

National Jewish Health will track and report analytics related to online healthcare provider training to TFN, ensuring visibility into provider engagement and training effectiveness. The training platform supports detailed tracking of user activity, including registration, course completion, time spent in training modules, and attainment of continuing education units where applicable.

Analytics will include measures such as number of providers trained, completion rates, frequency of access, and participation trends over time. Where available, additional data such as provider type, organization, and geographic distribution may be included to support deeper analysis of training reach and impact.

These data will be incorporated into routine reporting and may also be used to inform targeted outreach, identify gaps in provider engagement, and support continuous improvement of training offerings. National Jewish Health will collaborate with TFN to determine preferred reporting formats and frequency for training analytics.

### **D.7. SERVICE DELIVERY PROTOCOLS**

As the current provider for the Tobacco Free Nebraska Quitline, National Jewish Health delivers cessation services through structured, evidence-based protocols that support behavior change and sustained

tobacco abstinence. These protocols are already embedded within the Nebraska program and are grounded in nationally recognized clinical frameworks, including Motivational Interviewing (MI) and cognitive-behavioral therapy (CBT).

Motivational Interviewing is a cornerstone of the Nebraska Quitline approach, equipping coaches to engage participants in a collaborative, non-judgmental manner that builds intrinsic motivation, confidence, and readiness to quit. Through reflective listening, goal setting, and personalized support, coaches help participants navigate ambivalence, strengthen commitment, and develop practical strategies to manage triggers and sustain behavior change. This participant-centered approach is consistently applied across all service modalities and reinforced through ongoing training, coaching review, and quality assurance processes.

National Jewish Health’s clinical protocols are developed and maintained under strong clinical oversight, ensuring alignment with current research, evolving treatment guidelines, and national standards. These protocols are regularly evaluated and refined to reflect emerging evidence, changes in tobacco product use, and advancements in cessation treatment. Through our ongoing partnership with Nebraska, we continue to collaborate with the state to ensure services remain aligned with program priorities and responsive to participant needs.

This structured yet flexible model—combined with extensive experience delivering Quitline services across the country—has supported strong engagement and outcomes, including achieving among the highest quit rates nationally. The Nebraska program benefits directly from these best practices, ensuring participants receive consistent, high-quality, and effective support throughout their quit journey.

#### **D.7.a. Ability to Provide Services to All Clients, with No Minimum Age**

As the current provider for the Tobacco Free Nebraska Quitline, National Jewish Health delivers cessation services across the lifespan, ensuring that Nebraskans of all ages can access appropriate support. Services are tailored to be developmentally appropriate and responsive to the unique needs of youth, young adults, and adults, with specialized approaches that reflect differences in tobacco use patterns, motivation, and engagement.

For youth participants, including those served through the *My Life My Quit*<sup>™</sup> program, services incorporate age-appropriate communication styles, coaching strategies, and content that address current trends such as vaping and emerging nicotine products. These approaches are designed to support motivation, autonomy, and long-term behavior change in a way that resonates with younger audiences.

In alignment with federal requirements, including the Children’s Online Privacy Protection Act (COPPA), National Jewish Health does not provide digital services directly to individuals under the age of 13. Youth under 13 may still access support through appropriate channels, such as telephone-based services, in accordance with program guidelines and parental consent requirements as applicable.

This approach ensures that services remain accessible, appropriate, and compliant, while continuing to meet the needs of Nebraskans seeking support to quit tobacco.

#### **D.7.b. Documentation of Guardian Consent for Minor Participants**

As the current provider for the Tobacco Free Nebraska Quitline, National Jewish Health maintains established processes to obtain and document parental or guardian consent for minor participants when required. These consent procedures are integrated into the existing registration workflow and are designed to meet applicable state and federal requirements while minimizing barriers to access for youth.

For minors, under the age of 19, trained staff follow standardized protocols to secure and document consent. This includes obtaining parental or guardian consent through a recorded call, which is securely captured and linked directly to the participant's profile within National Jewish Health's CRM system, QuitPro®. This approach ensures clear documentation, traceability, and compliance, while supporting efficient enrollment into services.

These processes are supported by secure system functionality that stores consent documentation in alignment with privacy and data security standards. At the same time, National Jewish Health remains mindful of the importance of accessibility and engagement for youth, ensuring that consent procedures are clear, streamlined, and respectful of participant and family needs while maintaining full compliance.

#### **D.7.c. Multi-Modal Counseling Delivery (Phone, Online, and Text)**

National Jewish Health provides counseling services through multiple modalities, including telephone-based coaching, online platforms, and text-based support. This multi-channel approach ensures that participants can engage in services through the method that best aligns with their preferences, communication styles, and access to technology.

Telephone-based counseling serves as the foundation of the program, offering real-time, personalized support delivered by trained tobacco cessation health coaches. Online services provide access to digital tools, educational content, and structured support that participants can engage with independently or in conjunction with coaching. Text-based services offer flexible, real-time communication that is particularly effective for populations such as youth and individuals who prefer asynchronous engagement.

All modalities are integrated within a unified system, allowing participants to move seamlessly between channels and receive consistent, coordinated support. This flexibility enhances accessibility, supports sustained engagement, and improves overall program effectiveness.

#### D.7.d. Intake Screening and Provision of General Information

National Jewish Health conducts a structured, standardized intake screening for all participants entering Quitline services, ensuring that each individual receives an appropriate level of support based on their needs, preferences, and readiness to quit. Intake is conducted across all access channels—including phone, web, and text—and is designed to be efficient, participant-centered, and aligned with national best practices.

During intake, trained staff collect key information related to tobacco use patterns, readiness to quit, prior quit attempts, demographic characteristics, and any relevant health or behavioral considerations. Screening protocols align with the NAQC MDS, ensuring consistency in data collection and supporting evaluation and reporting requirements.

In addition to formal enrollment, National Jewish Health provides general information and guidance to individuals who contact the Quitline seeking information without enrolling in services. This includes education on tobacco dependence, available cessation resources, health impacts of tobacco use, and options for quitting. This approach ensures that all individuals—regardless of their readiness to enroll—receive accurate, evidence-based information and are supported in taking the next steps toward cessation when they are ready.

#### D.7.e. Support for Non-Tobacco Users Assisting Others

National Jewish Health recognizes the important role that family members, friends, and caregivers play in supporting tobacco cessation. The Quitline provides information and guidance to non-tobacco users who are seeking assistance on behalf of someone who uses tobacco.

Individuals contacting the Quitline in this capacity are provided with practical strategies for supporting cessation efforts, including how to encourage quit attempts, reduce exposure to triggers, and communicate effectively with individuals who use tobacco. They are also given information on available Quitline services and how to connect their family member or friend to support.

This indirect support model expands the reach of the Quitline by empowering social networks to reinforce cessation efforts and creates additional pathways for individuals to engage with services.

#### D.7.f. Assessment of Tobacco Use, Readiness to Quit, and Coordination with Benefits

National Jewish Health conducts a comprehensive assessment of each participant's tobacco use and readiness to quit as part of the intake and service planning process. This assessment informs individualized treatment recommendations, including counseling intensity, pharmacotherapy options, and engagement strategies.

As part of this process, participants are screened for eligibility for tobacco treatment benefits through third-party payers, including Medicaid, commercial health plans, and employer-sponsored programs. Staff are trained to identify coverage options and provide participants with information

about available benefits, including counseling services, pharmacotherapy coverage, and other cessation supports.

When appropriate, National Jewish Health facilitates linkage to these benefits by guiding participants through next steps, providing relevant contact information, and supporting connections to covered services. This may include coordination with payer-specific programs or referral pathways that align with the participant's eligibility.

This approach ensures that participants are connected to the most appropriate and comprehensive resources available to them, supports continuity of care across systems, and helps maximize the use of available funding streams while maintaining a seamless participant experience.

#### **D.7.g. Services for Nebraskans Ready to Quit**

##### **D.7.g.i. Immediate Counseling Intervention at No Cost**

As the current provider for the Tobacco Free Nebraska Quitline, National Jewish Health delivers immediate, no-cost counseling interventions to Nebraskans who are ready to quit tobacco. This “right time, right support” approach is a core strength of the existing program, ensuring individuals can access help at the moment motivation is highest—when intervention is most likely to lead to engagement and successful quit attempts.

Through established workflows within the Nebraska program, participants who reach out and express readiness are offered the opportunity to connect directly with a trained tobacco cessation health coaches during their initial contact. Using real-time call routing and integrated systems, the majority of participants are seamlessly transferred to a coach immediately following registration, minimizing delays and allowing them to begin counseling without interruption.

The initial counseling session is grounded in evidence-based approaches, including MI and CBT strategies, which are consistently applied across the program. Coaches engage participants in a collaborative, supportive dialogue to build motivation, assess readiness, and begin developing a personalized quit plan. This includes identifying triggers, establishing a quit date when appropriate, discussing coping strategies, and introducing tools to manage cravings and withdrawal. Coaches also guide participants through the [P.L.A.N. framework](#) to provide a clear and actionable path forward.

Participants receive education on available cessation supports, including pharmacotherapy options such as NRT, with guidance on proper use and how these tools can be incorporated into their quit plan. Each interaction is tailored to the participant's needs, preferences, and circumstances, ensuring support is both relevant and practical.

For individuals who are unable to complete a full counseling session during the initial contact, National Jewish Health ensures timely follow-up based on participant preference, maintaining

continuity of care and reducing the risk of disengagement. This includes scheduled callbacks, proactive outreach, and integration with digital and text-based supports where appropriate.

All counseling services are provided at no cost to the participant, removing financial barriers and supporting equitable access across Nebraska. This immediate, participant-centered approach—combined with high-quality coaching and ongoing engagement—has contributed to strong participation and quit outcomes within the Nebraska program and continues to support the state’s goals of delivering accessible, effective cessation services.

#### **D.7.g.ii. Proactive Follow-Up Behavioral Counseling**

National Jewish Health provides participants with the option to enroll in a structured, proactive coaching program that includes up to five (5) follow-up behavioral counseling sessions, delivered by trained tobacco cessation health coaches. This proactive model is a cornerstone of effective tobacco cessation and is designed to provide ongoing support throughout the quit journey, including preparation, quit initiation, and relapse prevention.

Follow-up sessions are scheduled in advance based on participant preference and readiness, with coaches initiating outreach at key intervals to provide timely and consistent support. These sessions are tailored to the participant’s individual needs and focus on building skills to manage cravings, cope with withdrawal symptoms, address triggers, and sustain motivation. Coaching is grounded in evidence-based approaches, including motivational interviewing and cognitive-behavioral strategies, ensuring that each interaction is participant-centered and clinically sound.

The standard protocol includes up to five (5) proactive calls; however, National Jewish Health recognizes that some participants may benefit from more intensive support. For priority or high-need populations, such as individuals with behavioral health conditions, pregnant participants, or those with multiple prior quit attempts, National Jewish Health will collaborate with Tobacco Free Nebraska (TFN) including up to nine (9) proactive follow-up sessions for pregnant individuals and seven (7) calls for those individuals with behavioral health conditions. These requests will be submitted in writing, as required, and will include justification based on participant needs and program goals.

The flexible coaching model allows for adjustment of call frequency, duration, and content based on participant progress and engagement. Participants who require additional support may receive enhanced coaching intensity, while those who prefer fewer interactions may opt for a reduced schedule. This adaptability ensures that services remain responsive and effective across diverse populations.

All coaching sessions are documented within the system, allowing for tracking of engagement, adherence to scheduled sessions, and participant progress over time. This information supports both individualized care and program-level evaluation.

#### D.7.g.iii. Pharmacological Cessation Aids, Nicotine Replacement Therapy, and Referral to Healthcare Professionals

As the current provider for the Tobacco Free Nebraska Quitline, National Jewish Health integrates evidence-based guidance on pharmacological cessation aids into the counseling process, ensuring participants receive accurate, practical, and clinically appropriate information on available treatment options. Consistent with U.S. Public Health Service Clinical Practice Guidelines, coaches discuss the role of cessation medications—including nicotine replacement therapy (NRT)—as part of a comprehensive quit plan and how these tools can increase the likelihood of a successful quit attempt when combined with behavioral counseling.

Within the Nebraska program, participants are educated on available forms of NRT, including patch, gum, and lozenge, as well as how these products work, proper use, potential side effects, and strategies for adherence. Coaches assess tobacco use patterns, level of nicotine dependence, and prior quit attempts to determine appropriate NRT options and support integration into each participant's quit plan. Standardized screening protocols are followed to identify any contraindications or the need for referral to a healthcare provider for additional guidance.

A key strength of the Nebraska program is the ability to provide multiple shipments of NRT to eligible participants, both for those engaged through phone-based coaching and those utilizing web-based services. This approach supports continued engagement over time, reinforces coaching interactions, and helps participants sustain their quit attempts by ensuring ongoing access to pharmacotherapy.

In addition, Nebraska participants have the unique ability to re-enroll in services after completing the program if additional support is needed. This allows individuals to initiate a new quit attempt with access to counseling and NRT support again, recognizing that cessation is often a cyclical process and that multiple attempts may be necessary for long-term success.

##### *D.7.g.iii.1. Distribution directly to participant's address*

NRT is distributed directly to participants homes through established fulfillment processes that ensure timely, accurate, and secure delivery. Participants receive clear instructions for use and have ongoing access to Quitline staff to address questions or concerns throughout their quit journey.

All education, screening, recommendations, and fulfillment activities are documented within the system to support continuity of care, quality assurance, and reporting. This comprehensive, participant-centered approach reduces barriers to access, supports sustained engagement, and strengthens outcomes for Nebraskans working to quit tobacco.

#### D.7.g.iv. Supplemental Self-Help Materials

National Jewish Health provides participants with supplemental self-help materials as an integrated component of the cessation program, ensuring that individuals have access to practical, evidence-based resources that reinforce counseling and support behavior change outside of direct interactions with Quitline staff.

Upon registration, participants are provided with relevant, tailored educational materials designed to align with their tobacco use patterns, readiness to quit, and individual preferences. These materials are grounded in evidence-based practices and incorporate key concepts from motivational interviewing and cognitive-behavioral approaches, including strategies for managing cravings, coping with withdrawal symptoms, identifying triggers, building social support, and preventing relapse.

Materials are available in multiple formats to support accessibility and participant preference. Printed materials are mailed directly to participants' homes in a timely manner following enrollment, ensuring that individuals receive tangible resources to support their quit journey. In addition, digital delivery options—including email and text-based content—are available, allowing participants to access information in a format that is convenient and immediately accessible.

Content is designed to be clear, engaging, and culturally responsive, with adaptations available for priority populations, including youth, pregnant participants, and individuals with behavioral health needs. Materials are regularly reviewed and updated to reflect current cessation guidance, emerging tobacco products, and best practices in health communication.

Participants may request additional materials at any point during their engagement with the Quitline, and National Jewish Health maintains processes to fulfill these requests promptly. This ensures that participants can access the level and type of support they need as they progress through different stages of their quit journey.

All material distribution, whether physical or digital—is tracked within the system to support reporting, quality assurance, and evaluation of participant engagement. This allows National Jewish Health and Tobacco Free Nebraska (TFN) to monitor utilization and assess the role of supplemental materials in supporting cessation outcomes.

#### D.7.g.v. Supportive Email and Text Messaging Services

National Jewish Health provides Nebraskans with the ability to opt-in to supportive messaging services delivered through email and text, offering an additional, flexible layer of engagement that complements counseling and self-help materials. These messaging services are designed to reinforce behavior change, provide timely encouragement, and support participants throughout their quit journey.

Participants are offered the opportunity to enroll in messaging programs during registration or at any point during their engagement with the Quitline. Messaging content is tailored to individual characteristics, including type of tobacco use, readiness to quit, quit date, and population-specific needs. Tailored messaging may also be adapted for priority populations, such as youth, pregnant participants, and individuals with behavioral health considerations, ensuring that communication is relevant, culturally responsive, and effective.

Text-based services incorporate interactive features, including keyword-driven support, allowing participants to request immediate assistance or information when needed. For example, participants may use keywords to receive support for managing cravings, coping with stress, or staying motivated during challenging moments. This on-demand functionality enhances participant autonomy and provides real-time support outside of scheduled coaching sessions.

Email messaging provides additional opportunities to deliver more detailed content, including educational resources, reminders, progress tracking prompts, and reinforcement of key cessation strategies. Messaging frequency and content are structured to align with the participant's stage in the quit process, with increased support around quit dates and early abstinence periods when relapse risk is highest.

All messaging services are integrated with the broader Quitline system, allowing for coordinated communication across modalities and ensuring consistency in messaging and support. Participant engagement with messaging services is tracked and analyzed to inform program improvements and support evaluation efforts.

Participants retain control over their communication preferences and may opt in or out of messaging services at any time. This ensures that engagement remains participant-centered and respectful of individual preferences.

#### **D.7.h. Comprehensive Proactive Counseling Support**

National Jewish Health provides comprehensive, proactive counseling support delivered by trained Tobacco Treatment Specialists to participants who are ready to quit and agree to engage in counseling services. This proactive model is a central component of the Quitline service delivery approach and is designed to provide structured, ongoing support that extends beyond the initial interaction to guide participants through the full quit process.

Counseling protocols are grounded in evidence-based approaches that have been demonstrated through randomized controlled trials to be effective in promoting tobacco cessation and preventing relapse. These protocols incorporate motivational interviewing and cognitive-behavioral strategies to support behavior change, enhance motivation, and build participant confidence. The counseling model is structured yet flexible, allowing coaches to tailor interactions based on individual participant needs, readiness, and progress.

Proactive counseling is initiated by the Quitline coach and includes scheduled follow-up sessions at key intervals, including preparation for quitting, the quit date, early abstinence, and relapse prevention. Coaches work collaboratively with participants to develop and refine personalized quit plans, identify triggers, build coping strategies, and address barriers to cessation. This ongoing engagement helps maintain momentum, reinforces progress, and provides timely support during high-risk periods for relapse.

The counseling approach is participant-centered and adaptive, ensuring that support evolves as participants move through different stages of change. Coaches are trained to address complex needs, including co-occurring behavioral health conditions, high levels of nicotine dependence, and social or environmental factors that may impact cessation success.

All counseling interactions are documented within the system, allowing for tracking of participant engagement, adherence to protocols, and progress over time. Quality assurance processes are applied to ensure fidelity to evidence-based practices and consistency across staff, including routine review of counseling sessions and ongoing coaching and training for staff.

By combining proactive engagement, evidence-based protocols, and individualized support, National Jewish Health ensures that participants receive comprehensive counseling that is clinically sound, responsive, and effective in supporting successful quit attempts and long-term tobacco abstinence.

#### **D.7.i. Scheduling of Proactive Follow-Up Counseling Sessions**

National Jewish Health maintains a structured and flexible scheduling system that allows participants to arrange proactive follow-up counseling sessions at times that best meet their individual needs and preferences. This participant-centered approach is designed to enhance engagement, improve adherence to counseling protocols, and support successful quit outcomes.

During initial counseling interactions, coaches work collaboratively with participants to schedule follow-up sessions. Participants are offered the option to select a specific date and time for their next session or to choose a preferred date with a defined time window during which the Quitline coach will initiate the call. This flexibility accommodates varying schedules, work commitments, and personal responsibilities, ensuring that participants can engage in services at times that are convenient and realistic.

The scheduling system is integrated into the Quitline platform, allowing coaches to document appointments, set reminders, and track adherence to scheduled sessions. Automated prompts and workflow tools support timely outreach by coaches and ensure that scheduled sessions occur within the agreed-upon timeframe. Participants may also receive reminders through their preferred communication channels, such as phone, email, or text, to reinforce engagement and reduce missed appointments.

In addition to participant-selected scheduling, National Jewish Health incorporates proactive scheduling practices that align with key milestones in the quit process, including the quit date and early abstinence period. This ensures that participants receive timely support during critical periods when the risk of relapse is highest.

If a participant is unavailable at the scheduled time, established protocols allow for rescheduling and re-engagement, ensuring continuity of care. Missed appointments are tracked, and follow-up attempts are made to reconnect participants and maintain momentum in the quit process.

This structured yet flexible scheduling approach ensures that proactive counseling sessions are delivered in a manner that is both systematic and responsive to participant needs, supporting sustained engagement and improved cessation outcomes.

#### **D.7.j. Collaboration with TFN for Follow-Up Evaluation and Outcome Verification**

National Jewish Health will collaborate closely with Tobacco Free Nebraska (TFN) to facilitate follow-up evaluation at seven (7) months from the participant's quit date, ensuring accurate verification of tobacco use status and meaningful measurement of client satisfaction. This collaboration is designed to support rigorous program evaluation while maintaining alignment with state requirements and national best practices.

Follow-up evaluation processes are integrated into program operations and begin at the point of registration, where participant consent for follow-up contact is obtained and documented. Participants who meet evaluation criteria are included in a structured follow-up protocol that supports outreach at the seven-month interval, consistent with the methodology outlined in [Exhibit 1 – Reporting Quit Rates](#).

National Jewish Health will coordinate with TFN and any designated evaluation partners to align on survey instruments, sampling methodologies, outreach strategies, and reporting expectations. This includes ensuring that follow-up surveys capture key outcome measures such as self-reported tobacco use status within the past 30 days, quit attempts, duration of abstinence, and participant satisfaction with Quitline services.

Follow-up outreach is conducted using a multi-modal approach, including telephone and web-based survey options, to maximize response rates and ensure representation across diverse participant populations. Outreach attempts are scheduled across varied times and days, and multiple attempts are made to reach participants within the sampling frame.

Client satisfaction is measured as part of the follow-up process or through additional survey touchpoints, capturing participant perspectives on service accessibility, quality of coaching interactions, usefulness of materials, and overall experience with the Quitline. These data provide valuable insight into both program effectiveness and participant experience.

National Jewish Health will provide TFN with validated data and reporting outputs related to follow-up evaluation and satisfaction measurement. Findings are analyzed and incorporated into continuous quality improvement (CQI) processes, informing enhancements to counseling protocols, participant engagement strategies, and overall service delivery.

This collaborative approach ensures that evaluation activities are well-coordinated, methodologically sound, and aligned with TFN's priorities, while also supporting ongoing program improvement and accountability.

#### **D.7.k. Services for Tobacco Users Not Interested in Proactive Counseling**

##### **D.7.k.i. Encouragement for Re-Engagement with Quitline Services**

National Jewish Health recognizes that readiness to engage in proactive counseling varies across individuals and may change over time. For tobacco users who are not interested in receiving follow-up proactive counseling, the Quitline provides supportive, non-judgmental engagement that encourages future re-contact and continued consideration of cessation.

During initial interactions, trained staff provide brief, evidence-based guidance using motivational interviewing techniques to acknowledge the participant's current level of readiness while reinforcing the benefits of quitting. Participants are offered practical information, self-help strategies, and available resources that they can use independently, ensuring they leave the interaction with actionable tools even if they choose not to enroll in ongoing services.

Participants are explicitly encouraged to re-contact the Quitline at any time for additional support. Staff emphasize that Quitline services are available whenever the individual feels ready to make a quit attempt or explore options further. Clear information is provided on how to reconnect through multiple access points, including phone, web, and text, ensuring that re-entry into services is simple and accessible.

Where appropriate, participants may also be offered the option to receive supplemental materials or opt-in to digital supports, such as email or text messaging, allowing them to remain connected to cessation resources without committing to proactive counseling.

National Jewish Health's approach prioritizes maintaining a positive and supportive relationship with all individuals who contact the Quitline, regardless of their immediate readiness to quit. This strategy helps build trust, reduces barriers to future engagement, and increases the likelihood that individuals will return to access services when they are ready.

##### **D.7.k.ii. Motivational Messaging to Promote Effective Quitting**

National Jewish Health provides tailored motivational messaging to tobacco users who are not interested in proactive counseling, ensuring that these individuals remain engaged, informed, and supported in their cessation journey. This approach is grounded in evidence-based behavior

change strategies and is designed to reinforce motivation, increase readiness to quit, and encourage future engagement with Quitline services.

Motivational messaging is delivered through multiple channels, including verbal reinforcement during initial interactions as well as optional follow-up through email and text-based messaging services. Content is designed to be supportive, non-judgmental, and responsive to the participant's current stage of change, recognizing that individuals may not be ready to quit immediately but may benefit from continued encouragement and information.

Messages focus on key elements of effective quitting, including the health and lifestyle benefits of cessation, strategies for building confidence, managing cravings, and overcoming common barriers. Messaging may also include prompts that encourage small, incremental steps toward quitting, such as setting a future quit date, reducing tobacco use, or exploring available resources.

Content is tailored to reflect individual characteristics, including type of tobacco use, readiness to quit, and relevant demographic or population-specific considerations. This ensures that messaging remains relevant and meaningful, increasing the likelihood of participant engagement.

Participants are given the option to opt in to ongoing messaging services and may adjust their preferences or opt out at any time. This participant-controlled approach ensures that communication remains respectful and aligned with individual needs.

#### [D.7.k.iii. Provision of Self-Help and Supplemental Materials](#)

National Jewish Health offers self-help and supplemental materials to tobacco users who are not interested in proactive counseling, ensuring that these individuals still receive meaningful, evidence-based support to encourage cessation and future engagement with Quitline services.

During initial interactions, staff offer participants the option to receive tailored materials that align with their tobacco use patterns, readiness to quit, and personal preferences. These materials are designed to provide practical guidance on quitting, including strategies for managing cravings, reducing tobacco use, identifying triggers, and preparing for a future quit attempt. Content also reinforces the benefits of quitting and introduces available cessation supports.

Materials are available through multiple delivery channels to maximize accessibility and convenience. Printed materials can be mailed directly to the participant's address, providing a tangible resource that can be referenced over time. Digital options, including email and text-based content, are also available, allowing participants to receive information quickly and in formats that align with their communication preferences.

The availability of multiple delivery methods ensures that participants can access support in a way that fits their lifestyle and level of engagement. Participants may request additional materials at any time, and National Jewish Health maintains processes to fulfill these requests promptly.

All materials are evidence-based, culturally responsive, and regularly updated to reflect current cessation guidance and emerging trends in tobacco and nicotine use. Distribution of materials is tracked within the system to support reporting, quality assurance, and evaluation of participant engagement.

#### [D.7.k.iv. Support Resources for Family and Friends](#)

National Jewish Health provides support resources for family members, friends, and caregivers of tobacco users, recognizing the critical role that social support plays in successful quit attempts. Even when individuals who use tobacco are not ready to engage directly in counseling, their support networks can serve as powerful influencers in encouraging and sustaining behavior change.

Individuals seeking assistance on behalf of someone who uses tobacco are provided with practical, evidence-based guidance on how to support a quit attempt. This includes strategies for initiating supportive conversations, reinforcing motivation, reducing exposure to triggers, and responding effectively to challenges such as cravings or relapse. Guidance is grounded in motivational interviewing principles, emphasizing empathy, non-judgmental communication, and respect for the individual's readiness to change.

Support resources are available through multiple channels, including verbal guidance during Quitline interactions, printed materials, and digital content delivered via email or text. These materials are designed to be accessible, easy to understand, and applicable across a range of situations, ensuring that supporters feel equipped and confident in their role.

In addition, family members and friends are provided with information on Quitline services and how to connect their loved ones to support when they are ready. This includes guidance on how to refer individuals, share resources, and encourage engagement with cessation services.

By equipping support networks with the tools and knowledge to assist effectively, National Jewish Health extends the reach of the Quitline beyond direct participants and creates additional pathways for individuals to engage in cessation efforts. This approach strengthens overall program impact and supports sustained behavior change.

#### [D.7.k.v. Lung Cancer Screening Identification and Referral](#)

National Jewish Health incorporates identification and referral processes for lung cancer screening into its service delivery model, ensuring that participants who meet eligibility criteria are informed of and provided information on how to connect with appropriate preventive

services. This approach aligns with recommendations from the United States Preventive Services Task Force and supports integration of cessation services with broader healthcare prevention efforts. National Jewish Health collaborates directly with MD Anderson Cancer Center as the world's leading cancer hospital to refer any participants over to the respective community resource.

During intake and counseling interactions, participants are screened to determine whether they fall within the recommended population for lung cancer screening, adults aged 50 to 80 years with a 20 pack-a-year smoking history who currently smoke or have quit within the past 15 years. When participants meet these criteria, coaches provide education on the purpose and benefits of lung cancer screening, including early detection and improved health outcomes.

Note, this is an added-on service that Nebraska will have the opportunity to opt into as a client.

*D.7.k.v.1. Opportunity to Opt into Lung Cancer Screening or Pre-Screening*

Eligible participants are offered the opportunity to opt into lung cancer screening or pre-screening pathways. This includes providing information on how to access screening services, discussing the importance of screening as part of overall health management, and offering guidance on next steps.

Where appropriate, National Jewish Health facilitates connection to screening resources by directing participants to healthcare providers, health systems, or screening programs within their community. This may include providing contact information, referral guidance, or support in navigating available services. For participants with identified healthcare coverage, coaches may also provide information on benefits related to lung cancer screening.

The approach is designed to be supportive and informational, ensuring that participants can make informed decisions about screening without creating barriers to engagement in cessation services. Participation in screening is entirely voluntary, and discussions are conducted in a participant-centered, non-judgmental manner.

All screening eligibility assessments and referrals are documented within the system to support coordination of care, reporting, and evaluation. This integration ensures that cessation services are aligned with broader preventive health strategies and enhances the overall impact of the Quitline.

*D.7.k.v.2. Provision of Updated Lung Cancer Screening Providers in Nebraska*

National Jewish Health will maintain and provide an up-to-date, Nebraska-specific list of lung cancer screening providers to ensure that eligible participants can be effectively connected to accessible, high-quality screening services across the state. This resource will serve as a practical tool for both participants and Quitline staff, supporting timely referrals and informed decision-making.

The provider list will include major health systems, cancer centers, and screening programs that offer low-dose computed tomography (LDCT) lung cancer screening, which is the recommended method for early detection among high-risk populations. Screening programs in Nebraska include, but are not limited to:

- Nebraska Medicine (including the Fred & Pamela Buffett Cancer Center), which offers comprehensive lung cancer screening programs using low-dose CT imaging for early detection
- Methodist Health System (including Methodist Estabrook Cancer Center), which provides lung screening and multidisciplinary oncology services
- Mary Lanning Healthcare (Morrison Cancer Center), which offers lung cancer screening programs and community-based access to early detection services
- Nebraska Cancer Specialists, which collaborates with imaging partners to support evaluation and screening access across Nebraska communities

In addition to these providers, National Jewish Health will maintain a broader directory that may include regional hospitals, federally qualified health centers (FQHCs), and partner health systems offering screening or referral pathways. National Jewish Health will also coordinate with TFN to incorporate any state-designated or preferred provider networks into the resource.

The provider list will be reviewed and updated on a regular basis to ensure accuracy, including verification of contact information, services offered, eligibility requirements, and geographic coverage. Updates will reflect changes in provider availability, expansion of screening programs, and new partnerships within the state.

This information will be made available to participants during Quitline interactions and can also be integrated into digital platforms, such as websites or resource portals, to allow participants to independently identify screening options. Coaches will use this resource to guide participants to appropriate providers based on location, insurance status, and individual preferences.

By maintaining a current and comprehensive list of lung cancer screening providers, National Jewish Health ensures that eligible Nebraskans are not only informed about screening opportunities but are also equipped with clear, actionable pathways to access these services.

#### *D.7.k.v.3. Education on the Benefits of Lung Cancer Screening*

National Jewish Health provides participants with clear, evidence-based education on the benefits of lung cancer screening to support informed decision-making and promote engagement in preventive healthcare services. This education is integrated into Quitline interactions for participants who meet screening eligibility criteria and is delivered in a manner that is accessible, relevant, and aligned with current clinical guidance.

Educational content is informed by recommendations from the United States Preventive Services Task Force and emphasizes the role of LDCT screening in the early detection of lung cancer among high-risk individuals. Participants are informed that screening can identify lung cancer at earlier, more treatable stages, which is associated with improved survival outcomes and expanded treatment options.

Quitline coaches provide tailored education that explains how lung cancer screening works, who is eligible, and what participants can expect from the screening process. This includes addressing common questions and misconceptions, such as concerns about safety, radiation exposure, and the purpose of screening for individuals who may not have symptoms.

Educational resources are available in multiple formats to support participant preference and accessibility. These may include verbal guidance during counseling sessions, printed materials sent by mail, and digital content delivered via email or text. Materials are designed to be easy to understand, culturally responsive, and appropriate for individuals with varying levels of health literacy.

In addition to highlighting the benefits of screening, coaches reinforce the importance of combining screening with tobacco cessation efforts. Participants are informed that quitting tobacco remains the most effective way to reduce the risk of lung cancer and other tobacco-related diseases, and that screening serves as a complementary preventive measure.

All education provided is participant-centered and voluntary, ensuring that individuals are empowered to make decisions based on their own values, preferences, and readiness. Documentation of education provided is maintained within the system to support continuity of care and reporting.

#### **D.8. TECHNICAL ASSISTANCE FOR HEALTHCARE PROFESSIONALS**

National Jewish Health agrees that healthcare professionals accessing the Quitline portal and/or services must be provided with the following services as requested and available:

##### **D.8.a. Comprehensive Online Training for Healthcare Professionals**

As the current provider for the Tobacco Free Nebraska Quitline, National Jewish Health offers free, comprehensive online training to support healthcare professionals across the state in effectively addressing tobacco use and helping patients quit. These training opportunities are already available to Nebraska providers and are designed to build knowledge, skills, and confidence using evidence-based approaches.

Through resources such as the QuitLogix Education Library, physicians, nurses, behavioral health providers, social workers, oral health professionals, and certified Tobacco Treatment Specialists can access accredited modules and earn Continuing Medical Education (CME), Continuing Nursing

Education (CNE), and Continuing Pharmacy Education credits. Training content focuses on practical, real-world application and supports integration of tobacco treatment into routine care.

Core curriculum areas include brief intervention frameworks such as the 5A's and Ask-Advise-Connect/Refer models, motivational interviewing techniques, pharmacotherapy guidance, and strategies for engaging diverse and priority populations, including individuals with behavioral health conditions. Content is regularly reviewed and updated to reflect current clinical guidelines, emerging tobacco products, and evolving best practices in cessation treatment.

The online training platform is designed to be flexible and user-friendly, allowing Nebraska providers to access modules at their convenience. Interactive components, case-based scenarios, and knowledge checks help reinforce learning and support skill development. Through this established offering, National Jewish Health continues to partner with Nebraska to strengthen provider capacity and expand the reach and impact of tobacco cessation services across the state.

#### [D.8.a.i. Compliance with Continuing Education Accreditation Requirements](#)

All training provided by National Jewish Health is developed, delivered, and maintained in compliance with applicable accreditation standards for continuing education units (CEUs) relevant to the target audience. This includes alignment with requirements for continuing medical education (CME), continuing nursing education (CNE), continuing pharmacy education (CPE), and other professional continuing education standards as appropriate.

National Jewish Health has extensive experience managing accredited training programs and ensures that all necessary processes are followed, including curriculum review, learning objectives, faculty qualifications, interactive e-learning requirements for CPE, assessment of learning outcomes, and documentation of participation. Accreditation is maintained through recognized accrediting bodies, ensuring that healthcare professionals receive high-quality, credible educational experiences.

Participants who complete training modules are eligible to receive CEUs or equivalent continuing education credits, supporting their professional development and incentivizing participation. Documentation of completion and credit issuance is managed through the training platform, providing a seamless experience for users.

Training participation and completion data are tracked and reported to Tobacco Free Nebraska (TFN) as part of overall program reporting, allowing for monitoring of provider engagement and evaluation of training impact.

#### [D.8.a.ii. Availability of CEUs for Licensed Prescribers](#)

National Jewish Health ensures that CEUs are available, at minimum, for all licensed prescriber healthcare professionals participating in Quitline training. This includes physicians, nurse

practitioners, physician assistants, and other licensed prescribers who play a critical role in tobacco dependence treatment through clinical care and pharmacotherapy management.

Training programs are developed and maintained in alignment with accreditation standards required to offer CME and other relevant continuing education credits. National Jewish Health partners with accredited continuing education providers and follows established processes to ensure that all requirements related to curriculum development, faculty qualifications, learning objectives, and outcome evaluation are met.

Training content for prescribers includes clinically relevant topics such as appropriate use of pharmacological cessation aids, including nicotine replacement therapy and prescription medications, patient assessment and treatment planning, and integration of tobacco cessation into clinical workflows. These modules are designed to support prescribers in making informed, evidence-based decisions and effectively supporting patients in quitting tobacco.

CEU-eligible training is delivered through an accessible online platform that allows prescribers to complete modules at their convenience. Upon successful completion, participants receive documentation of earned credits, supporting licensure requirements and ongoing professional development.

By ensuring that CEUs are available for licensed prescribers, National Jewish Health enhances provider engagement, supports clinical best practices, and strengthens the integration of tobacco cessation treatment within healthcare systems across Nebraska.

D.8.a.iii. Topics should include, but not be limited to:

*D.8.a.iii.1. Pharmacotherapy Guidance Based on Clinical Practice Guidelines*

National Jewish Health ensures that training for healthcare professionals includes up-to-date, evidence-based information on pharmacological treatment options for tobacco dependence, consistent with the U.S. Public Health Service Clinical Practice Guidelines on Treating Tobacco Use and Dependence. This content is a core component of the training curriculum and is designed to support providers in delivering effective, guideline-concordant care.

Training modules address the full range of FDA-approved pharmacotherapies, including nicotine replacement therapy (NRT) products—such as patches, gum, and lozenges—as well as prescription medications. Content includes guidance on appropriate selection of therapies based on patient characteristics, level of nicotine dependence, prior quit attempts, and clinical considerations.

Healthcare professionals are provided with practical instruction on dosing, combination therapy, duration of treatment, management of side effects, and strategies to support

adherence. Training also emphasizes the importance of integrating pharmacotherapy with behavioral counseling to maximize quit success, reflecting the strong evidence base supporting combined treatment approaches.

In addition, training content is regularly reviewed and updated to reflect emerging evidence, evolving product use patterns (including non-cigarette tobacco products), and updates to clinical guidelines. This ensures that providers receive current, relevant information that can be directly applied in clinical practice.

The training is designed to be actionable and clinically relevant, enabling healthcare professionals to confidently incorporate pharmacotherapy into patient care and improve cessation outcomes across diverse populations.

#### *D.8.a.iii.2. Implementation of In-Office Procedures to Address Tobacco Use*

As the current provider for the Tobacco Free Nebraska Quitline, National Jewish Health offers the opportunity to further support healthcare providers across the state through our Health Systems Change (HSC) program, in partnership with and at the direction of the Nebraska DHHS. This support is available on an opt-in basis and is designed to enhance existing efforts by providing more in-depth, hands-on assistance to healthcare systems interested in strengthening their tobacco treatment workflows.

Through the HSC program, National Jewish Health can work directly with participating providers to implement practical, evidence-based strategies for identifying and addressing tobacco use within routine clinical care. This includes supporting the integration of standardized approaches such as the 5A's and Ask-Advise-Connect/Refer models into existing workflows, helping ensure tobacco use is consistently addressed as part of patient care.

Participating providers can receive tailored guidance on establishing office-wide protocols, including documentation of tobacco use in electronic health records, use of prompts or reminders for screening and intervention, and development of efficient referral pathways to the Quitline. Support may also include workflow assessments, referral process optimization, and strategies to increase successful patient connection to cessation services.

The HSC approach emphasizes team-based care, working with physicians, nurses, medical assistants, behavioral health providers, and administrative staff to ensure tobacco treatment is embedded across the care continuum. National Jewish Health also provides practical tools, resources, and technical assistance to help providers overcome common barriers such as time constraints, competing priorities, and patient engagement challenges.

This support can be adapted to a wide range of healthcare settings across Nebraska, including primary care, behavioral health, substance use treatment, oral health, and hospital systems. By offering this level of partnership—when desired by the state—National Jewish Health can help further expand the reach and impact of tobacco cessation efforts,

strengthening connections between healthcare providers and the Tobacco Free Nebraska Quitline.

*D.8.a.iii.3. Recording of Interventions in Electronic Health Records*

National Jewish Health provides training to healthcare professionals on the effective documentation of tobacco use screening and intervention activities within electronic health records (EHRs), ensuring that tobacco dependence treatment is consistently recorded, tracked, and integrated into the broader continuum of care.

Training emphasizes the importance of documenting tobacco use status as a standard component of patient records, along with details of brief interventions, counseling provided, pharmacotherapy recommendations, and referrals to cessation resources such as the Quitline. Providers are guided on how to use structured fields, templates, and clinical prompts within EHR systems to ensure that documentation is accurate, consistent, and easily retrievable for follow-up care and reporting.

Content includes best practices for incorporating tobacco use as a “vital sign” within the EHR, enabling routine screening at each patient encounter and supporting continuity of care across providers and settings. Training also addresses how to document Quitline referrals and track outcomes, including whether patients engaged with services, to support coordinated care and quality improvement efforts.

Healthcare professionals are provided with practical strategies for integrating documentation into existing workflows, minimizing administrative burden while maintaining compliance with clinical and reporting standards. This includes use of standardized coding, templates, and automated prompts to streamline the recording process.

In addition, training addresses the role of EHR documentation in supporting performance measurement, quality improvement initiatives, and compliance with healthcare system requirements, including those related to value-based care and preventive health measures.

By strengthening provider capacity to document tobacco-related interventions effectively, National Jewish Health supports improved care coordination, enhances data quality, and ensures that tobacco cessation efforts are visible and actionable within healthcare systems.

*D.8.a.iii.4. Tobacco Dependence Treatment with Special Populations*

National Jewish Health provides training that equips healthcare professionals with the knowledge and skills to deliver effective, culturally responsive tobacco dependence treatment to special populations. This training recognizes that tobacco use patterns, barriers to quitting, and effective intervention strategies can vary significantly across populations, and it prepares providers to tailor their approach accordingly.

Training content addresses the unique needs of priority populations, including but not limited to individuals with mental health or substance use disorders, pregnant individuals, youth and young adults, older adults, and populations experiencing health disparities such as African American, Hispanic/Latino, and Native American communities. Modules emphasize the importance of understanding social, cultural, and environmental factors that influence tobacco use and cessation, including targeted marketing, access to care, and historical inequities.

Healthcare professionals are trained in adapting evidence-based interventions—such as motivational interviewing and cognitive-behavioral strategies—to meet the needs of these populations. This includes guidance on trauma-informed approaches, addressing co-occurring conditions, and incorporating culturally relevant communication techniques that build trust and engagement.

Training also includes clinical considerations for pharmacotherapy use within special populations, including safety considerations for pregnant individuals, interactions with behavioral health medications, and strategies for supporting individuals with high levels of nicotine dependence. Providers are equipped with tools to assess readiness, tailor quit plans, and provide ongoing support that reflects each participant’s context and needs.

In addition, modules highlight strategies for reducing disparities in access to tobacco cessation services, including use of the Quitline as a referral resource, integration of cessation support into behavioral health and community-based settings, and approaches to engage underserved populations effectively.

Content is designed to be practical and applicable across healthcare settings, enabling providers to incorporate population-specific strategies into routine care and improve outcomes for diverse patient populations.

#### *D.8.a.iii.5. Tobacco Dependence Treatment for Youth*

As the current provider for the Tobacco Free Nebraska Quitline, National Jewish Health offers targeted training to healthcare professionals on addressing tobacco and nicotine use among youth through a dedicated module within the QuitLogix Education Library. This module is designed to equip providers with practical, evidence-based strategies to engage adolescents and young adults using approaches that differ from traditional adult cessation models.

The youth-focused module emphasizes developmentally appropriate interventions, including the use of Motivational Interviewing techniques adapted for adolescents. Providers are guided on how to build intrinsic motivation, support autonomy, and engage youth in non-judgmental, meaningful conversations about tobacco and nicotine use, including emerging products such as e-cigarettes and nicotine pouches.

Content also highlights common drivers of youth use—such as social influences, stress, and targeted marketing—and provides strategies for addressing these factors within clinical interactions. Providers receive guidance on conducting age-appropriate screening, delivering brief interventions, and connecting youth to appropriate resources, including *My Life My Quit™* services available in Nebraska.

In addition, the module addresses considerations such as engaging parents or guardians when appropriate, balancing confidentiality, and supporting early intervention and prevention efforts. Practical tools and examples are included to help providers incorporate these approaches into routine care.

Through this focused training offering, National Jewish Health supports Nebraska providers in delivering effective, youth-centered tobacco treatment and prevention efforts.

#### *D.8.a.iii.6. Utilization of Quitline Services*

National Jewish Health provides training that equips healthcare professionals with a clear understanding of how to effectively utilize the Quitline and its services as an extension of clinical care. This training ensures that providers are knowledgeable about available Quitline services and confident in integrating referrals into routine practice.

Training content includes an overview of the full range of Quitline services, including intake and assessment, proactive coaching, pharmacotherapy support, digital tools, and follow-up evaluation. Providers are educated on eligibility criteria, enrollment processes, and the different modalities through which patients can access services, including phone, web, and text-based options.

Healthcare professionals are guided on how to identify appropriate opportunities for referral during patient encounters and how to introduce Quitline services in a way that is clear, supportive, and motivating. Training emphasizes the use of brief intervention models, such as Ask-Advise-Connect, to streamline the referral process and ensure that patients are connected to services efficiently.

In addition, training includes instruction on the various referral pathways available, including fax referrals, electronic referrals integrated with electronic health records, and direct patient-initiated enrollment. Providers are shown how to select the most appropriate referral method based on their practice setting and workflow, and how to ensure that referrals are complete and actionable.

Content also addresses how to communicate the value of Quitline services to patients, including the benefits of combining counseling with pharmacotherapy and the availability of no-cost support. Providers are equipped with messaging strategies that reinforce the credibility and effectiveness of Quitline services and encourage patient engagement.

To support implementation, healthcare professionals are provided with practical tools such as referral guides, workflow diagrams, and patient-facing materials that can be incorporated into clinical settings. Training also highlights how providers can follow up on referrals and incorporate Quitline engagement into ongoing care.

By ensuring that healthcare professionals understand how to effectively utilize Quitline services, National Jewish Health strengthens referral pathways, increases patient access to evidence-based cessation support, and enhances coordination between clinical care and public health services.

#### *D.8.a.iii.7. Evidence-Based Tobacco Cessation Interventions (5A's and Ask-Advise-Connect Models)*

National Jewish Health provides training on the implementation of effective, evidence-based tobacco cessation interventions that can be integrated into both in-office and community-based settings. Training emphasizes the use of standardized frameworks such as the 5A's and the Ask-Advise-Connect model, which are widely recognized as efficient and effective approaches for addressing tobacco use in clinical practice.

Healthcare professionals are trained to systematically identify tobacco use (Ask), deliver clear and personalized advice to quit (Advise), assess readiness to quit (Assess), assist with treatment planning and connection to resources (Assist), and arrange follow-up or referral to ongoing support (Arrange). For settings where time or resources are limited, the Ask-Advise-Refer model is emphasized as a streamlined approach that ensures patients are connected to Quitline services quickly and effectively.

Training includes practical guidance on how to incorporate these models into routine workflows across a range of settings, including primary care, behavioral health, substance use treatment programs, oral health practices, and community-based organizations. Providers are equipped with tools and strategies to deliver brief interventions that are both efficient and impactful, even within time-constrained environments.

Content also highlights how these models can be adapted to meet the needs of diverse populations and settings, ensuring that interventions remain relevant and effective across Nebraska's healthcare and community landscape.

#### **D.8.b. Provision of Free Continuing Education Units (CEUs)**

National Jewish Health provides free continuing education units (CEUs) to healthcare professionals upon successful completion of training courses. CEU processes are integrated into the training platform, allowing participants to complete required coursework, assessments, and evaluations in a streamlined manner.

Upon completion, participants receive documentation of earned credits, supporting licensure requirements and professional development. National Jewish Health ensures that all CEU offerings meet accreditation standards and are accessible to a range of provider types, including licensed prescribers and other healthcare professionals.

This approach supports provider engagement, incentivizes participation in training, and reinforces the value of ongoing education in tobacco dependence treatment.

#### **D.8.c. Annual Updates to Training Content**

National Jewish Health maintains a structured process for reviewing and updating training content on at least an annual basis to ensure that all materials remain current, accurate, and aligned with evolving best practices. Updates incorporate the latest clinical guidelines, emerging research, and changes in tobacco and nicotine product use, including new and evolving products.

In addition to clinical updates, technical enhancements are made as needed to improve the functionality, accessibility, and user experience of the training platform. This includes updates to content delivery methods, interactive components, and system compatibility.

This ongoing update process ensures that healthcare professionals receive relevant, up-to-date information that reflects the current landscape of tobacco cessation and supports effective clinical practice.

#### **D.8.d. Technical Assistance and Consultation to TFN**

National Jewish Health provides ongoing technical assistance and consultation to Tobacco Free Nebraska (TFN) staff working with healthcare professionals, supporting implementation of effective tobacco dependence treatment strategies across the state.

Technical assistance may include guidance on integrating tobacco cessation into healthcare systems, developing and refining referral workflows, interpreting clinical guidelines, and addressing challenges related to provider engagement or patient care. National Jewish Health also supports TFN in identifying opportunities to expand reach, improve referral quality, and enhance coordination between Quitline services and healthcare partners.

Consultation is provided through regular communication, scheduled meetings, and ad hoc support as needed, ensuring that TFN has access to timely expertise and guidance. This collaborative approach supports alignment between program operations and provider-facing initiatives, strengthens healthcare partnerships, and enhances the overall effectiveness of tobacco cessation efforts in Nebraska.

### **D.9. SUPPORT MATERIALS**

Tailored materials must be made available for populations listed in [D.11.e](#). All support materials must be approved by TFN prior to implementation. The Nebraska Tobacco Quitline logo must be visible on all

printed materials for distribution to Quitline participants, unless otherwise approved by TFN. Any revisions to materials must be approved by TFN prior to implementation.

#### **D.9.a. Development and Maintenance of Cessation Support Materials**

National Jewish Health develops, maintains, and utilizes a comprehensive suite of evidence-based cessation support materials designed to reinforce counseling, support behavior change, and meet the diverse needs of tobacco users. These materials are grounded in established best practices, including motivational interviewing and cognitive-behavioral approaches, and are designed to provide practical, actionable guidance for individuals at all stages of readiness to quit.

Support materials address a range of self-help cessation techniques, including strategies for managing cravings and withdrawal symptoms, identifying and avoiding triggers, building coping skills, developing quit plans, preventing relapse, and sustaining long-term behavior change. Content is structured to be clear, engaging, and accessible, ensuring usability across varying levels of health literacy.

National Jewish Health ensures that all materials are tailored to reflect the needs of priority populations identified in [D.11.e.](#), including adaptations for cultural relevance, language accessibility, and population-specific considerations such as youth, pregnant individuals, and individuals with behavioral health conditions. This tailored approach supports equitable access to effective cessation resources and enhances participant engagement.

All support materials are subject to review and approval by Tobacco Free Nebraska (TFN) prior to implementation. National Jewish Health will collaborate closely with TFN to ensure that materials align with state priorities, messaging, and branding requirements. The Tobacco Free Nebraska Quitline logo will be prominently displayed on all printed materials distributed to participants, unless otherwise directed by TFN.

In addition, National Jewish Health maintains a structured process for updating and revising materials to reflect emerging evidence, evolving tobacco use patterns, and programmatic changes. Any revisions to materials will be submitted to TFN for review and approval prior to implementation, ensuring ongoing alignment and quality assurance.

Materials are available in multiple formats, including print, digital, and text-based content, allowing participants to access resources in the format that best meets their needs. Distribution of materials is integrated into program workflows and tracked within the system to support reporting and evaluation.

#### **D.9.b. Low Literacy and Visual Design Requirements**

National Jewish Health ensures that all cessation support materials are developed to meet low literacy needs, including readability at or below a fourth (4<sup>th</sup>)-grade level, while maintaining accuracy and effectiveness of health information. Materials are intentionally designed to be clear, concise, and

easy to understand, enabling participants with varying levels of health literacy to fully engage with and benefit from the content.

Plain language principles are applied throughout all materials, including the use of simple sentence structures, common vocabulary, and avoidance of technical or clinical jargon. Key messages are presented in a straightforward and actionable manner, focusing on practical steps participants can take to support their quit journey. Content is organized to highlight essential information, using formatting techniques such as headings, bullet points, and short sections to improve readability and comprehension.

In addition to written content, materials incorporate extensive use of pictures, graphics, and visual aids to reinforce key concepts and enhance understanding. Visual elements may include illustrations, icons, infographics, and step-by-step diagrams that demonstrate techniques such as managing cravings, using nicotine replacement therapy, or preparing for a quit attempt. These visual supports are designed to complement written information and provide alternative ways for participants to absorb and retain key messages.

Materials are also developed with cultural relevance and inclusivity in mind, ensuring that images, examples, and messaging reflect the diverse populations served by the Nebraska Tobacco Quitline. This approach supports engagement and ensures that participants can see themselves reflected in the materials.

National Jewish Health utilizes established health literacy standards and best practices in the development and review of materials, including testing for readability and clarity. Materials may be evaluated using recognized tools and processes to ensure that they meet literacy and accessibility requirements prior to distribution.

All materials will be submitted to Tobacco Free Nebraska (TFN) for review and approval prior to implementation, ensuring alignment with state expectations and quality standards.

#### **D.9.c. Availability of Materials in English and Spanish**

National Jewish Health ensures that all adult cessation support materials are available, at a minimum, in both English and Spanish, supporting equitable access to information and services for Nebraska's diverse populations. Language accessibility is a core component of the program's approach and is integrated into the development, review, and distribution of all participant-facing materials.

Spanish-language materials are not direct, literal translations, but are developed using culturally appropriate adaptation to ensure that messaging is clear, relevant, and meaningful for Spanish-speaking participants. This includes consideration of linguistic nuances, cultural context, and health literacy needs to ensure that materials resonate with the intended audience and effectively support behavior change.

All translated materials undergo a structured quality assurance process, including review by qualified bilingual professionals and, when appropriate, back-translation or validation processes to ensure accuracy, consistency, and clarity. This ensures that both English and Spanish versions maintain the same level of quality, intent, and effectiveness.

Materials are available across all formats, including printed materials, digital content, and text-based messaging, ensuring that Spanish-speaking participants have access to the same range of resources as English-speaking participants. Staff are also trained to identify language preferences during intake and ensure that participants receive materials in their preferred language.

National Jewish Health will collaborate with Tobacco Free Nebraska (TFN) to ensure that all materials meet state-specific language and cultural expectations and will submit all materials for TFN review and approval prior to implementation.

#### **D.9.d. Availability of Materials in Additional Languages**

National Jewish Health maintains the capability to develop and provide cessation support materials in additional languages beyond English and Spanish, as indicated by call volume data and participant needs. This flexible, data-driven approach ensures that language access evolves in response to Nebraska's population and utilization trends, supporting equitable access to Quitline services.

Language needs are monitored through routine analysis of participant data, including preferred language captured during intake, interpreter utilization, and trends in call volume by language. When data indicate a consistent or growing need for materials in additional languages, National Jewish Health will collaborate with Tobacco Free Nebraska (TFN) to prioritize language expansion and determine appropriate materials for translation.

Development of additional language materials follows the same rigorous standards applied to English and Spanish content, including cultural adaptation, health literacy considerations, and quality assurance processes. Materials are translated by qualified professionals and reviewed to ensure accuracy, clarity, and cultural relevance. Where appropriate, community input or validation may be incorporated to enhance effectiveness and resonance.

National Jewish Health also leverages existing language access resources, including interpreter services, to support participants in real time while translated materials are developed or when demand does not yet warrant full material production. This ensures that participants can access support regardless of language, even as materials are being expanded.

#### **D.9.e. Distribution of Secondhand Smoke and Tobacco-Related Educational Materials**

National Jewish Health provides participants with access to comprehensive educational materials on secondhand smoke exposure and other tobacco-related topics, ensuring that individuals receive accurate, evidence-based information to support informed decision-making and promote healthier environments.

Educational content on secondhand smoke addresses the health risks associated with exposure, including impacts on children, pregnant individuals, and individuals with chronic health conditions. Materials also include practical strategies for reducing exposure in homes, vehicles, and community settings, as well as guidance on supporting smoke-free environments. Additional tobacco-related materials may cover topics such as emerging tobacco products, nicotine dependence, benefits of quitting, and long-term health outcomes.

Participants may request these materials at any time during their engagement with the Quitline, and National Jewish Health maintains processes to fulfill these requests promptly and through the participant's preferred communication channel. Materials are available for distribution via mail, email, or text, ensuring flexibility and accessibility based on individual preferences and access to technology.

Content is tailored to align with participant characteristics, including language preference, literacy level, and specific informational needs. Materials are designed to be clear, culturally responsive, and actionable, supporting both individual behavior change and broader awareness of tobacco-related risks.

All material distribution is tracked within the system to support reporting, quality assurance, and evaluation of participant engagement. National Jewish Health will collaborate with Tobacco Free Nebraska (TFN) to ensure that all materials meet program standards and will submit materials for review and approval prior to distribution.

#### **D.9.f. Timely Distribution of Support Materials**

National Jewish Health ensures that all requested support materials are fulfilled within 48 hours of request, providing timely access to evidence-based resources for a wide range of individuals and stakeholders. This rapid fulfillment standard is supported through integrated workflows, automated triggers within the system, and established processes for both digital and physical material distribution.

Requests for materials may originate from multiple sources, including participants, proxy callers, healthcare professionals, and community partners. Upon receipt of a request, materials are selected based on the individual's needs, preferences, and characteristics, and are delivered through the preferred channel, including mail, email, or text. Distribution is tracked within the system to ensure compliance with timelines and to support reporting and quality assurance.

##### **D.9.f.i. Proxy Callers**

National Jewish Health provides tailored materials to proxy callers—individuals seeking support on behalf of someone who uses tobacco—within the required timeframe. Materials focus on practical strategies for supporting quit attempts, effective communication techniques, and ways to encourage engagement with Quitline services. This ensures that proxy callers are equipped with actionable tools to assist their family members or friends.

#### D.9.f.ii. Healthcare Professionals

Healthcare professionals requesting materials receive resources designed to support patient education, clinical intervention, and referral to Quitline services. These materials may include patient-facing educational tools, referral guides, and information on cessation treatment options. Timely delivery ensures that providers can incorporate these resources into patient care without delay.

#### D.9.f.iii. Tobacco Users Not Ready to Quit

For individuals not ready to quit, National Jewish Health provides materials that focus on increasing awareness, building motivation, and supporting incremental behavior change. Content includes information on the benefits of quitting, strategies for reducing tobacco use, and preparation for future quit attempts. Materials are designed to be supportive and non-judgmental, aligning with the participant's current stage of readiness.

#### D.9.f.iv. Tobacco Users Ready to Quit but Not Interested in Ongoing Counseling, Including Priority Populations

Participants who are ready to quit but do not wish to engage in ongoing counseling are provided with comprehensive self-help materials that support independent quit attempts. These materials include guidance on developing a quit plan, managing cravings, using pharmacotherapy, and preventing relapse.

Materials are tailored to meet the needs of specific populations, including racial, ethnic minority groups and individuals with behavioral health conditions. This includes culturally responsive content, adaptations for health literacy, and consideration of environmental and access-related factors that may influence cessation efforts.

### D.10. PROMOTION TO HEALTHCARE SYSTEMS

#### D.10.a. Collaboration with TFN on Promotional Materials

National Jewish Health will collaborate closely with Tobacco Free Nebraska (TFN) to update, refine, and utilize existing promotional materials designed for dissemination to healthcare professionals and healthcare systems.

Promotional materials our team will assist with include but aren't limited to provider-facing toolkits, referral guides, informational brochures, digital assets, and clinical workflow resources that support integration of Quitline services into healthcare settings. National Jewish Health will leverage existing evidence-based materials and adapt them as needed to reflect Nebraska's program structure, available services, and target populations.

All materials will be reviewed and updated regularly to ensure accuracy, relevance, and alignment with current clinical guidelines and emerging trends in tobacco use and cessation. Updates will incorporate feedback from TFN, healthcare partners, and performance data to ensure that materials remain effective in driving awareness and engagement.

National Jewish Health will also ensure that materials are designed for usability within healthcare environments, including clear calls to action, concise messaging, and practical guidance for referral and patient engagement. All materials will be submitted to TFN for review and approval prior to dissemination, ensuring consistency and quality across all promotional efforts.

#### **D.10.b. Coordination of Promotion to Healthcare Professionals and Systems**

National Jewish Health will partner with TFN to ensure coordinated, strategic promotion of Quitline services to healthcare professionals and healthcare systems across Nebraska. This coordinated approach is designed to maximize reach, strengthen provider engagement, and increase referral volume and quality.

Promotion efforts will be aligned with TFN's broader outreach and communication strategies and may include targeted campaigns, provider engagement initiatives, and integration with existing healthcare system workflows. National Jewish Health will support TFN in identifying key healthcare partners, priority regions, and high-impact opportunities for engagement, including primary care, behavioral health, substance use treatment, and specialty care settings.

Coordination activities may include participation in joint planning meetings, alignment of messaging and outreach timelines, and shared tracking of promotional activities and outcomes. National Jewish Health will also support efforts to integrate Quitline promotion into healthcare systems through mechanisms such as electronic health record (EHR) prompts, referral workflows, and provider education initiatives.

Performance data, including referral trends and provider engagement metrics, will be used to inform and refine promotional strategies over time. This ensures that outreach efforts remain targeted, effective, and responsive to evolving needs.

By maintaining strong coordination with TFN, National Jewish Health ensures that promotional activities are consistent, efficient, and aligned with statewide tobacco cessation goals, ultimately increasing awareness and utilization of Quitline services among healthcare professionals and their patients.

#### **D.10.c. Response to Media-Driven Call Volume**

National Jewish Health will collaborate closely with Tobacco Free Nebraska (TFN) to ensure timely, effective response to call volume generated through paid media campaigns, earned media efforts, and promotion through healthcare systems. The organization maintains a scalable operational model

designed to anticipate, absorb, and respond to fluctuations in demand associated with promotional activities.

Advance coordination with TFN will be established to align on campaign timing, target audiences, geographic focus, and anticipated call volume impact. This enables proactive workforce planning, including staffing adjustments, schedule optimization, and activation of surge capacity protocols. National Jewish Health utilizes forecasting tools and historical data analysis to model expected increases in volume and prepare accordingly.

During active campaigns, real-time monitoring of call volume, queue activity, and service levels allows for immediate operational adjustments. Cross-trained staff can be redeployed across service modalities, and additional staffing resources—including reserve staff and overtime capacity—can be activated to maintain performance standards such as live answer rate and speed of answer.

In addition to operational readiness, National Jewish Health ensures that messaging alignment is maintained across all participant interactions. Staff are trained and briefed on campaign-specific messaging to ensure consistency between media outreach and Quitline engagement, reinforcing participant trust and improving conversion rates.

This coordinated and responsive approach ensures that increased demand driven by promotional efforts results in successful engagement, enrollment, and service delivery.

#### **D.10.d. Coordination with TFN and Media Vendors**

National Jewish Health will collaborate with TFN and any designated media vendor to ensure effective coordination across all promotional activities, including paid media, earned media, healthcare system outreach, and broader tobacco control initiatives in Nebraska.

This collaboration includes participation in planning meetings, alignment of messaging and timelines, and integration of Quitline services into campaign strategies. National Jewish Health will provide input on operational considerations, such as anticipated call volume, participant flow, and service capacity, to inform campaign design and execution.

The organization will work with TFN and media partners to ensure that promotional messaging accurately reflects Quitline services, access points, and participant expectations. This includes alignment on branding, calls to action, and communication channels to ensure a seamless experience from initial exposure to service engagement.

National Jewish Health will also support coordination between media promotion and healthcare system outreach, ensuring that provider engagement efforts reinforce public-facing campaigns. This integrated approach strengthens referral pathways and maximizes the impact of both clinical and community-based promotion.

Ongoing communication and data sharing will support continuous refinement of promotional strategies. Metrics such as call volume, referral sources, and enrollment rates will be analyzed to assess campaign effectiveness and guide future efforts.

#### **D.10.e. Participation in State Presentations and Training Programs**

As the current provider for the Tobacco Free Nebraska Quitline, National Jewish Health partners with the Nebraska DHHS to support presentations and training opportunities that align with state priorities and stakeholder needs. National Jewish Health works collaboratively with DHHS to identify opportunities to educate and inform healthcare professionals, administrators, insurers, and other key partners in a way that is timely, relevant, and impactful.

Presentation content is grounded in the U.S. Public Health Service Clinical Practice Guideline, *Treating Tobacco Use and Dependence*, and supports systems change efforts that integrate tobacco treatment into routine healthcare delivery. Topics may include implementation of the 5A's and Ask-Advise-Connect model, use of pharmacotherapy, strategies for incorporating Quitline referrals into clinical workflows, and approaches to addressing tobacco use among priority populations.

All presentations are tailored to the specific audience and setting, ensuring content is practical, actionable, and aligned with Nebraska's goals. This may include incorporating Nebraska-specific data on Quitline utilization and outcomes, sharing real-world examples, and providing guidance on how organizations can operationalize tobacco cessation interventions within their existing systems.

Through this flexible, partnership-driven approach, National Jewish Health supports Nebraska's broader health systems change efforts—reinforcing the Quitline as an extension of clinical care and equipping stakeholders with the tools and knowledge needed to effectively connect individuals to cessation services.

#### **D.10.f. Technical Assistance for Referral System Development and Utilization**

As the current provider for the Tobacco Free Nebraska Quitline, National Jewish Health partners with the Nebraska DHHS to support the ongoing development, implementation, and optimization of referral pathways, including fax and web-based referrals. These established processes are designed to increase both the volume and quality of healthcare provider referrals, while ensuring ease of use and alignment with provider workflows.

National Jewish Health works collaboratively with the state to refine referral processes, including the design of streamlined referral forms, clear workflows, and approaches that support efficient and consistent use across healthcare settings. This includes sharing best practices to ensure referral pathways are user-friendly, capture necessary information, and support timely connection of participants to Quitline services.

For states seeking more in-depth support, National Jewish Health's Health Systems Change (HSC) program offers a comprehensive approach to strengthening provider engagement and referral

integration. If selected by Nebraska DHHS, the HSC program can provide hands-on technical assistance to healthcare systems, including workflow assessment, referral process optimization, alignment with electronic health records where appropriate, and strategies to increase successful patient connection to services.

In addition, National Jewish Health provides training and education to providers and partners on effective referral practices, including how to implement Ask-Advise-Connect approaches, utilize referral pathways, and interpret referral data. Ongoing support may include monitoring referral trends, identifying barriers, and recommending enhancements to improve performance over time.

Through this flexible, partnership-driven approach—supported by the option to leverage the HSC program—National Jewish Health ensures referral systems in Nebraska remain effective, scalable, and responsive to the needs of both providers and participants.

#### **D.10.g. Technical Assistance for Community Referral System Development and Utilization**

National Jewish Health will provide technical assistance to Tobacco Free Nebraska (TFN) to support the development, implementation, and optimization of a community referral system designed to expand access to Quitline services and increase referrals from both healthcare and community-based partners.

This approach recognizes that effective tobacco cessation outreach extends beyond traditional healthcare settings and includes engagement with community organizations, social service providers, behavioral health agencies, public health programs, faith-based organizations, and other trusted local entities. National Jewish Health will support TFN in designing a referral system that is accessible, user-friendly, and adaptable to a wide range of community settings.

Technical assistance will include development of standardized community promotional tools, such as simplified referral forms and digital submission options, that enable non-clinical partners to easily connect individuals to Quitline services. These tools will be designed to minimize administrative burden while capturing essential participant information needed to initiate outreach.

National Jewish Health will also support integration of community referral pathways into existing workflows, ensuring that organizations can incorporate referral processes into routine interactions with minimal disruption. This may include guidance on incorporating referrals into case management systems, outreach programs, and community-based interventions.

Training and education will be provided to TFN staff and community partners on how to effectively use the referral system, engage individuals in conversations about quitting tobacco, and promote Quitline services. National Jewish Health will share best practices from other state programs to inform strategies that increase referral volume and improve engagement among community-based populations.

Ongoing support will include monitoring referral data, identifying trends and gaps, and recommending targeted strategies to enhance utilization. This may involve refining referral tools, expanding partnerships, or tailoring outreach efforts to better reach priority populations, including rural communities, individuals with behavioral health conditions, and underserved groups.

By strengthening community referral pathways, National Jewish Health helps create multiple access points to Quitline services, increasing reach and ensuring that individuals can be connected to support through trusted local organizations as well as healthcare providers.

#### D.11. COUNSELING TECHNICAL REQUIREMENTS

National Jewish Health will provide a counseling system that has the following:

##### D.11.a. Protocols for First Contact During Live Hours

National Jewish Health utilizes standardized protocols for the first point of contact during live response hours to ensure that every participant receives timely, consistent, and high-quality engagement. Initial interactions are designed to be efficient while establishing rapport, assessing needs, and initiating appropriate services.

Upon connection, trained customer care representatives or tobacco cessation health coaches follow a structured intake and engagement protocol that includes greeting the participant, confirming language preference, and explaining available services. Staff then conduct a brief screening aligned with established data collection standards to gather key information, including tobacco use status, readiness to quit, prior quit attempts, and any immediate needs or concerns.

Protocols are grounded in motivational interviewing principles, ensuring that interactions are respectful, non-judgmental, and participant-centered. Staff are trained to meet participants where they are in their quit journey, providing encouragement and support regardless of readiness level.

For participants who are ready to quit, the protocol supports immediate connection to a Quitline coach for counseling intervention whenever possible. For those not ready, staff provide tailored information, motivational messaging, and access to resources that support future engagement.

All first-contact interactions are documented within the system, ensuring continuity of care, accurate reporting, and alignment with quality assurance standards. These protocols ensure that every participant receives a consistent and effective entry point into Quitline services.

##### D.11.b. Protocols to Triage Participant Needs

National Jewish Health employs structured triage protocols to assess and respond to the unique needs of each participant, ensuring that individuals are connected to the most appropriate level and type of service. Triage is conducted during initial contact and refined throughout the participant's engagement with the Quitline.

The triage process evaluates key factors, including readiness to quit, level of nicotine dependence, type of tobacco product used, prior quit attempts, and any co-occurring conditions such as mental health or substance use disorders. Additional considerations include participant preferences, access to technology, language needs, and eligibility for external resources such as health plan benefits.

Based on this assessment, participants are directed to the most appropriate service pathway, which may include immediate counseling, enrollment in proactive follow-up coaching, provision of self-help materials, digital engagement options, or referral to external resources such as healthcare providers or specialized programs.

Participants with more complex needs or higher levels of risk may be prioritized for enhanced services, including more intensive counseling or additional follow-up. Conversely, participants who are not ready to engage in counseling are provided with alternative support options that maintain engagement without creating barriers.

The triage process is supported by system-based decision tools and guided workflows that ensure consistency across staff while allowing for professional judgment and individualized care. Triage decisions are documented within the system, enabling tracking, reporting, and continuous quality improvement.

#### **D.11.c. Protocols for Multi-Modal Counseling (Phone, Online, and Text)**

National Jewish Health maintains standardized, evidence-based protocols for delivering counseling across multiple modalities, including telephone, online platforms, and text-based services. These protocols ensure that participants receive consistent, high-quality support regardless of how they access Quitline services, while allowing for flexibility based on participant preference and engagement style.

Telephone-based counseling serves as the primary modality and follows structured protocols that guide coaches through assessment, engagement, quit planning, and follow-up support. These interactions are delivered in real time and allow for personalized, in-depth counseling grounded in motivational interviewing and cognitive-behavioral strategies.

Online counseling protocols support both synchronous and asynchronous engagement, including web-based enrollment, digital coaching tools, and educational content. These protocols are designed to reinforce key cessation concepts, provide self-guided support, and complement live counseling interactions. Participants can access resources, track progress, and engage with program content at their own pace.

Text-based counseling protocols provide an additional layer of support, offering brief, timely, and interactive communication that reinforces behavior change. Text services may include scheduled motivational messages, reminders aligned with quit plans, and keyword-driven support that allows participants to request immediate assistance during high-risk moments, such as cravings or stress.

All modalities are integrated within a unified system, allowing for seamless transitions between channels and ensuring that participant information, progress, and interactions are consistently documented. Protocols are designed to maintain fidelity to evidence-based practices across all channels, while adapting delivery methods to suit the strengths of each modality.

This multi-modal approach enhances accessibility, supports sustained engagement, and ensures that participants can receive support in a way that best meets their needs.

#### **D.11.d. Protocols to Assess Readiness to Quit and Track Participant Engagement**

National Jewish Health utilizes structured protocols to assess each participant's readiness to quit tobacco and to guide appropriate service delivery based on that assessment. Readiness is evaluated during initial intake and counseling interactions using evidence-based approaches informed by stages of change theory and motivational interviewing techniques.

Coaches assess factors such as motivation, confidence, prior quit attempts, and current tobacco use patterns to determine the participant's level of readiness. This assessment informs the development of individualized quit plans and selection of appropriate services, ensuring that participants receive support that aligns with their current stage of change.

For participants who are ready to quit, QuitPro® includes comprehensive tracking capabilities to support engagement and monitor progress throughout the quit journey.

##### **D.11.d.i. Registration for Services**

All participants are formally registered within the system at the time of enrollment, with key demographic, behavioral, and clinical information captured in a standardized format. Registration data support service delivery, reporting, and evaluation, and ensure that participants are appropriately enrolled in selected program components, including counseling, pharmacotherapy support, and digital services.

##### **D.11.d.ii. Initial Counseling for Successful Engagement**

The system tracks completion of the initial counseling session, which serves as a critical foundation for successful quit attempts. This session includes development of a personalized quit plan, identification of triggers, discussion of coping strategies, and introduction to available cessation supports.

Tracking of initial counseling ensures that participants are engaged early in the process and allows for monitoring of program entry points, conversion from registration to counseling, and adherence to service protocols. This information supports quality assurance and continuous improvement efforts aimed at maximizing participant success.

#### D.11.d.iii. Provision of Self-Help Materials and Resources

QuitPro® tracks the provision of self-help materials and supplemental resources to participants, ensuring that all individuals—regardless of their level of engagement in counseling—receive evidence-based tools to support cessation. Materials are tailored to participant characteristics, including tobacco use type, readiness to quit, and preferred communication channel.

Distribution of materials via mail, email, or text is documented within the system, allowing for monitoring of utilization and ensuring timely fulfillment. This tracking supports both service delivery and reporting requirements, while reinforcing participant engagement outside of direct counseling interactions.

#### D.11.d.iv. Assessment of Participant Interest in Proactive Counseling

As part of the intake and ongoing engagement process, QuitPro® includes structured assessment of each participant's interest in proactive cessation counseling. This assessment is conducted using motivational interviewing techniques that explore readiness, preferences, and potential barriers to engagement.

Participant responses are documented and used to guide service pathways, including enrollment in proactive coaching, provision of alternative support options, or re-engagement strategies for future participation. The system allows for reassessment over time, recognizing that readiness and interest in counseling may evolve.

Tracking participant interest ensures that services remain aligned with individual preferences while also supporting program-level analysis of engagement trends and opportunities to increase participation in counseling.

#### D.11.d.v. Assessment of Insurance Status and Feedback on Coverage

National Jewish Health incorporates assessment of participant insurance status into the intake and counseling process, including identification of coverage through Medicaid, Medicare, and other health plans. This information is captured within QuitPro® and used to inform participants about available tobacco dependence treatment benefits.

This process supports coordination of care, helps participants maximize available resources, and reduces financial barriers to treatment. It also aligns with broader program goals of integrating Quitline services with healthcare systems and payer-supported cessation efforts.

All insurance-related assessments and participant feedback are documented within the system to support reporting, quality assurance, and continuous improvement.

#### D.11.d.vi. Comprehensive Proactive Follow-Up Cessation Counseling

QuitPro® supports delivery and tracking of comprehensive, proactive follow-up cessation counseling for participants who are ready to quit and agree to ongoing support. This counseling

model is grounded in evidence-based protocols that have been demonstrated through randomized controlled trials to be effective in promoting tobacco cessation and preventing relapse.

Proactive counseling is initiated by our coaches and includes a structured series of follow-up sessions scheduled at key intervals throughout the quit journey. These sessions are designed to support participants during critical phases, including preparation, quit initiation, early abstinence, and relapse prevention.

Counseling interactions incorporate motivational interviewing and cognitive-behavioral strategies to enhance motivation, build coping skills, and address barriers to quitting. Coaches work collaboratively with participants to develop and refine personalized quit plans, identify triggers, manage cravings, and reinforce progress over time.

Our system, Quitpro® tracks all proactive counseling activities, including scheduled sessions, completed interactions, participant engagement, and adherence to counseling protocols. This ensures accountability, supports quality assurance, and enables continuous improvement of service delivery.

For participants with higher levels of need or complexity, the system supports enhanced counseling intensity, through our behavioral health program, including additional sessions as appropriate and in alignment with program requirements. This flexible approach ensures that counseling remains responsive to individual participant needs.

#### [D.11.d.vii. Counseling on Nicotine Replacement Therapy and Medical Eligibility Screening](#)

As the current provider for the Tobacco Free Nebraska Quitline, National Jewish Health integrates education on nicotine replacement therapy (NRT) into established counseling protocols, ensuring participants receive clear, accurate, and actionable information on pharmacological cessation options. Coaches discuss available NRT products—such as patches, gum, and lozenges—and how these can be effectively incorporated into a comprehensive quit plan.

As part of the counseling process, participants are screened for medical eligibility using standardized clinical protocols. This includes assessment of relevant health conditions, contraindications, and other factors that may impact the safe and appropriate use of NRT. When needed, participants are referred to a healthcare provider for additional guidance. Based on this assessment, coaches provide individualized recommendations on NRT selection, dosing, and duration, along with education on proper use, management of potential side effects, and strategies to support adherence.

All NRT-related education, screening outcomes, and recommendations are documented within National Jewish Health's system, QuitPro®, supporting continuity of care, quality assurance, and comprehensive reporting.

A key strength of the Nebraska program is the ability of QuitPro® to capture and track detailed participant-level data across a wide range of demographic and program variables. This includes information such as age, gender, race and ethnicity, geographic location, insurance status (as voluntarily provided), priority population indicators, and service utilization patterns. These data allow for robust analysis of how different populations engage with services, respond to interventions, and achieve outcomes.

This level of data tracking supports Nebraska in identifying disparities, monitoring reach across diverse communities, and tailoring strategies to better serve priority populations. It also enables more nuanced reporting and evaluation, helping to ensure that both NRT utilization and overall program performance can be assessed across demographic groups and over time.

Together, this integrated clinical and data-driven approach ensures that participants receive both behavioral and pharmacological support, while also providing Nebraska with meaningful insights to support continuous quality improvement and equitable service delivery.

#### **D.11.e. Familiarity with Priority Populations**

As the current provider for the Tobacco Free Nebraska Quitline, National Jewish Health brings extensive experience serving the diverse populations across Nebraska, recognizing that individuals have varying levels of need, access to care, and readiness to quit tobacco. The existing program is designed to ensure services are tailored, accessible, and effective for priority populations, including individuals with behavioral health conditions, pregnant and postpartum participants, American Indian communities, youth and young adults, and others who may face additional barriers to cessation support.

National Jewish Health's system, QuitPro®, supports this work by enabling tailored service delivery, tracking participant needs, and supporting specialized protocols and program enhancements aligned with these populations. This includes the ability to identify and monitor engagement and outcomes across demographic groups, helping ensure that services are responsive and equitable.

Through this established approach, the Nebraska Quitline continues to provide targeted, culturally responsive, and participant-centered support that reflects the unique challenges and strengths of the populations it serves.

#### **D.11.e.i. Medicaid Beneficiaries**

As the current provider for the Tobacco Free Nebraska Quitline, National Jewish Health understands the unique barriers and opportunities associated with supporting Medicaid populations. Many Medicaid participants experience higher rates of tobacco use, co-occurring behavioral health conditions, and social determinants of health that can impact their ability to engage in and sustain cessation efforts.

The Nebraska program incorporates tailored engagement strategies to better support Medicaid participants, including simplified enrollment processes, proactive outreach, and participant-centered coaching approaches. While coaches do not provide plan-specific benefit details, participants are encouraged to connect with their health plans to better understand available cessation coverage, including pharmacotherapy and counseling services, and how these resources may complement Quitline support.

National Jewish Health will continue to partner with the Nebraska DHHS to explore opportunities to strengthen coordination with Medicaid, including the potential to engage managed care organizations (MCOs) where appropriate. In addition, National Jewish Health can work with the state to support strategies related to Federal Financial Participation (FFP) matching opportunities, helping to inform approaches that align Quitline services with Medicaid funding structures.

Through this collaborative and flexible approach, National Jewish Health supports alignment between Quitline services and broader healthcare coverage, helping to reduce duplication, strengthen continuity of care, and maximize available resources to better serve Medicaid participants across Nebraska.

#### [D.11.e.ii. Uninsured / Low Socioeconomic Status Populations](#)

National Jewish Health is highly experienced in serving uninsured and low socioeconomic status populations, for whom cost, access, and competing life priorities may present significant barriers to quitting tobacco. The Quitline model is inherently designed to address these barriers by providing no-cost, easily accessible services across multiple modalities.

Our system, QuitPro® emphasizes flexibility and accessibility, offering services via phone, web, and text, and providing direct-to-participant distribution of self-help materials and, when applicable, nicotine replacement therapy. Coaches are trained to recognize and address social determinants of health, including housing instability, employment challenges, and limited access to healthcare.

Engagement strategies for this population focus on reducing barriers, building trust, and providing practical, achievable steps toward cessation. National Jewish Health also leverages community partnerships and referral networks to extend reach and connect participants with additional support services as needed.

#### [D.11.e.iii. Pregnant Women](#)

As the current provider for the Tobacco Free Nebraska Quitline, National Jewish Health delivers a well-established Pregnancy and Postpartum Program (PPP) designed to support tobacco cessation during pregnancy and beyond, recognizing the critical importance of quitting for both maternal and infant health.

Coaching for pregnant participants is tailored to address the unique clinical, emotional, and social considerations associated with pregnancy. Each participant is paired with a dedicated female coach, providing continuity of care and fostering a trusting, supportive relationship throughout the program. tobacco cessation health coaches receive targeted training in working with pregnant participants and utilize Motivational Interviewing techniques that emphasize empathy, encouragement, and non-judgmental engagement. Counseling focuses on the health benefits of quitting for both the participant and baby, while also addressing common challenges such as stress, social influences, and risk of relapse.

The program includes enhanced support through structured coaching, pregnancy-specific educational materials, and coordination with healthcare providers to align with prenatal care. When nicotine replacement therapy (NRT) is appropriate and desired, National Jewish Health works with the participant to obtain medical clearance through a consent form completed by their healthcare provider, ensuring safe and coordinated use in accordance with clinical recommendations.

This comprehensive approach extends into the postpartum period to support relapse prevention, reflecting Nebraska's ongoing commitment to providing consistent, high-quality care for this priority population.

#### [D.11.e.iv. Senior Adults](#)

National Jewish Health recognizes that senior adults may have long histories of tobacco use, higher levels of nicotine dependence, and co-occurring chronic health conditions. Counseling protocols for this population emphasize the immediate and long-term health benefits of quitting, even later in life, including improvements in cardiovascular and respiratory health.

Coaches are trained to address common concerns among older adults, such as managing withdrawal alongside existing health conditions, medication interactions, and long-standing behavioral habits. Services are delivered in a patient, supportive manner, with flexibility in pacing and communication style. Educational materials are designed to be clear and accessible, with attention to readability and usability.

#### [D.11.e.v. Veterans](#)

National Jewish Health has experience serving veteran populations, who may have higher rates of tobacco use and unique stressors related to military service. Counseling approaches for veterans incorporate trauma-informed principles and recognize the potential impact of chronic stress, mental health conditions, and social factors.

Participants are provided with tailored support that may include enhanced counseling intensity, integration of stress management strategies, and coordination with veteran-specific healthcare resources when appropriate. Coaches are trained to engage veterans in a respectful and supportive manner, reinforcing autonomy and building trust.

#### D.11.e.vi. Smokeless Tobacco Users

National Jewish Health provides specialized support for individuals who use smokeless tobacco products, recognizing that cessation strategies may differ from those used for combustible tobacco. Counseling protocols address patterns of use, nicotine dependence levels, and behavioral triggers specific to smokeless tobacco.

Participants receive tailored guidance on managing cravings, addressing habitual use patterns, and understanding health risks associated with smokeless tobacco. Educational materials and counseling content are adapted to ensure relevance and effectiveness for this population.

#### D.11.e.vii. Electronic Nicotine Delivery Systems (ENDS) Users

National Jewish Health has developed targeted approaches to address the growing use of electronic nicotine delivery systems (ENDS), including e-cigarettes and nicotine pouches. Counseling protocols incorporate current evidence and emerging best practices related to these products.

Participants are educated on the health risks, nicotine dependence potential, and strategies for quitting ENDS use. Coaching focuses on addressing behavioral and social drivers of use, including dual use with other tobacco products. Messaging and materials are regularly updated to reflect evolving product trends and usage patterns.

#### D.11.e.viii. Individuals with Mental Health or Substance Use Conditions

As the current provider for the Tobacco Free Nebraska Quitline, National Jewish Health brings extensive experience supporting individuals with co-occurring mental health conditions and substance use disorders—populations that experience disproportionately high rates of tobacco use and unique challenges in quitting.

To address these needs, the Nebraska program includes a specialized Behavioral Health Protocol, which offers an expanded seven (7)-call coaching model designed to provide additional structure, support, and continuity of care. This protocol is tailored for participants who may benefit from more intensive engagement, allowing coaches to spend additional time addressing the complex relationship between tobacco use, mental health, and substance use.

Coaches are trained in trauma-informed care and in adapting Motivational Interviewing and cognitive-behavioral strategies to effectively support this population. Coaching focuses on building coping skills, managing stress and triggers, addressing relapse risk, and supporting incremental progress toward cessation. The extended call structure allows for deeper engagement and reinforcement of strategies over time.

When appropriate, the program also supports coordination with behavioral health providers and reinforces the role of tobacco cessation as part of overall wellness and recovery. This integrated approach recognizes that quitting tobacco can positively impact both physical health and behavioral health outcomes.

Through this established protocol, National Jewish Health ensures that Nebraskans with behavioral health needs receive tailored, evidence-based support that reflects their unique experiences and increases the likelihood of successful cessation.

#### **D.11.e.ix. Diverse Ethnic, Racial, and Cultural Minority Populations, Including Native Americans**

National Jewish Health is committed to delivering culturally responsive care that addresses disparities in tobacco use and access to treatment among diverse racial, ethnic, and cultural populations. This includes targeted approaches for African American, Hispanic/Latino, Native American, and other underserved communities.

Counseling protocols incorporate cultural awareness, respect for community values, and understanding of historical and social factors that influence tobacco use. For Native American populations, National Jewish Health recognizes and respects the distinction between ceremonial and commercial tobacco use, ensuring that services are culturally appropriate and aligned with community perspectives.

Materials and messaging are tailored to reflect cultural relevance, language preferences, and community-specific needs. Outreach and engagement strategies may also leverage partnerships with community-based organizations to increase trust and participation.

#### **D.11.f. Interpreter and Language Access Services**

National Jewish Health provides robust language access services to ensure that participants with limited English proficiency can fully engage in Quitline services. Interpreter services are available in real time during participant interactions and are supported through established partnerships with qualified third-party language service providers capable of supporting a wide range of languages.

During intake, participant language preference is identified and documented, and interpreter services are offered promptly to facilitate effective communication. These services are available across all service modalities, including phone-based counseling and, where applicable, support for web and text-based interactions. Interpreter access supports equitable service delivery and ensures that participants receive accurate, culturally appropriate information regardless of language.

In addition to interpreter services, National Jewish Health provides translated materials in Spanish and has the capability to expand materials into additional languages as needed based on participant demand. Interpreter utilization and language preferences are tracked within the system to inform service planning and continuous improvement.

This comprehensive approach ensures that language is not a barrier to accessing high-quality cessation support.

#### **D.11.g. Coordination with Healthcare Systems for Insured Participants**

National Jewish Health incorporates structured protocols to ensure that insured participants are informed of and connected to tobacco dependence treatment benefits available through their healthcare coverage, including Medicaid, Medicare, and commercial health plans.

During intake and counseling interactions, participants are asked about their insurance status, and this information is documented within the system. For insured participants, coaches provide clear, tailored information regarding available cessation benefits, including counseling services, pharmacotherapy coverage, and any plan-specific requirements for accessing these services.

Participants are guided on how to access these benefits through their healthcare system, which may include contacting their health plan, engaging with their primary care provider, or utilizing designated cessation programs offered by their insurer. Where appropriate, National Jewish Health facilitates connection to healthcare providers or systems for prescription cessation aids or additional medical follow-up.

QuitPro® supports coordination of care by documenting referrals, providing participants with actionable next steps, and reinforcing the integration of Quitline services with healthcare-based treatment. This approach ensures that participants can maximize available resources while maintaining a seamless and supportive experience.

By linking insured participants to their healthcare benefits and providers, National Jewish Health enhances access to comprehensive cessation treatment, reduces financial barriers, and supports alignment between public health and healthcare system efforts.

#### **D.11.h. Program Completion Incentives**

As the current provider for the Tobacco Free Nebraska Quitline, National Jewish Health supports the use of incentives as an effective strategy to enhance participant engagement, reinforce progress, and improve cessation outcomes. Nebraska currently utilizes incentives within the Pregnancy and Postpartum Program (PPP), which are integrated into the existing program to support participation and sustained engagement for this priority population.

National Jewish Health's system, QuitPro®, includes the capability to implement and manage additional incentive structures, should the state choose to expand this approach to other populations or program components. Any expansion of incentive offerings would be developed collaboratively with the Nebraska DHHS and would be dependent on program priorities, design considerations, and available funding.

Incentives can be structured to encourage meaningful participation, such as completion of counseling sessions, achievement of program milestones, or engagement in follow-up activities. All

incentives are selected to align with public health standards and state guidelines, ensuring they cannot be used for the purchase of tobacco or alcohol.

National Jewish Health maintains established processes for secure incentive fulfillment, including tracking participant eligibility, distribution, and documentation to ensure accountability, transparency, and alignment with reporting requirements.

Through this flexible approach, National Jewish Health can support Nebraska in evaluating and implementing incentive strategies beyond the current PPP model, as appropriate and as agreed upon in partnership with the state.

#### **D.11.i. Provision of Professional Staff**

National Jewish Health employs a highly trained, professional workforce dedicated to delivering high-quality tobacco cessation services. Staff include customer care representatives, coaches, supervisors, and clinical leadership, all of whom are equipped with the knowledge and skills necessary to support participants effectively.

Coaches are trained in evidence-based counseling approaches, including motivational interviewing and cognitive-behavioral strategies, and receive ongoing training to maintain competency in emerging tobacco products, pharmacotherapy, and population-specific needs. Clinical oversight is provided by experienced leadership, including a medical director and clinical director, ensuring adherence to best practices and continuous quality improvement.

National Jewish Health maintains structured onboarding, ongoing training, and performance monitoring processes to ensure that all staff meet program standards and deliver consistent, high-quality services. Staffing models are designed to be flexible and scalable, allowing for adjustments based on participant demand and program needs.

#### **D.11.j. Commitment to Participant Experience and Quality of Support**

National Jewish Health is committed to ensuring that every Nebraska participant experiences meaningful, supportive, and effective engagement when contacting the Quitline. QuitPro® and staff training emphasize a participant-centered approach that prioritizes empathy, responsiveness, and individualized care.

From the initial point of contact, participants are met with respectful, non-judgmental communication and are provided with the information, support, and resources that best meet their needs. Whether a participant is seeking immediate counseling, general information, referrals, or reassurance, staff are trained to respond effectively and ensure that each interaction is valuable and supportive.

The program emphasizes a “go the extra mile” philosophy, encouraging staff to proactively identify participant needs, offer additional resources, and ensure that no individual leaves the interaction

without clear next steps or support. This may include connecting participants to additional services, providing tailored materials, or scheduling follow-up contact.

Participant feedback and satisfaction are regularly assessed and incorporated into quality improvement efforts, ensuring that services continue to evolve to meet participant expectations and needs.

#### D.12. NICOTINE REPLACEMENT THERAPY (NRT)

National Jewish Health provides a comprehensive, evidence-based approach to the provision and management of nicotine replacement therapy (NRT) as an integrated component of Quitline services. NRT is offered to eligible participants receiving counseling following registration and clinical screening, in alignment with Tobacco Free Nebraska (TFN) requirements and U.S. Public Health Service Clinical Practice Guidelines. See the utilization and education provided earlier in the proposal.

National Jewish Health assumes full operational responsibility for NRT fulfillment, including participant screening, ordering, packaging, and distribution. Established workflows ensure that eligible participants receive NRT in a timely, accurate, and secure manner, supporting immediate initiation of pharmacotherapy as part of a comprehensive quit plan.

##### D.12.a. Screening, Authorization, and Ordering of NRT

National Jewish Health is responsible for conducting all participant screening to determine eligibility for NRT, utilizing standardized clinical protocols designed to ensure safe and appropriate use. Screening includes assessment of medical history, potential contraindications, current medications, and other relevant health considerations.

For participants requiring additional clinical review or medical authorization, National Jewish Health follows established procedures to obtain appropriate approval, including referral to a healthcare provider when necessary. This ensures that all NRT recommendations are clinically appropriate and aligned with participant health status.

Once eligibility is confirmed, coaches provide education on available NRT options—including patches, gum, and lozenges—and guide participants in selecting the most appropriate therapy based on nicotine dependence, preferences, and prior quit attempts. Recommendations include guidance on dosing, combination therapy, and duration of use.

NRT orders are processed through standardized fulfillment systems, ensuring accuracy and timely initiation of treatment. All screening outcomes, authorizations, and orders are documented within the system to support continuity of care, reporting, and quality assurance.

##### D.12.b. Availability and Distribution of NRT

National Jewish Health ensures that NRT is available to all eligible participants during distribution periods determined by Tobacco Free Nebraska. The organization maintains the operational capacity

and inventory management processes necessary to support consistent availability and timely distribution in alignment with TFN-approved timelines and budget parameters. See [sections D.7.g.i. and D.7.g.ii.](#) for more information on how NRT is currently leveraged in the existing Nebraska Quitline program.

NRT is distributed directly to participants via secure mail delivery, with all packaging and postage managed by National Jewish Health. Fulfillment processes are designed to ensure that NRT is shipped promptly following eligibility confirmation, supporting rapid access to pharmacotherapy during the critical early stages of a quit attempt.

Inventory levels, distribution rates, and budget utilization are actively monitored to ensure alignment with TFN-approved funding and program goals. National Jewish Health maintains flexibility to adjust distribution practices based on program needs, including scaling distribution during periods of increased demand or modifying allocation strategies to ensure equitable access.

Participants receive clear instructions for use and are supported through counseling interactions to ensure proper adherence and effective use of NRT. Follow-up interactions reinforce correct usage, address side effects, and support continued engagement.

#### **D.12.c. Direct Mailing of NRT to Participants**

National Jewish Health manages the direct-to-participant distribution of nicotine replacement therapy (NRT), ensuring that eligible participants receive medications in a timely, secure, and reliable manner. Once a participant has completed registration, counseling engagement, and clinical eligibility screening, NRT is shipped directly to the participant's permanent home mailing address or designated residential facility.

The fulfillment process is supported by established logistics and vendor partnerships that ensure accurate packaging, labeling, and delivery. All shipments are handled in compliance with applicable privacy and security standards, including protection of participant information. Packaging is discreet and includes all necessary materials, such as instructions for use, safety information, and any TFN-approved educational inserts.

National Jewish Health maintains standardized timelines for order processing and shipment, ensuring that NRT is mailed promptly following eligibility confirmation. This rapid distribution model supports participants at a critical point in their quit attempt, enabling immediate initiation of pharmacotherapy.

All shipments are tracked within the system, allowing for monitoring of delivery status, inventory utilization, and participant receipt. This tracking supports quality assurance, reporting requirements, and timely resolution of any delivery issues.

#### D.12.d. Alignment with TFN-Approved Distribution Parameters

National Jewish Health will fully align NRT distribution with Tobacco Free Nebraska (TFN)-approved parameters, including defined distribution periods, budget allocations, supply duration, product options, and participant eligibility criteria.

The organization maintains the flexibility and infrastructure necessary to operationalize TFN-specific requirements, including:

- Distribution timeframes during which NRT is available
- Supply length (e.g., two (2)-week, four (4)-week, or extended therapy protocols)
- Approved NRT products, including gum, patch, lozenge, and combination therapy
- Eligibility criteria based on participant characteristics, program goals, or priority populations

National Jewish Health actively monitors NRT inventory levels<sup>9</sup>, utilization rates, and budget performance to ensure adherence to TFN-approved limits. Real-time tracking and reporting capabilities allow for ongoing assessment of distribution patterns and support proactive adjustments to maintain alignment with program goals.

QuitPro<sup>®</sup> integrates these parameters into eligibility screening and ordering workflows, ensuring that staff consistently apply TFN guidelines when recommending and distributing NRT. Any updates or modifications to distribution rules are incorporated promptly through system configuration and staff training.

This structured approach ensures that NRT distribution is both responsive to participant needs and fully compliant with TFN requirements, while maintaining efficiency, accountability, and program integrity.

#### D.12.e. Provision of NRT to Medically Qualified Adult Participants

National Jewish Health provides nicotine replacement therapy (NRT) to medically qualified participants age 18 and older who are enrolled in the Nebraska Tobacco Quitline, in alignment with Tobacco Free Nebraska (TFN) program requirements. NRT is offered as part of an integrated cessation approach that combines pharmacotherapy with evidence-based behavioral counseling to improve quit outcomes.

Eligibility for NRT is determined through a structured clinical screening process conducted during intake and counseling interactions. Participants who meet established medical and program criteria are offered appropriate NRT options, including nicotine patch, gum, lozenge, and combination therapy, as approved by TFN.

NRT supply is provided in accordance with TFN-defined parameters, including duration of therapy and distribution timelines. National Jewish Health maintains the operational capacity to fulfill NRT

orders efficiently, ensuring that eligible participants receive medications promptly to support their quit attempt.

Participants receive education on proper use, dosing, and adherence as part of counseling services, and follow-up interactions reinforce correct usage and address any concerns. This ensures that NRT is not only accessible but also used effectively to support cessation.

**D.12.f. NRT Screening Protocols and TFN Approval**

National Jewish Health maintains standardized NRT screening protocols designed to ensure safe, appropriate, and clinically sound use of pharmacotherapy. These protocols include assessment of medical history, contraindications, current medications, tobacco use patterns, and other relevant health factors that may impact NRT suitability.

Screening protocols are grounded in evidence-based clinical guidelines and are applied consistently across all participants to ensure high-quality care and risk mitigation. For participants requiring additional clinical review, processes are in place to obtain medical authorization or refer to a healthcare provider as appropriate.

All NRT screening protocols will be submitted to Tobacco Free Nebraska (TFN) for review and approval a minimum of thirty (30) days prior to implementation, as required. National Jewish Health will collaborate with TFN to ensure that protocols align with state expectations, program goals, and clinical standards.

In addition, National Jewish Health maintains the ability to update and refine screening protocols as needed to reflect emerging evidence, changes in program requirements, or updates to clinical guidelines. Any revisions will be submitted to TFN for approval prior to implementation.

**D.12.g. NRT options**

[Redacted text block]

[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
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[Redacted]	[Redacted]	[Redacted]

### Combination Therapy

For participants utilizing combination therapy (e.g., patch plus gum or lozenge), supply quantities reflect concurrent use of both products in alignment with clinical guidance. For example:

Patch: One (1) per day (14 or 28 total depending on supply duration)

Gum or Lozenge: Minimum of nine (9) per day (126 or 252 total depending on supply duration)

All NRT quantities are adjusted as appropriate based on TFN-approved protocols, participant needs, and clinical considerations. Coaches provide guidance on appropriate usage patterns, including tapering strategies when applicable, and reinforce adherence during follow-up counseling sessions.

National Jewish Health maintains inventory management and fulfillment processes to ensure that all NRT supplies are packaged and distributed accurately according to these standards. Supply levels, distribution rates, and utilization are tracked to ensure alignment with TFN-approved budgets and program goals.

## E. OPTIONAL SERVICES

### E.1. Innovative Projects Changes

Innovative project changes or additions to the contract beyond the scope are not permitted unless required to ensure compliance with any applicable law, or unless, in DHHS's sole determination, such changes or modifications are essential to ensure maximum use of other resources consistent with the purposes of this RFP.

### E.2. Custom Evaluation Efforts

Custom evaluation efforts, as requested by TFN, go beyond the seven (7) month quit rate and satisfaction rate evaluation. Custom Evaluation could focus on a specific population using the Quitline, a specific Quitline service provided, and/or other TFN Quitline initiatives and could involve gathering information from Quitline participants through a survey or other means as developed in the custom evaluation plan.

### E.3. Text Counseling

Tobacco cessation coaching session is delivered through text messaging services between a live Quit Coach and a participant. Text counseling is interactive, tailored, immediate and continued texting based on motivation, readiness, dependence, and confidence levels, quit date, etc. (Recommended Best and Promising Practices on Technology-Mediated Services for Quitlines, NAQC 2021). Billing to be negotiated upon executed contract.

#### E.4. Health System Change

National Jewish Health offers a Health Systems Change approach designed to increase provider engagement and streamline referrals to Quitline services through electronic referral (eReferral) integration. This service supports healthcare systems and clinics in establishing secure, bidirectional connections between electronic medical records (EMRs) and the Quitline, enabling providers to seamlessly refer patients and receive timely progress updates on their patients' cessation journey.

As part of this optional service, National Jewish Health partners with the state to identify and prioritize healthcare organizations for participation, facilitate project planning and onboarding, and provide technical guidance throughout implementation. This includes coordinating with clinic and health system partners to establish workflows, supporting testing and validation of secure data exchange, and ensuring successful transmission of referrals and feedback loops.

Implementation timelines vary based on each health system's infrastructure and readiness, with a typical range from several weeks to several months. This flexible, scalable approach allows the state to expand integration efforts over time based on strategic priorities and available resources.

By embedding Quitline referrals directly into clinical workflows, this service reduces barriers to access, increases reach among priority populations, and strengthens continuity of care between healthcare providers and evidence-based tobacco cessation services.

**Cost Sheet**  
**RFP 124316 03**  
**Nebraska Tobacco Quitline Services**  
**State of Nebraska, Department of Health and Human Services**

Bidder Name: National Jewish Health

**Important Instructions:** Bidders must complete all fields highlighted in yellow. Do not alter the existing format or content within this Cost Sheet.

**Please note:** All prices, including but not limited to personnel, supervision, training, travel, administrative costs, materials, postage and handling, data collection and reporting, referral database, language and system capability, must be included in the cost per client interaction completed. Quitline services must include day-to-day tracking & surveillance of interactions. No additional charges will be allowed for packing, packages, or partial delivery costs.

Tobacco Free Nebraska (“TFN”) will not pay for non-registered callers such as inquiries from the public, out-of-state calls, prank calls, wrong numbers, hang-ups, voicemail, spambots and robocalls. Tobacco Free Nebraska will not pay for letters or calls made to reach participants. All prices listed must be for received/completed interventions and must not include those callers who enroll or agree to a protocol but do not receive it. Reimbursement will only be provided for each call after it has been completed.

The prices indicated in **Part I and II** below shall reflect all applicable fees necessary to perform the project requirements and deliverables as outlined in section (V) of the Request for Proposal (RFP) document and any related attachments and/or documents.

**Instructions For Bidders:**

Only **Part I - Initial Contract Period and Renewal Options**. Bidder must complete all columns and line items for evaluation of Cost Sheet. Column for **Initial Contract** covers initial two years commencing July 1, 2026, through June 30, 2028. DHHS reserves the right to utilize the renewals upon mutual agreement of the Parties. (Note: All the invoices shall be paid on monthly basis)

The following data is provided as a reference for calculating cost. Nebraska receives approximately 2,700 calls to the Nebraska Tobacco Quitline per year.

**Bidder must not deviate from this format. Bidder shall consolidate all costs associated with Registration into a single cost per call. Bidder shall consolidate all costs associated with Coaching/Counseling Services into a single cost per call. Program Development costs shall be reflected as one total cost.**

**Part I – Initial Contract Period and Renewal Options.** Project section requirements as outlined in Section (V) of the Request for Proposal (RFP) document and any related attachments. Bidder to provide pricing for each of the project deliverable categories listed. **BASIS FOR AWARD OF POINTS: Unit Costs for Part I and Part II will be calculated against estimated quantities for cost analysis and assignment of points for the collective total of Initial Contract term and renewals.**

Deliverable	Historical Estimate of Two-Year Quantity Distribution	Unit of Measure	Initial Contract Two Year Term Through June 30, 2028		Optional Renewal One Two Year Term Through June 30, 2030		Optional Renewal Two Two Year Term Through June 30, 2032	
			Unit Cost	Total Cost (unit x quantity)	Unit Cost	Total Cost (unit x quantity)	Unit Cost	Total Cost (unit x quantity)
Registration (phone). Repeat participant billing per Section V.D.3. (I)(3) (a-b)	2800	per Call	\$30.00	\$84,000.00	\$30.00	\$84,000.00	\$30.00	\$84,000.00
Registration (web and text). Repeat participant billing per Section V.D.3. (I)(3) (a-b)	1000	Per Participant	\$30.00	\$30,000.00	\$30.00	\$30,000.00	\$30.00	\$30,000.00
General Phone Coaching/Counseling Services	4000	per Call	\$35.00	\$140,000.00	\$35.00	\$140,000.00	\$35.00	\$140,000.00
Web Counseling	600	EA	\$40.00	\$24,000.00	\$40.00	\$24,000.00	\$40.00	\$24,000.00
Special Population Phone Coaching/Counseling Services	3000	Per call	\$44.00	\$132,000.00	\$44.00	\$132,000.00	\$44.00	\$132,000.00
Lung Cancer Pre-screening (must not include registration costs)	800	per Participant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Program Development/Implementation (one-time cost)	1	EA	\$50,000.00	\$50,000.00	\$50,000.00	\$50,000.00	\$50,000.00	\$50,000.00
E-Referral Interface	10 systems	EA	\$5,000.00	\$50,000.00	\$5,000.00	\$50,000.00	\$5,000.00	\$50,000.00
<b>Evaluation</b>								
Seven (7) month Evaluation – Satisfaction, 7 month Quit rate (Expected n=400)	2	EA	\$15,000.00	\$30,000.00	\$15,000.00	\$30,000.00	\$15,000.00	\$30,000.00
<b>Provider Training</b>								
Healthcare Provider Online Training – Development, Implementation, Maintenance, and Updates (one-time cost unless authorized by TFN)	1	EA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Continuing Education Credits for Healthcare Provider Training	10	EA	\$2,000.00	\$20,000.00	\$2,000.00	\$20,000.00	\$2,000.00	\$20,000.00

**Part II – Nicotine Replacement Therapy Products**

Bidder must fill out all highlighted areas on the cost sheet. Bidders that fail to provide pricing for all listed counts, will be ruled non-conforming. Basis of evaluation of Part II will calculate the unit cost multiplied by historical estimates.

**Historical Estimates based on Two Year Distribution, provided for reference only:**

\*The daily quantity of NRT supplied should align with the following recommendations ([Smoking Cessation: A Report of the Surgeon General](#), Table 6.2)

Nicotine Gum – 400 shipments.

Patch – 1200 shipments.

Lozenges – 400 shipments.

Combination Gum and Patch – 400 shipments.

Combination Patch and Lozenge – 500 shipments.

NRT Products for Two- and Four-Week Supply Shipments that align with Surgeon General recommendations	Initial Contract Two Year Term Through June 30, 2028	Optional Renewal One Two Year Term Through June 30, 2030	Optional Renewal Two Two Year Term Through June 30, 2032
	Unit Cost	Unit Cost	Unit Cost
Nicotine Gum (Two-week supply) (126 tablets Supply or 9 tablets each day)	\$36.00	\$36.00	\$36.00
Nicotine Gum (Four-week supply) (252 tablets, or 9 tablets each day)	\$60.00	\$60.00	\$60.00
Nicotine Patch (Two-week supply) (14 patches or 1 patch each day)	\$34.00	\$34.00	\$34.00
Nicotine Patch (Four-week supply) (28 patches or 1 patch each day)	\$54.00	\$54.00	\$54.00
Nicotine Lozenges (Two-week supply) (126 tablets Supply or 9 tablets each day)	\$40.00	\$40.00	\$40.00
Nicotine Lozenges (Four-week supply) (252 tablets Supply or 9 tablets each day)	\$68.00	\$68.00	\$68.00
Two-week combo therapy of Nicotine gum / Nicotine patches	\$70.00	\$70.00	\$70.00
Two-week combo therapy of Nicotine patches / Nicotine lozenge	\$74.00	\$74.00	\$74.00

**Data Collection Only:** Bidder should disclose how much Nicotine Replacement Therapy Products (i.e. gum/patches/lozenges) are included in a two- or four-week supply, if dosage amounts differ from the NRT counts in the Cost Sheet above.

NRT Products for Supply Shipments	Two Week Supply		Four Week Supply	
	Two Week Supply Shipment per participant	<u>Quantities</u>	Four Week Supply Shipment per participant	<u>Quantities</u>
Nicotine gum	Quantity of gum tablets	<u>100</u>	Quantity of gum tablets	<u>200</u>
Nicotine patches	Quantity of patches	<u>14</u>	Quantity of patches	<u>28</u>
Nicotine lozenges	Quantity of lozenges	<u>81</u>	Quantity of lozenges	<u>162</u>
Combination therapy of Nicotine gum / Nicotine patches	Quantity of gum tablets Quantity of patches	<u>100</u> /gum tablets <u>14</u> /patches	Quantity of gum tablets Quantity of patches	<u>200</u> /gum tablets <u>28</u> /patches
Combination therapy of Nicotine patches / Nicotine lozenges	Quantity of patches Quantity of lozenges	<u>81</u> /patches <u>14</u> /lozenges	Quantity of patches Quantity of lozenges	<u>162</u> /patches <u>28</u> /lozenges

**Part II – Optional Services (Reference Section V. (E.):**

Additional services may be necessary during the duration of the initial contract term and/or renewals. This would include any services not originally delineated in this RFP but considered within the scope of work. This additional work may stem from legislative mandates not otherwise addressed in this RFP or known at the time this RFP was issued. If additional work is needed, the Vendor must submit a detailed Scope of Work and detailed pricing for DHHS review and approval. The bidder shall provide pricing below for the requested optional services to be mutually agreed upon by the bidder and DHHS.

Optional Services	Deliverable	Estimated Quantity	Unit of Measure	Initial Contract	Optional Renewal One	Optional Renewal Two
				Two Year Term Through	Two Year Term Through	Two Year Term
				June 30, 2028	June 30, 2030	Through June 30, 2032
				Unit Cost	Unit Cost	Unit Cost
Innovative Projects as designated by TFN	100	HR	\$150.00	\$150.00	\$150.00	
Custom Evaluation	60	HR	\$150.00	\$150.00	\$150.00	
Text Counseling	600	EA	\$44.00	\$44.00	\$44.00	

Company Name/Bidder Signature: \_\_\_\_\_

## ATTACHMENT 1: KEY PERSONNEL RESUMES

### KEY PERSONNEL RESUMES—EXECUTIVE MANAGEMENT

Michael Salem, MD, FACS: President & Chief Executive Officer

Christine K. Forkner: Executive Vice President Corporate Affairs/Chief Financial Officer

Alex N. Hurst, MHA: Executive Director

### KEY PERSONNEL RESUMES—CLINICAL AND PRODUCT DEVELOPMENT

Barry J. Make, MD: Medical Director

Maggie Britton, PhD: Clinical Director

### KEY PERSONNEL RESUMES—COACHING AND OPERATIONS

Tom Barker: Director of Operations

### KEY PERSONNEL RESUMES—ACCOUNT MANAGEMENT

Katie Carradine: Senior Account Manager

Maria Rudie, MPH: Director, Products and Services

## KEY PERSONNEL RESUMES—EXECUTIVE MANAGEMENT

**Michael Salem, MD, FACS: President & Chief Executive Officer**

### PROFESSIONAL EXPERIENCE

**National Jewish Health, President & Chief Executive Officer** **2005 – Present**  
**GMP Companies, Inc., Executive Vice President** **2000 – 2005**

- Reported to the CEO leads and was responsible for research, development, licensing, and acquisitions.
- Responsible for P & L of Molecular Diagnostics Business including manufacturing facility with oversight of research and development, regulatory affairs, quality assurance, post marketing trials, worldwide sales, and eventual sale of the business.
- Directly responsible for development of numerous products and product candidates which have developed products from inventor concept thru commercial release including EyePass® microsurgical implant device for glaucoma, Phase III clinical trial; INGAP Peptide drug therapy for diabetes mellitus, Phase II clinical trial; LifeSync® Wireless Medicine System, 510 (k) FDA approved including post marketing trials; Laparocision® Scope Positioner, 510(k) FDA approved; GMP Conversion Technology®, chromosome separation process.
- Co-inventor on 5 U.S. patents and patent applications.

**GMP Companies, Inc., Senior Vice President** **1999 – 2000**

- Responsible with CEO for building business including capitalization of business with investment of \$190 million, interface with investment banking community, recruitment of personnel, negotiation and execution of numerous licensing and research collaborations with academic and industry partners.
- Multiple successful interfaces with FDA including pre-IND and IDE meetings, approval of IND, IDE, and submission of 510 (k) filing related to different product candidates.

**George Washington University Medical Center** **1994 – 1999**

Vice Chairman, Department of Surgery  
 Associate Professor of Surgery and Anesthesiology  
 Director, Trauma and Surgical Critical Care  
 Co-Director, Intensive Care Unit  
 Director, Surgical Research

**George Washington University Medical Center** **1994 – 1998**

Assistant Professor of Surgery and Anesthesiology  
 Director, Surgical Critical Care and Surgical Research  
 Associate Director, Trauma Service

### EDUCATION AND TRAINING

- **Clinical & Research Fellow in Surgical Critical Care**, Johns Hopkins University Hospital, 1993 – 1994
- **Research Fellow in Critical Care**, Sinai Hospital of Baltimore, Johns Hopkins University, 1990 – 1991
- **Clinical & Research Fellow in Critical Care**, Mass. General Hospital, Harvard Medical School, 1989 – 1990
- **Senior & Chief Resident in Surgery**, George Washington University Hospital, 1991 – 1993
- **Resident in Surgery**, George Washington University Hospital, 1988 – 1989
- **Intern & Resident in Surgery**, Boston University Hospital, 1986 – 1988
- **M.D.**, George Washington University School of Medicine and Health Sciences, Washington, D.C., 1982 – 1986
- **B.A.**, Washington University, St. Louis, Missouri, 1978 – 1982

**Christine K. Forkner: Executive Vice President Corporate Affairs/Chief Financial Officer**

**PROFESSIONAL EXPERIENCE**

**National Jewish Health, Executive Vice President Corporate Affairs/Chief Financial Officer** 2019–Present

**National Jewish Health, Chief Financial Officer** 1997–2019

- Directs all Finance functions including accounting, patient revenue, reimbursement, admissions, scheduling, financial analysis and budget, coding, utilization management, research administration and treasury functions.
- Works closely with CEO, Executive Vice Presidents, academic department heads and the Board of Directors to ensure the financial success of National Jewish Health.
- Turned around NJH financial position, increasing days in cash from 9 to more than 150.
- Restructured NJH revenue cycle, reducing days in accounts receivable by over 40%.
- Redesigned patient scheduling and flow resulting in significant increases in patient volume.
- Designed and implemented new clinical programs in collaboration with academic department heads.
- Restructured debt financing resulting in lower cost of capital and increased capital for new projects.
- Implemented a decision support and financial analysis system resulting in more effective financial analysis and decision making.
- Restructured NJH investment policy and asset allocation resulting in increased investment returns with lower risk levels.
- Renegotiated managed care contracts to improve reimbursement and patient volumes.

**National Jewish Health, Controller** 1994-1997

- Directed accounting, accounts payable, payroll, treasury and budget and financial analysis functions.
- Successfully implemented a new financial accounting system.
- Reorganized the accounting function to streamline costs while significantly improving the timeliness and accuracy of financial reporting.
- Redesigned the financial reporting to increase transparency and readability.

**KPMG Peat Marwick, Senior Audit Staff** 1989-1999

- Conducted and oversaw the financial audits of health care, manufacturing, and transportation clients. Worked with clients to improve financial compliance, controls, and reporting.

**EDUCATION AND CERTIFICATIONS**

**CPA Certification**, State of Colorado

**B.A. Accounting**, University of Denver, Denver, Colorado, 1989

**A.A. Computer Science**, Casper College, Casper, Wyoming, 1987

Alex N. Hurst, MHA: Executive Director

### PROFILE SUMMARY

Strategic public health leader with expertise in tobacco cessation, cancer control, behavioral health, program operations, and systems-level change. Recognized for aligning strategy, partnerships, and performance to advance health equity and organizational priorities across national initiatives.

- **Strategic Leadership**
- **Public Health Strategy**
- **Program Operations**
- **Partnership Development**
- **Behavioral Health**
- **Tobacco Cessation**
- **Cancer Control**
- **Health Equity**
- **Training & Technical Assistance**
- **Program Evaluation**
- **Stakeholder Engagement**
- **Staff Development**

### PROFESSIONAL EXPERIENCE

#### **National Jewish Health, Executive Director, Health Initiatives**

**2025 – Present**

- Leads strategic initiatives across a national portfolio addressing tobacco cessation, cancer control, and behavioral health disparities. Oversees cross-functional teams and ensures alignment with public health priorities, funder expectations, and performance benchmarks. Engages stakeholders, manages external partnerships, and stewards major funding relationships to sustain high-impact programs. Drives innovation in technical assistance models and resource development to advance health equity and systems-level change.

#### **National Council for Mental Wellbeing, Director,**

#### **National Behavioral Health Network on Tobacco and Cancer Control**

**2023 – 2025**

- Oversaw a national CDC-funded initiative addressing commercial tobacco use and cancer in mental health and substance use populations.
- Directed high-impact training and technical assistance, project monitoring and evaluation, stakeholder communications, and external consultant oversight.
- Managed budgets, reports, and funder relationships while supervising staff and supporting professional development.

#### **University of Texas MD Anderson Cancer Center, Program Director, EndTobacco**

**2016 – 2023**

- Designed and implemented evidence-based education and tobacco control programs focused on cancer risk reduction.
- Led development and dissemination of youth-focused educational programs and products addressing cancer risk behaviors.
- Established strategic partnerships and directed program evaluation strategies to demonstrate impact related to goals and objectives.

#### **Louisiana Campaign for Tobacco-Free Living, Cessation Program Manager**

**2013 – 2016**

- Managed Louisiana's Quitline contract and budget and led systems-level cessation integration, outreach, and policy support efforts.

#### **Ochsner Clinic Foundation / LPHI / Policy and Research Group**

**2011 – 2013**

- Held progressive public health roles in community outreach, health education, youth engagement, and research support.

### EDUCATION

**Master of Health Administration:** Louisiana State University

**Bachelor of Science, Public Health:** Tulane University

**Biological Science:** Louisiana State University

## KEY PERSONNEL RESUMES—CLINICAL AND PRODUCT DEVELOPMENT

Barry J. Make, MD: Medical Director

### PROFILE SUMMARY

Nationally and internationally recognized pulmonary and critical care physician with extensive expertise in chronic obstructive pulmonary disease (COPD), pulmonary rehabilitation, and respiratory care. Proven leader in clinical program development, research, and evidence-based care delivery. Brings decades of experience advancing respiratory health through clinical innovation, interdisciplinary care models, and national guideline development. Widely published and highly regarded thought leader committed to improving outcomes for individuals with complex respiratory conditions.

### PROFESSIONAL EXPERIENCE

**National Jewish Health, Medical Director, Respiratory Care & Rehabilitation Services 1988 – Present**

- Provides clinical leadership for respiratory care and pulmonary rehabilitation programs at the nation's leading respiratory hospital.
- Leads development and implementation of evidence-based clinical protocols to support individuals with chronic respiratory disease, including COPD and asthma.
- Oversees multidisciplinary care teams to ensure high-quality, patient-centered care delivery across clinical and population health programs.
- Advises on clinical strategy for Health Initiatives programming, including tobacco cessation and chronic disease management integration.
- Former Director and Co-Director of the COPD Program, contributing to national advancements in COPD care and treatment models.

**University of Colorado School of Medicine, Professor of Medicine 1994 – Present**

- Educates and mentors medical students, residents, and fellows in pulmonary and critical care medicine.
- Contributes to academic research and clinical training programs focused on respiratory disease and rehabilitation.

**Boston University School of Medicine / Boston City Hospital (Various Leadership Roles) 1976 – 1988**

- Held multiple leadership roles including Medical Director of the Intensive Care Unit and Director of the Respiratory Care Center.
- Led clinical services, program development, and research initiatives in pulmonary medicine.

### KEY CONTRIBUTIONS & LEADERSHIP

- Longstanding leader in pulmonary rehabilitation and COPD management, contributing to national clinical guidelines and best practices.
- Principal investigator and collaborator on numerous NIH- and industry-funded studies advancing respiratory care.
- Contributor to major national initiatives including the COPDGene® Study and multiple American Thoracic Society and American College of Chest Physicians efforts.

- Editor and author of hundreds of peer-reviewed publications and clinical resources.
- Regular invited speaker and advisor on respiratory care, pulmonary rehabilitation, and chronic disease management.

#### **EDUCATION & TRAINING**

- M.D., Jefferson Medical College, Philadelphia, PA
- B.S., Pennsylvania State University
- Residency: Internal Medicine, University of Michigan Medical Center
- Fellowships: Pulmonary Medicine, West Virginia University & Boston University

#### **BOARD CERTIFICATION**

- Internal Medicine (American Board of Internal Medicine)
- Critical Care Medicine

#### **HONORS & RECOGNITION (SELECTED)**

- American Thoracic Society Lifetime Achievement Recognition
- American Association for Respiratory Care Distinguished Awards
- Consistently named among America's Top Doctors
- Thomas L. Petty Memorial and Distinguished Pulmonary Scholar honors

Maggie Britton, PhD: Clinical Director

### **PROFILE SUMMARY**

Driven quality improvement leader with expertise in behavioral health systems, program evaluation, tobacco dependence treatment, and evidence-based intervention design. Experienced in translating clinical and behavioral health principles into operational protocols, training materials, and quality improvement strategies.

### **PROFESSIONAL EXPERIENCE**

#### **National Jewish Health, Clinical Director**

**2026 – Present**

- Provides clinical leadership for program quality, coach training, content development, and evidence-based service refinement across Health Initiatives programs.
- Leads quality improvement efforts, supports protocol development, and helps align clinical workflows with organizational standards and best practices.

#### **The University of Texas MD Anderson Cancer Center, Assistant Professor**

**2022 – Present**

- Leads implementation and dissemination of tobacco-free workplace programs across community agencies to strengthen tobacco dependence care through coordinated policy, education, and clinical initiatives.
- Designs and executes program evaluation plans, links objectives to grant metrics, and translates findings into actionable quality improvement recommendations.
- Develops evidence-based educational materials and provider training resources in collaboration with multidisciplinary clinical teams.
- Compiles, analyzes, and presents program outcome data for funders and manages and mentors a multidisciplinary team.

#### **University of Houston, Assistant Professor**

**2021 – 2022**

- Supported academic and program activities with a focus on behavioral health, research translation, and training.

#### **Illuminas, Client Services Associate**

**2020 – 2021**

- Synthesized qualitative data from surveys, interviews, and focus groups to identify trends and inform client strategies.
- Produced client-facing reports and refined reporting templates and survey tools to improve data collection and reporting accuracy.

#### **University of Houston, Research/Teaching Fellow**

**2015 – 2021**

- Led and managed multiple research projects, trained undergraduate and graduate assistants, and supported study protocol implementation and data collection.
- Disseminated research through publications and presentations and taught courses including statistics, cultural psychology, psychology of gender, and social psychology.

### **EDUCATION**

**Doctor of Philosophy (PhD), Social and Health Psychology:** University of Houston, 2021

**Master of Arts, Psychology, University of Houston,** 2017

**Bachelor of Arts, Psychology; Minor in Spanish,** Oakland University, 2014

## KEY PERSONNEL RESUMES—COACHING AND OPERATIONS

### Tom Barker: Director of Operations

#### PROFILE SUMMARY

Management professional with MBA and 21 years of experience in the voice and data communications field. US Army Battalion Signal Officer who handled all communication hardware and operations for a 175-member battalion in Bosnia. Proven success in the areas of transforming organizations to meet strategic business challenges, leading project teams, and adapting available technology to improve results.

#### PROFESSIONAL EXPERIENCE

##### **National Jewish Health, Director of Operations** **2018–Present**

- Responsible for directing all call center strategies, operations, and staff. Responsible for improving systems and processes, maximizing productivity, and managing staff to achieve financial goals, service level objectives, and meet customer and organizational needs.

##### **Comcast Business, Director, Enterprise Managed Services and National Accounts** **2016 – 2018**

- Responsible for Enterprise Managed Service customers' installation and post-installation support needs.
- Organized team into Centers of Excellence to provide enhanced support and a personalized customer experience.
- Developed process for installation and activation which tests entire service delivery system prior to moving to a production environment.

##### **CenturyLink/Qwest/US West, Director, Customer Assurance and Managed Services** **2013 – 2016**

- Responsible for Managed Service customers' post-installation support needs. Provided the directions for the Contact Center Operations team. This included professional services (project managers and software developers), engineering, and customer support teams. Established the operational support for the VoIP Technical Support Center.
- Moved responsibility for verification of credits due to contract violations from finance to operations resulting in a 15% reduction in credit payouts. Managed a \$23M budget.
- Partnered with Product Management, Sales, and Technology Design to ensure systems were in place to support new customers and products.

##### **CenturyLink/Qwest/US West, Manager, Network Operations** **2005 –2013**

- Managed daily operations of the National and International Voice Repair Center. Responsible for Tier I and Tier II repairs for VoIP, Long Distance, Toll Free, and international troubles. Ensured new products were deployed with operational support. Responsible for multi-site management.
- Completed a \$875K contract for outsourced VoIP Tier I Repair support.
- Integrated operations support for two companies post-merger.
- Vendor Manager for a remote 24x7 support group.
- Improved processes to Reduce Mean Time to Repair by 60%.
- Created a VoIP Center of Excellence NOC to provide managed service to VoIP customers.

##### **CenturyLink/Qwest/US West, Supervisor, Network Operations** **1999 – 2005**

##### **Lieutenant U.S. Army, Tank Platoon Leader, Assistant S-3, Battalion Signal Officer** **1995 – 1999**

## KEY PERSONNEL RESUMES—ACCOUNT MANAGEMENT

### Katie Carradine: Senior Account Manager

#### PROFILE SUMMARY

Operations Manager enhancing customer experiences in fast-paced environments to achieve organization's metrics and contribute to corporate success. Expertise in:

- **Project Management**
- **Operations Logistics**
- **Quality Standards & Regulations**
- **Lean Management**
- **Process Improvement**
- **Call Center Customer Service**

#### PROFESSIONAL EXPERIENCE

##### **National Jewish Health, Senior Account Manager** **2022 – Present**

- Leads a team of Account Managers who are responsible for full client life cycle management, providing superior customer experience and delivering the outcomes clients expect ensuring timeliness, standardization, and results.
- Responsible for client acquisition, engagement and management and cultivating and maintaining strong client relationships to support business retention and growth strategies.
- Oversees a portfolio of clients, develops new business from existing clients and seeks new opportunities.
- Strategically engages clients to help identify and develop solutions to meet their needs and ensures client contract requirements are met.

##### **National Jewish Health, Account Manager, Team Lead** **2020 – 2022**

##### **National Jewish Health, Account Manager** **2018 – 2020**

- Manages state and corporate client accounts while maintaining and growing business partnerships.
- Collaborates with the quality department to review and improve customer service.
- Monitors and reports on call center quality metrics and develops action plans to support client needs.
- Collaborates with key team members to execute and finalize client contracts.
- Analyzes and sends reports on a weekly and monthly basis.
- Organizes and leads regular client meetings.
- Oversees escalated account challenges to help drive towards resolution.
- Partners with Executive team to help define strategies for growth and state partnerships.
- Reviews and examines all contract budgets on a regular basis to help states monitor expenditures.

##### **Steris, AST LLC, Customer Relations Manager / Production Planner II** **2013 – 2018**

- Managed new customers and product lines following specific ISO guidelines and training.
- Established testing guidelines, presented to customers, and implemented with warehouse testing staff.
- Scheduled testing and production times to meet customer needs and processing center abilities.
- Reviewed and prepared paperwork, meeting quality assurance guidelines for customer release.
- Oversaw production and processing timelines, communicating with customers and facilities to minimize risk.
- Reported to upper management on a quarterly basis regarding Lean goals and corporate directives.
- Designed/implemented Safety, Quality, Delivery, Cost board, a tool reviewed 3x/day at shift changes.

##### **Alerio Technology Group, Service Manager** **2011 – 2013**

- Oversaw, scheduled, and prioritized service calls to customers across departments.

##### **Accelerated Services, LLC, Customer Service Manager** **2008 – 2011**

- Supervised busy call center, ensured exemplary customer service, and managed high-profile accounts.

**EDUCATION**

**Social Work**, Onondaga Community College, Syracuse, NY 2001–2004

**Social Work**, Eastern Connecticut State University, Storrs, CT 2000–2001

Maria Rudie, MPH: Director, Products and Services

#### **PROFILE SUMMARY**

Experienced public health professional skilled in applying public health principles and practices to implement system level changes for population health through program and policy development.

#### **PROFESSIONAL EXPERIENCE**

**National Jewish Health, Senior Manager, Products and Services** **2021 – Present**

Building internal and external stakeholder relationships to support product development from concept through implementation. Conduct in-depth analysis to identify new product and service development opportunities within healthcare and public health infrastructures to address population health and health inequities. Manage product analysis, development, implementation, and evaluation. Oversee Quality Assurance activities and team.

**Rudie Consulting Services, Principal Consultant/Owner** **2016 – 2021**

Provided clients with subject matter expertise and technical assistance focused on program management, operational change management to support program enhancements and efficiencies, strategic planning, program evaluation, research synthesis, and stakeholder facilitation. Development and management of project scope of work and budget to ensure contract deliverables are provided on time, and within scope and budget. Key clients included: National Jewish Health, Oklahoma University of Health Science Center, St. Croix Valley Foundation, Minnesota Department of Health, Boynton Health at University of Minnesota, and Louisiana Department of Health.

**North American Quitline Consortium, Consultant** **2015 – 2019**

Managed and implemented programs and services for a 300+ member international non-profit. Built internal and external stakeholder relationships to support membership program offerings. Developed and facilitated professional development webinars and workgroups. Supported and coordinated communication with members and key stakeholders.

**Minnesota Dept. of Health, Principal Planner State** **2013 – 2015**

Provided planning and leadership for the state funded Statewide Health Improvement Program and CDC funded Community Transformation Grants to assist with policy planning and implementation, and large-scale systems and environmental change efforts.

**Boynton Health, UMN, Associate Program Director** **2005 – 2013**

Developed and managed multiple public health projects implemented across the University of Minnesota system, including: mass immunization clinics, employee health coaching services and wellness screening clinics. Developed and managed two externally funded commercial tobacco grants to support commercial tobacco prevention and control efforts across multiple post-secondary education institutions in Minnesota.

**JSI Research and Training Institute, Research Associate** **2002 – 2005**

Provided program evaluation and survey research support to domestic and international projects.

#### **EDUCATION**

**Master of Public Health, Social Behavioral Sciences** – Boston University School of Public Health, January 2002

**Bachelor of Arts, Psychology** – College of St. Benedict, St. Joseph, Minnesota, May 1999

## ATTACHMENT 2: QUITLOGIX® APP

QuitLogix® App

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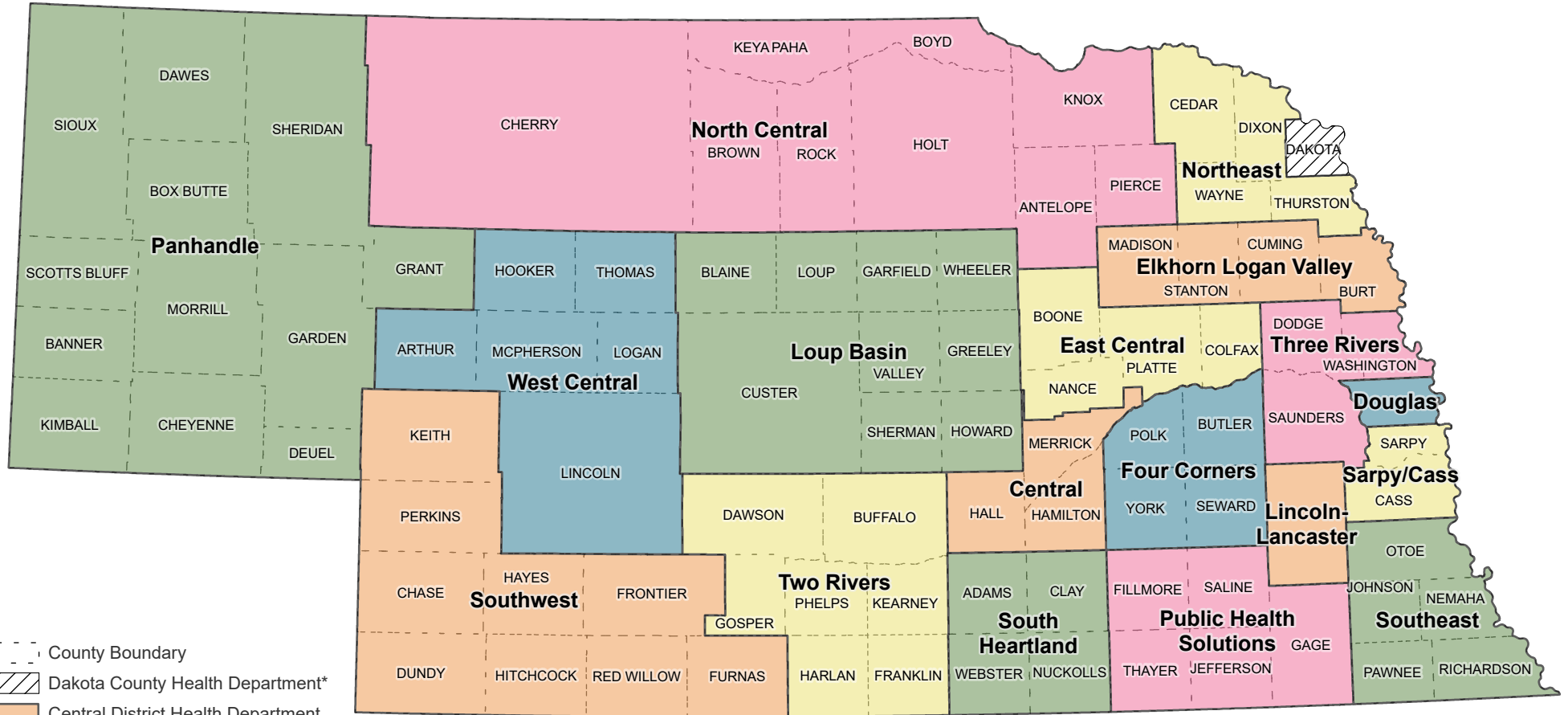


**EXHIBIT 4**  
**Nebraska Tobacco Quitline Reports**  
**RFP 124316 03**  
**Nebraska Tobacco Quitline Services**

Name of Report	Report Frequency
Number of Participants by Day and Service Type (phone, web, text)	Weekly
Phone, Web, and Text Registration by Day (number of unique registrants and total registrants)	Weekly
How Participant Heard About Quitline by County	Weekly
Summary of Services	Monthly
Incentive Report	Monthly
Summary of NRT Services	Monthly
State Dashboard – include number of unique participants	Monthly
Participant Type by County	Monthly
State Demographics	Monthly
Type of Tobacco Products Used	Monthly
How Participant Heard About Quitline by County	Monthly
Medical Demographics Report	Monthly
Referral – Services Requested at Registration	Monthly
Tobacco Users by Health Plan	Monthly
State Quitline Experience Extract (De-Identified Data)	Monthly
Special Program Utilization and Enrollment	Monthly
Special Program Utilization and Enrollment	Quarterly
Participant Type by County	Quarterly
Local Health Department Utilization Dashboard	Quarterly
Demographics of Special Program Participants	Quarterly
Demographics Report by State and County	Quarterly
How Participant Heard About Quitline by County	Quarterly
Tobacco Type by Geography	Quarterly
Service Delivery Performance Management Report	Quarterly
Participant Testimony/Compliments and Complaints	Quarterly
Healthcare Provider Training Summary	Quarterly
Annual Evaluation	Yearly
Quitline Infographic Data	Ongoing
Ad Hoc Reports on Request	Ongoing

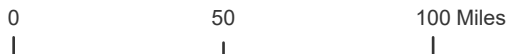
# Exhibit 5 - RFP 124316 03

## Nebraska Local Health Departments



- County Boundary
- Dakota County Health Department\*

- Central District Health Department
- Douglas County Health Department
- East Central District Health Department
- Elkhorn Logan Valley Public Health Department
- Four Corners Health Department
- Lincoln-Lancaster County Health Department
- Loup Basin Public Health Department
- North Central District Health Department
- Northeast Nebraska Public Health Department
- Panhandle Public Health District
- Public Health Solutions District Health Department
- Sarpy/Cass Health Department
- South Heartland District Health Department
- Southwest Nebraska Public Health Department
- Three Rivers Public Health Department
- Two Rivers Public Health Department
- West Central District Health Department



\*Dakota County Health Department does not qualify for LB 692 funding. LB 692 passed during the 2001 Legislative Session and provides funds to qualifying local public health departments.

**NEBRASKA**  
Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

September 2024  
DHHS.GIS@Nebraska.gov

# Proposal to Offer Tobacco Use Cessation Services

## ADDENDUM

RFP Number: 124316 03













































































# Proposal to Offer

State of Nebraska

Department of Health and Human Services

Tobacco Free Nebraska Quitline

## Cost Sheet Narrative

RFP number 124316 03



Submitted: May 7, 2026  
By: National Jewish Health  
Alex Hurst, Executive Director  
1400 Jackson St., Denver, CO 80206  
hursta@njhealth.org  
303.398.4461

## COST SHEET NARRATIVE

National Jewish Health is pleased to present a comprehensive tobacco cessation program to the State of Nebraska, Department of Health and Human Services (DHHS), for providing Tobacco Free Nebraska Quitline program services. We will provide services as presented in our **Technical Proposal (File 1 of 4)** and **RFP 124316 03 Cost Sheet (included in File 1 of 4)**.

National Jewish Health will continue to offer a fully integrated toll-free Quitline, web-based program with mobile access, text and email messaging, as well as nicotine replacement therapy (NRT) to eligible Nebraska residents. We will offer individual services including stand-alone online, text, email, print materials and NRT. Phone and digital services will be offered 24 hours per day, seven days per week to further accommodate the needs of Nebraska residents (with a few holiday exceptions).

This proposal is based on a fixed fee-for-service model for all offerings, including calls, websites, text, email, and other services. This includes a per-call price structure with multiple interventions (intake and up to five (5) coaching calls for the standard program), plus special protocols which may include additional coaching calls.

### QUITLINE SERVICES: PHONE

#### Telephone-based Services

- The price per call is all inclusive. The costs include hourly rates and fringe benefits for personnel, supervision, training, clinical consultation, data collection, and required reports. ***There is no cost for adding or changing intake questions.***
- Phone services are offered 24/7 to further accommodate the needs of Nebraska residents.
- National Jewish Health will not charge for non-registered callers such as prank calls, hang-ups, wrong numbers, calls transferred to another state, or voicemail.
- Calls offered ***in kind*** include callers with general questions, friends and family of tobacco users, and transfers to health plans.
- A lung cancer screening resource package to support increasing awareness and connecting eligible callers to information about lung cancer screening services. Offered ***in-kind***

#### Information and Materials

- Educational quitting materials, including the *My Quit Journey*© workbook, are available in English and Spanish and included in the cost per call. These materials are also available online.

#### Call pricing

- Registration (phone): \$30.00
- Lung Cancer Pre-screen: in-kind
- General Phone Coaching/Counseling Services: \$35.00

## QUITLINE SERVICES: ONLINE/WEB

### Web-based Cessation Program

- Integrated and standalone web-based programs for self-guided cessation support with mobile access, including Tobacco Free Nebraska-branded website with customized homepage, podcasts, video testimonials and material distribution through the website. Our web program is tailored to each stage of change, and includes features designed to increase reach and engagement throughout the program as discussed in our Technical Proposal. Additional online interactive features include:
  - NRT Online Ordering – Ability to offer NRT online for eligible participants 18 years or older to use during a self-guided quit attempt.
  - General Inquiry Chat – Connecting interested individuals to live Quitline staff for general questions and answers.
  - Live eCoaching Chat – Real-time online coaching via chat with a coach.
- Automated mail and Interactive Text Message Support – Text message and email library includes motivational messages, appointment reminders, interactive text messaging capability, and is available in English and Spanish. Text services also include enrollment by phone, web or short code, “Text-Me-First” outreach protocol on referrals, virtual contact card (vCard), and 10 state customized text messages.
- Web Programs – Includes online platform support and maintenance for all web-based programs.
- Online Registration – Covers web enrollment for participants to access our fully integrated online programs, including participant welcome materials, online interactive features, and 24/7 support.

### Web Pricing

- Registration (web and text): \$30.00
- Web Counseling: \$40.00

## Quitline Services: Special Population Phone Coaching/Counseling Services

### Behavioral Health Protocol (7-call program)

- Provides more intensive support to people living with behavioral health and/or substance use disorders. Includes a tailored text library and specific educational materials.
  - Cost per coaching call is \$44.00

### Pregnancy and Postpartum Program (PPP) (9-call program)

- PPP assists participants with quitting while pregnant and supports abstinence postpartum when relapse is common. This program includes dedicated coaches, a tailored text library and specific educational materials.
  - Cost per coaching call is \$44.00

#### American Indian Commercial Tobacco Program (AICTP) (10-call program)

- Culturally-tailored Quitline program for American Indian callers. The program provides coaching calls with an American Indian coach and respects the use of traditional tobacco in ceremony. Also includes a dedicated AICTP website (AIQuitline.com), direct toll-free number (855-5AI-Quit), and tailored educational materials.
  - Cost per coaching call is \$44.00

#### My Life, My Quit™ Youth Program (5-contact program)

- Participants under the age of 18 can engage with a coach via phone, text, web, or app. Price includes all options as well as a youth specific website, mailing materials, text library, dedicated text via short code, a devoted toll-free phone number, provider web referral, promotional banners, and other collateral. The *My Life, My Quit™* online program, includes features designed to increase reach and engagement throughout the program, such as: 1) Enrollment and program dashboard so participants can easily understand and engage in evidence-based quit P.L.A.N. activities in any order they choose; 2) Participant customized program communication pathways and touchpoints, and proactive check-ins with a recommitment activity; and 3) animated videos to support learning and engagement based on youth feedback and preferences, and activities focused on participant strengths and using their strengths throughout the quit journey.
  - Registration (phone): \$30.00
  - General Phone Coaching/Counseling Services: \$35.00
  - Registration (web and text): \$30.00
  - Web Counseling: \$40.00

#### Young Adult Program (5-contact program)

- Participants can engage with a coach via live text or chat. Program includes live text and chat coaching, general inquiry text via short code, customized young adult text message library, promotional banners, and other collateral. Phone coaching is charged per call.
  - Registration (phone): \$30.00
  - General Phone Coaching/Counseling Services: \$35.00
  - Registration (web and text): \$30.00
  - Web Counseling: \$40.00

#### Chronic Disease Educational Program

- Tailored text, email, and print messages for participants with chronic disease. ***This program is offered in kind.***

#### Quitline Services: Incentives

- National Jewish Health will partner to provide MasterCard gift card incentives to participants in various programs. The incentive structure varies by program and includes incentives for participants. There is a \$3 processing fee for each incentive

### Quitline Services: Nicotine Replacement Therapy (NRT)

- The NRT program can be modified throughout the contract period depending on budget and preferences. Pricing for each option is outlined below.
- We offer Haleon-branded (formerly GlaxoSmithKline (GSK)) brand name NicoDerm patches, available in a shipment of 14 patches, Nicorette gum, available in a shipment of 100 pieces, and Nicorette lozenges, available in a shipment of 81 pieces. Haleon refers to these amounts as a two-week supply.
- We recommend all individuals use combination NRT with a daily nicotine patch and as needed nicotine gum or lozenge.
- Bulk NRT pricing and support is available upon request by Nebraska DHHS.
- NRT options, as directed by the State, may include the following per shipment pricing:
  - 2-week Gum: \$36.00
  - 2-week Lozenge: \$40.00
  - 2-week Patch: \$34.00
  - 4-week Gum: \$60.00
  - 4-week Lozenge: \$68.00
  - 4-week Patch: \$54.00
  
  - Combination 2-week Patch / 2-week Gum: \$70.00
  - Combination 2-week Patch / 2-week Lozenge: \$74.00
- Prescription medication (Bupropion and Varenicline) can be offered through Ridgeway Pharmacy at market price. The administrative cost per order is \$7.

### Quitline Services: Healthcare Professional Referrals

#### Referrals

- National Jewish Health will manage all provider eReferral, fax, web, email, and live referrals. Includes faxed, email or online feedback in the form of provider notes to HIPAA covered entities. **There is no charge for this service.**
- eReferral set-up and implementation per health system as designated by Nebraska DHHS. Price includes testing, support, monitoring, and troubleshooting. There is a one-time set-up fee per new eReferral system. **We will offer one eReferral system installation in-kind. Cost per additional set-up \$5,000**

#### Technical Assistance

- Quitline staff are trained and qualified to provide technical assistance and advice to health care professionals seeking information about the availability of Quitline services, including how to make a referral to the Quitline. Short video tutorials for providers on implementing a brief intervention including Quitline 101, brief intervention of Ask, Advise, Connect (2A+C), and how to talk to patients (role-play) hosted on the quitline website. The Quitline website also includes written information about referral types and FAQs. **There is no charge for this service.**

## Quitline Services: Other Value-Added Services

### Data Collection and Reporting

- Standard reporting package, as agreed upon by Nebraska DHHS and National Jewish Health, will be supported with general modifications as necessary. **There is no charge for this service.**
- Collection and reporting on all data necessary for Nebraska DHHS to evaluate the cessation services provided and prepare data for upload to the Center for Disease Control and Prevention's (CDC's) National Quitline Data Warehouse (NQDW), and for the North American Quitline Consortium (NAQC) annual survey. **There is no charge for this service.**
- Ad hoc data analysis and reporting. This is dependent upon request. Usually there is no cost. If the request requires extensive development. **Cost is \$150 per hour.**

### Evaluations

- Seven-month phone and web outcome surveys for Nebraska participants. Includes outreach to all participants who consented at intake to follow-up. Outreach methodology includes up to seven outreach calls for phone surveys up to 200 completed surveys per year. Includes an Annual Outcomes Report presenting the outcomes and satisfaction data collected from the evaluation surveys. **Cost is \$15,000 per survey period**

## ACCOUNT MANAGEMENT

- Account Manager and other key personnel, who work collectively, to support the Nebraska DHHS contract. The Account Manager serves as the primary point of contact with Nebraska DHHS and communicates on project schedules, barriers to progress, and adjustment of project timelines. Includes timely submission of reports and invoices, oversight of system issues and resolution, and overarching contract management for deliverables. **There is no charge for this service.**

## Online Training for Health Care Providers

- National Jewish Health has developed a series of provider educational modules about delivering a brief intervention, vaping intervention, special Quitline programs, and priority populations. These modules are available as QuitLogix Education Online and are CME-, CNE- and CPE-accredited for health care providers. All modules receive a three-year accreditation. Nebraska Tobacco Quitline's current QuitLogix Education Online offers nine QuitLogix Education Modules. **No set-up costs & \$2,000 per continuing education credit annual charge**

## Program Enhancements

- National Jewish Health will work with Nebraska DHHS to define the scope of innovative projects and program enhancements, develop project plans, and launch projects. Each project is unique and will vary in price. National Jewish Health will work with Nebraska DHHS on each project to determine a price based on level of effort.

### Health Systems Change Program

- Health systems change for commercial tobacco cessation are activities that improve the delivery of treatment and referrals for commercial use and dependence in clinical settings. The National Jewish Health program includes Prospecting, Technical Assistance and Maintenance Monitoring activities. We are happy to discuss pricing, if interested.

### Media Outreach

- National Jewish Health partners with a variety of media agencies like Rescue Agency, to offer patient cessation education (marketing) campaigns. The campaigns contain a variety of media, including social and digital media platforms. Cessation education packages are available for adults and for youth. The materials are available through an annual or permanent license and can be customized to include paid implementation using evidence-based audience segmentation to increase awareness of Quitline resources and encourage enrollment. We are happy to discuss pricing, if interested.

# Proposal to Offer Tobacco Use Cessation Services

## SIGNATURES (SECTIONS II-IV) AND CONTRACT AGREEMENT

RFP Number: 124316 03




Submitted: May 7, 2026  
By: National Jewish Health  
Alex Hurst, Executive Director  
1400 Jackson St., Denver, CO 80206  
National Jewish Health  
hursta@njhealth.org  
303.398.4461

## II. TERMS AND CONDITIONS

Bidder should read the Terms and Conditions within this section and must initial either "Accept All Terms and Conditions Within Section as Written" or "Exceptions Taken to Terms and Conditions Within Section as Written" in the table below. If exception is not taken to a provision, it is deemed accepted as stated. If the bidder takes any exceptions, they must provide the following within the "Exceptions" field of the table below (Bidder may provide responses in separate attachment if multiple exceptions are taken):

1. The specific clause, including section reference, to which an exception has been taken;
2. An explanation of why the bidder took exception to the clause; and
3. Provide alternative language to the specific clause within the solicitation response.

By signing the solicitation, bidder agrees to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the solicitation response. The State reserves the right to negotiate rejected or proposed alternative language. If the State and bidder fail to agree on the final Terms and Conditions, the State reserves the right to reject the solicitation response. The State reserves the right to reject solicitation responses that attempt to substitute the bidder's commercial contracts and/or documents for this solicitation.

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
		

The bidders should submit with their solicitation response any license, user agreement, service level agreement, or similar documents that the bidder wants incorporated in the Contract. The State will not consider incorporation of any document not submitted with the solicitation response as the document will not have been included in the evaluation process. These documents shall be subject to negotiation and will be incorporated as addendums if agreed to by the Parties.

If a conflict or ambiguity arises after the Addendum to Contract Award has been negotiated and agreed to, the Addendum to Contract Award shall be interpreted as follows:

1. If only one (1) Party has a particular clause, then that clause shall control,
2. If both Parties have a similar clause, but the clauses do not conflict, the clauses shall be read together,
3. If both Parties have a similar clause, but the clauses conflict, the State's clause shall control.

### A. GENERAL

1. The contract resulting from this Solicitation shall incorporate the following documents:
  - a. Solicitation, including any attachments and addenda;
  - b. Questions and Answers;
  - c. Bidders properly submitted solicitation response, including any terms and conditions or agreements submitted by the bidder;
  - d. Addendum to Contract Award (if applicable); and
  - e. Amendments to the Contract. (if applicable)

These documents constitute the entirety of the contract.

Unless otherwise specifically stated in a future contract amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) Amendment to the executed Contract with the most recent dated amendment having the highest priority, 2) Executed Contract and any attached Addenda 3) Addendums to the solicitation and any Questions and Answers, 4) the original solicitation document and any Addenda or attachments, and 5) the Vendor's submitted solicitation response, including any terms and conditions or agreements that are accepted by the State.

Unless otherwise specifically agreed to in writing by the State, the State's standard terms and conditions, as executed by the State, shall always control over any terms and conditions or agreements submitted or included by the Vendor.

Any ambiguity or conflict in the contract discovered after its execution, not otherwise addressed herein, shall be resolved in accordance with the rules of contract interpretation as established in the State of Nebraska.

**B. NOTIFICATION**

Bidder and State shall identify the contract manager who shall serve as the point of contact for the executed contract. Communications regarding the executed contract shall be in writing and shall be deemed to have been given if delivered personally; electronically, return receipt requested; or mailed, return receipt requested. All notices, requests, or communications shall be deemed effective upon receipt. Either party may change its address for notification purposes by giving notice of the change and setting forth the new address and an effective date.

**C. BUYER'S REPRESENTATIVE**

The State reserves the right to appoint a Buyer's Representative to manage or assist the Buyer in managing the contract on behalf of the State. The Buyer's Representative will be appointed in writing, and the appointment document will specify the extent of the Buyer's Representative authority and responsibilities. If a Buyer's Representative is appointed, the bidder will be provided a copy of the appointment document and is expected to cooperate accordingly with the Buyer's Representative. The Buyer's Representative has no authority to bind the State to a contract, amendment, addendum, or other change or addition to the contract.

**D. GOVERNING LAW (Nonnegotiable)**

Notwithstanding any other provision of this contract, or any amendment or addendum(s) entered into contemporaneously or at a later time, the parties understand and agree that, (1) the State of Nebraska is a sovereign state and its authority to contract is therefore subject to limitation by the State's Constitution, statutes, common law, and regulation; (2) this contract will be interpreted and enforced under the laws of the State of Nebraska; (3) any action to enforce the provisions of this agreement must be brought in the State of Nebraska per state law; (4) the person signing this contract on behalf of the State of Nebraska does not have the authority to waive the State's sovereign immunity, statutes, common law, or regulations; (5) the indemnity, limitation of liability, remedy, and other similar provisions of the final contract, if any, are entered into subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity; and, (6) all terms and conditions of the final contract, including but not limited to the clauses concerning third party use, licenses, warranties, limitations of liability, governing law and venue, usage verification, indemnity, liability, remedy or other similar provisions of the final contract are entered into specifically subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity.

The Parties must comply with all applicable local, state, and federal laws, ordinances, rules, orders, and regulations.

**E. BEGINNING OF WORK & SUSPENSION OF SERVICES**

The bidder shall not commence any billable work until a valid contract has been fully executed by the State and the successful Vendor. The Vendor will be notified in writing when work may begin.

The State may, at any time and without advance notice, require the Vendor to suspend any or all performance or deliverables provided under this Contract. In the event of such suspension, the Contract Manager or POC, or their designee, will issue a written order to stop work. The written order will specify which activities are to be immediately suspended and the reason(s) for the suspension. Upon receipt of such order, the Vendor shall immediately comply with its terms and take all necessary steps to mitigate and eliminate the incurrence of costs allocable to the work affected by the order during the period of suspension. The suspended performance or deliverables may only resume when the State provides the Vendor with written notice that such performance or deliverables may resume, in whole or in part.

**F. AMENDMENT**

This Contract may be amended in writing, within scope, upon the agreement of both parties.

**G. CHANGE ORDERS OR SUBSTITUTIONS**

The State and the Vendor, upon the written agreement, may make changes to the contract within the general scope of the solicitation. Changes may involve specifications, the quantity of work, or such other items as the State may find necessary or desirable. Corrections of any deliverable, service, or work required pursuant to the contract shall not be deemed a change. The Vendor may not claim forfeiture of the contract by reasons of such changes.

The Vendor shall prepare a written description of the work required due to the change and an itemized cost sheet for the change. Changes in work and the amount of compensation to be paid to the Vendor shall be determined in accordance with applicable unit prices if any, a pro-rated value, or through negotiations. The State shall not incur a

price increase for changes that should have been included in the Vendor's solicitation response, were foreseeable, or result from difficulties with or failure of the Vendor's solicitation response or performance.

No change shall be implemented by the Vendor until approved by the State, and the Contract is amended to reflect the change and associated costs, if any. If there is a dispute regarding the cost, but both parties agree that immediate implementation is necessary, the change may be implemented, and cost negotiations may continue with both Parties retaining all remedies under the contract and law.

In the event any good or service is discontinued or replaced upon mutual consent during the contract period or prior to delivery, the State reserves the right to amend the contract to include the alternate product at the same price.

**\*\*\*Vendor will not substitute any item that has been awarded without prior written approval of Department of Health and Human Services\*\*\***

**H. RECORD OF VENDOR PERFORMANCE**

The State may document the vendor's performance, which may include, but is not limited to, the customer service provided by the vendor, the ability of the vendor, the skill of the vendor, and any instance(s) of products or services delivered or performed which fail to meet the terms of the purchase order, contract, and/or specifications. In addition to other remedies and options available to the State, the State may issue one or more notices to the vendor outlining any issues the State has regarding the vendor's performance for a specific contract ("Contract Compliance Request"). The State may also document the Vendor's performance in a report, which may or may not be provided to the vendor ("Contract Non-Compliance Notice"). The Vendor shall respond to any Contract Compliance Request or Contract Non-Compliance Notice in accordance with such notice or request. At the sole discretion of the State, such Contract Compliance Requests and Contract Non-Compliance Notices may be placed in the State's records regarding the vendor and may be considered by the State and held against the vendor in any future contract or award opportunity. The record of vendor performance will be considered in any suspension or debarment action.

**I. NOTICE OF POTENTIAL VENDOR BREACH**

If Vendor breaches the contract or anticipates breaching the contract, the Vendor shall immediately give written notice to the State. The notice shall explain the breach or potential breach, a proposed cure, and may include a request for a waiver of the breach if so desired. The State may, in its discretion, temporarily or permanently waive the breach. By granting a waiver, the State does not forfeit any rights or remedies to which the State is entitled by law or equity, or pursuant to the provisions of the contract. Failure to give immediate notice, however, may be grounds for denial of any request for a waiver of a breach.

**J. BREACH**

Either Party may terminate the contract, in whole or in part, if the other Party breaches its duty to perform its obligations under the contract in a timely and proper manner. Termination requires written notice of default and a thirty (30) calendar day (or longer at the non-breaching Party's discretion considering the gravity and nature of the default) cure period. Said notice shall be delivered by email, delivery receipt requested; certified mail, return receipt requested; or in person with proof of delivery. Allowing time to cure a failure or breach of contract does not waive the right to immediately terminate the contract for the same or different contract breach which may occur at a different time.

In case of breach by the Vendor, the State may, without unreasonable delay, make a good faith effort to make a reasonable purchase or contract to purchase goods in substitution of those due from the Vendor. The State may recover from the Vendor as damages the difference between the costs of covering the breach. Notwithstanding any clause to the contrary, the State may also recover the contract price together with any incidental or consequential damages defined in UCC Section 2-715, but less expenses saved in consequence of Vendor's breach. OR In case of default of the Vendor, the State may contract the service from other sources and hold the Vendor responsible for any excess cost occasioned thereby.

The State's failure to make payment shall not be a breach, and the Vendor shall retain all available statutory remedies.

**K. NON-WAIVER OF BREACH**

The acceptance of late performance with or without objection or reservation by a Party shall not waive any rights of the Party nor constitute a waiver of the requirement of timely performance of any obligations remaining to be performed.

**L. SEVERABILITY**

If any term or condition of the contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the contract did not contain the provision held to be invalid or illegal.

**M. INDEMNIFICATION**

**1. GENERAL**

The Vendor agrees to defend, indemnify, and hold harmless the State and its employees, volunteers, agents, and its elected and appointed officials ("the indemnified parties") from and against any and all third party claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses ("the claims"), sustained or asserted against the State for personal injury, death, or property loss or damage, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Vendor, its employees, Subcontractors, consultants, representatives, and agents, resulting from this contract, except to the extent such Vendor liability is attenuated by any action of the State which directly and proximately contributed to the claims.

**2. INTELLECTUAL PROPERTY**

The Vendor agrees it will, at its sole cost and expense, defend, indemnify, and hold harmless the indemnified parties from and against any and all claims, to the extent such claims arise out of, result from, or are attributable to, the actual or alleged infringement or misappropriation of any patent, copyright, trade secret, trademark, or confidential information of any third party by the Vendor or its employees, Subcontractors, consultants, representatives, and agents; provided, however, the State gives the Vendor prompt notice in writing of the claim. The Vendor may not settle any infringement claim that will affect the State's use of the Licensed Software without the State's prior written consent, which consent may be withheld for any reason.

If a judgment or settlement is obtained or reasonably anticipated against the State's use of any intellectual property for which the Vendor has indemnified the State, the Vendor shall, at the Vendor's sole cost and expense, promptly modify the item or items which were determined to be infringing, acquire a license or licenses on the State's behalf to provide the necessary rights to the State to eliminate the infringement, or provide the State with a non-infringing substitute that provides the State the same functionality. At the State's election, the actual or anticipated judgment may be treated as a breach of warranty by the Vendor, and the State may receive the remedies provided under this Solicitation.

**3. PERSONNEL**

The Vendor shall, at its expense, indemnify and hold harmless the indemnified parties from and against any claim with respect to withholding taxes, worker's compensation, employee benefits, or any other claim, demand, liability, damage, or loss of any nature relating to any of the personnel, including subcontractor's and their employees, provided by the Vendor.

**4. SELF-INSURANCE**

The State of Nebraska is self-insured for any loss and purchases excess insurance coverage pursuant to Neb. Rev. Stat. § 81-8,239.01. If there is a presumed loss under the provisions of this agreement, Vendor may file a claim with the Office of Risk Management pursuant to Neb. Rev. Stat. §§ 81-8,239.01 to 81-8,306 for review by the State Claims Board. The State retains all rights and immunities under the State Miscellaneous (Neb. Rev. Stat. § 81-8,294), Tort (Neb. Rev. Stat. § 81-8,209), and Contract Claim Acts (Neb. Rev. Stat. § 81-8,302), as outlined in state law and accepts liability under this agreement only to the extent provided by law.

5. The Parties acknowledge that Attorney General for the State of Nebraska is required by statute to represent the legal interests of the State, and that any provision of this indemnity clause is subject to the statutory authority of the Attorney General.

**N. ATTORNEY'S FEES**

In the event of any litigation, appeal, or other legal action to enforce any provision of the contract, the Parties agree to pay all expenses of such action, as permitted by law and if ordered by the court, including attorney's fees and costs, if the other Party prevails.

**O. ASSIGNMENT, SALE, OR MERGER**

Either Party may assign the contract upon mutual written agreement of the other Party. Such agreement shall not be unreasonably withheld.

The Vendor retains the right to enter into a sale, merger, acquisition, internal reorganization, or similar transaction involving Vendor's business. Vendor agrees to cooperate with the State in executing amendments to the contract to allow for the transaction. If a third party or entity is involved in the transaction, the Vendor will remain responsible for performance of the contract until such time as the person or entity involved in the transaction agrees in writing to be contractually bound by this contract and perform all obligations of the contract.

- P. CONTRACTING WITH OTHER NEBRASKA POLITICAL SUBDIVISIONS OF THE STATE OR ANOTHER STATE**  
The Vendor may, but shall not be required to, allow agencies, as defined in Neb. Rev. Stat. § 81-145(2), to use this contract. The terms and conditions, including price, of the contract may not be amended. The State shall not be contractually obligated or liable for any contract entered into pursuant to this clause. A listing of Nebraska political subdivisions may be found at the website of the Nebraska Auditor of Public Accounts.

The Vendor may, but shall not be required to, allow other states, agencies or divisions of other states, or political subdivisions of other states to use this contract. The terms and conditions, including price, of this contract shall apply to any such contract, but may be amended upon mutual consent of the Parties. The State of Nebraska shall not be contractually or otherwise obligated or liable under any contract entered into pursuant to this clause. The State shall be notified if a contract is executed based upon this contract.

- Q. FORCE MAJEURE**  
Neither Party shall be liable for any costs or damages, or for default resulting from its inability to perform any of its obligations under the contract due to a natural or manmade event outside the control and not the fault of the affected Party ("Force Majeure Event") that was not foreseeable at the time the Contract was executed. The Party so affected shall immediately make a written request for relief to the other Party and shall have the burden of proof to justify the request. The other Party may grant the relief requested; relief may not be unreasonably withheld. Labor disputes with the impacted Party's own employees will not be considered a Force Majeure Event.

- R. COMPLIANCE WITH PRESIDENTIAL EXECUTIVE ORDERS 14151 AND 14173**  
Executive Order 14151, issued by President Donald Trump on January 20, 2025, and Executive Order 14173, issued by President Donald Trump on January 21, 2025, prohibit discriminatory "diversity, equity, and inclusion" (DEI) programs and "diversity, equity, inclusion, and accessibility" (DEIA) mandates, policies, programs, preferences, and activities in the federal government. If the Contract involves federal funds, Contractor shall not use contract funds for any DEI program or for any DEIA mandate, policy, program, or preference. Contractor shall assure its compliance and the compliance of any subcontractors with all requirements of Executive orders 14151 and 14173.

- S. CONFIDENTIALITY**  
All materials and information provided by the Parties or acquired by a Party on behalf of the other Party shall be regarded as confidential information. All materials and information provided or acquired shall be handled in accordance with federal and state law, and ethical standards. Should said confidentiality be breached by a Party, the Party shall notify the other Party immediately of said breach and take immediate corrective action.

It is incumbent upon the Parties to inform their officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a (i)(1), which is made applicable by 5 U.S.C. 552a (m)(1), provides that any officer or employee, who by virtue of his/her employment or official position has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established thereunder, and who knowing that disclosure of the specific material is prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000.

- T. EARLY TERMINATION**  
The contract may be terminated as follows:

1. The State and the Vendor, by mutual written agreement, may terminate the contract, in whole or in part, at any time.
2. The State, in its sole discretion, may terminate the contract, in whole or in part, for any reason upon thirty (30) calendar day's written notice shall be delivered by email, delivery receipt requested; certified mail, return receipt requested; or in person with proof of delivery to the Vendor. Such termination shall not relieve the Vendor of warranty or other service obligations incurred under the terms of the contract. In the event of termination, the Vendor shall be entitled to payment, determined on a pro rata basis, for products or services satisfactorily performed or provided.
3. The State may terminate the contract, in whole or in part, immediately for the following reasons:
  - a. if directed to do so by statute,
  - b. Vendor has made an assignment for the benefit of creditors, has admitted its inability to pay debts as they mature, or has ceased operating in the normal course of business,
  - c. a trustee or receiver of the Vendor or of any substantial part of the Vendor's assets has been appointed by a court,
  - d. fraud, misappropriation, embezzlement, malfeasance, misfeasance, or illegal conduct pertaining to performance under the contract by its Vendor, its employees, officers, directors, or shareholders,
  - e. an involuntary proceeding has been commenced by any Party against the Vendor under any one of the chapters of Title 11 of the United States Code and (i) the proceeding has been pending for at least sixty

- (60) calendar days; or (ii) the Vendor has consented, either expressly or by operation of law, to the entry of an order for relief; or (iii) the Vendor has been decreed or adjudged a debtor,
- f. a voluntary petition has been filed by the Vendor under any of the chapters of Title 11 of the United States Code,
- g. Vendor intentionally discloses confidential information,
- h. Vendor has or announces it will discontinue support of the deliverable; and,
- i. In the event funding is no longer available.

**U. CONTRACT CLOSEOUT**

Upon termination of the contract for any reason the Vendor shall within thirty (30) days, unless stated otherwise herein:

1. Transfer all completed or partially completed deliverables to the State,
2. Transfer ownership and title to all completed or partially completed deliverables to the State,
3. Return to the State all information and data unless the Vendor is permitted to keep the information or data by contract or rule of law. Vendor may retain one copy of any information or data as required to comply with applicable work product documentation standards or as are automatically retained in the course of Vendor's routine back up procedures,
4. Cooperate with any successor Vendor, person, or entity in the assumption of any or all of the obligations of this contract,
5. Cooperate with any successor Vendor, person, or entity with the transfer of information or data related to this contract,
6. Return or vacate any state owned real or personal property; and,
7. Return all data in a mutually acceptable format and manner.

Nothing in this section should be construed to require the Vendor to surrender intellectual property, real or personal property, or information or data owned by the Vendor for which the State has no legal claim.

**V. AMERICANS WITH DISABILITIES ACT**

Vendor shall comply with all applicable provisions of the Americans with Disabilities Act of 1990 (42 U.S.C. 12131–12134), as amended by the ADA Amendments Act of 2008 (ADA Amendments Act) (Pub.L. 110–325, 122 Stat. 3553 (2008)), which prohibits discrimination on the basis of disability by public entities.

**W. LONG-TERM CARE OMBUDSMAN (Nonnegotiable)**

Vendor must comply with the Long-Term Care Ombudsman Act, per Neb. Rev. Stat. § 81-2237 et seq. This section shall survive the termination of this contract.

**X. OFFICE OF PUBLIC COUNSEL (Nonnegotiable)**

If it provides, under the terms of this contract and on behalf of the State of Nebraska, health and human services to individuals; service delivery; service coordination; or case management, Vendor shall submit to the jurisdiction of the Office of Public Counsel, pursuant to Neb. Rev. Stat. § 81-8,240 et seq. This section shall survive the termination of this contract.

**Y. LOBBYING**

1. No federal or state funds paid under this RFP shall be paid for any lobbying costs as set forth herein.
2. Lobbying Prohibited by 31 U.S.C. § 1352 and 45 CFR §§ 93 et seq, and Required Disclosures.
  - a. Contractor certifies that no federal or state appropriated funds shall be paid, by or on behalf of Contractor, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this award for: (a) the awarding of any federal agreement; (b) the making of any federal grant; (c) the entering into of any cooperative agreement; and (d) the extension, continuation, renewal, amendment, or modification of any federal agreement, grant, loan, or cooperative agreement.
  - b. If any funds, other than federal appropriated funds, have been paid or will be paid to any person for influencing or attempting to influence: an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with Contractor, Contractor shall complete and submit Federal Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. Lobbying Activities Prohibited under Federal Appropriations Bills.


- a. No funds paid under this RFP shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any state or local government itself.
  - b. No funds paid under this RFP shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than normal and recognized executive legislative relationships or participation by an agency or officer of an State, local or tribal government in policymaking and administrative processes within the executive branch of that government.
  - c. The prohibitions in the two sections immediately above shall include any activity to advocate or promote any proposed, pending, or future federal, state or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.
4. Lobbying Costs Unallowable Under the Cost Principles. In addition to the above, no funds shall be paid for executive lobbying costs as set forth in 45 CFR § 75.450(b). If Contractor is a nonprofit organization or an Institute of Higher Education, other costs of lobbying are also unallowable as set forth in 45 CFR § 75.450(c).

### III. VENDOR DUTIES

Bidder should read the Vendor Duties within this section and must initial either "Accept All Terms and Conditions Within Section as Written" or "Exceptions Taken to Vendor Duties Within Section as Written" in the table below. If exception is not taken to a provision, it is deemed accepted as stated. If the bidder takes any exceptions, they must provide the following within the "Exceptions" field of the table below (Bidder may provide responses in separate attachment if multiple exceptions are taken):

1. The specific clause, including section reference, to which an exception has been taken;
2. An explanation of why the bidder took exception to the clause; and
3. Provide alternative language to the specific clause within the solicitation response.

By signing the solicitation, bidder agrees to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the solicitation response. The State reserves the right to negotiate rejected or proposed alternative language. If the State and bidder fail to agree on the final Terms and Conditions, the State reserves the right to reject the solicitation response. The State reserves the right to reject solicitation responses that attempt to substitute the bidder's commercial contracts and/or documents for this solicitation.

Accept All Vendor Duties Within Section as Written (Initial)	Exceptions Taken to Vendor Duties Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
		Please see attached Vendor Duties Exceptions List.

#### A. INDEPENDENT VENDOR / OBLIGATIONS

It is agreed that the Vendor is an independent Vendor and that nothing contained herein is intended or should be construed as creating or establishing a relationship of employment, agency, or a partnership.

The Vendor is solely responsible for fulfilling the contract. The Vendor or the Vendor's representative shall be the sole point of contact regarding all contractual matters.

The Vendor shall secure, at its own expense, all personnel required to perform the services under the contract. The personnel the Vendor uses to fulfill the contract shall have no contractual or other legal relationship with the State; they shall not be considered employees of the State and shall not be entitled to any compensation, rights or benefits from the State, including but not limited to, tenure rights, medical and hospital care, sick and vacation leave, severance pay, or retirement benefits.

By-name personnel commitments made in the bidder's solicitation response shall not be changed without the prior written approval of the State. Replacement of these personnel, if approved by the State, shall be with personnel of equal or greater ability and qualifications.

All personnel assigned by the Vendor to the contract shall be employees of the Vendor or a subcontractor and shall be fully qualified to perform the work required herein. Personnel employed by the Vendor or a subcontractor to fulfill the terms of the contract shall remain under the sole direction and control of the Vendor or the subcontractor respectively.

With respect to its employees, the Vendor agrees to be solely responsible for the following:

1. Any and all pay, benefits, and employment taxes and/or other payroll withholding,
2. Any and all vehicles used by the Vendor's employees, including all insurance required by state law,
3. Damages incurred by Vendor's employees within the scope of their duties under the contract,
4. Maintaining Workers' Compensation and health insurance that complies with state and federal law and submitting any reports on such insurance to the extent required by governing law,
5. Determining the hours to be worked and the duties to be performed by the Vendor's employees; and,
6. All claims on behalf of any person arising out of employment or alleged employment (including without limit claims of discrimination alleged against the Vendor, its officers, agents, or subcontractors or subcontractor's employees).

If the Vendor intends to utilize any subcontractor, the subcontractor's level of effort, tasks, and time allocation should be clearly defined in the solicitation response. The Vendor shall agree that it will not utilize any subcontractors not specifically included in its solicitation response in the performance of the contract without the prior written authorization of the State. If the Vendor subcontracts any of the work, the Vendor agrees to pay any and all subcontractors in accordance with the Vendor's agreement with the respective subcontractor(s).

The State reserves the right to require the Vendor to reassign or remove from the project any Vendor or subcontractor employee.

Vendor shall ensure that the terms and conditions contained in any contract with a subcontractor does not conflict with the terms and conditions of this contract.

The Vendor shall include a similar provision, for the protection of the State, in the contract with any Subcontractor engaged to perform work on this contract.

**B. EMPLOYEE WORK ELIGIBILITY STATUS**

The Vendor is required and hereby agrees to use a federal immigration verification system to determine the work eligibility status of employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of an employee.

If the Vendor is an individual or sole proprietorship, the following applies:

1. The Vendor must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at <https://das.nebraska.gov/materiel/docs/pdf/Individual%20or%20Sole%20Proprietor%20United%20States%20Attestation%20Form%20English%20and%20Spanish.pdf>
2. The completed United States Attestation Form should be submitted with the Solicitation response.
3. If the Vendor indicates on such attestation form that he or she is a qualified alien, the Vendor agrees to provide the US Citizenship and Immigration Services documentation required to verify the Vendor's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.
4. The Vendor understands and agrees that lawful presence in the United States is required, and the Vendor may be disqualified or the contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. § 4-108.

**C. COMPLIANCE WITH CIVIL RIGHTS LAWS AND EQUAL OPPORTUNITY EMPLOYMENT / NONDISCRIMINATION (Nonnegotiable)**

The Vendor shall comply with all applicable local, state, and federal statutes and regulations regarding civil rights laws and equal opportunity employment. The Nebraska Fair Employment Practice Act prohibits Vendors of the State of Nebraska, and their Subcontractors, from discriminating against any employee or applicant for employment, with respect to hire, tenure, terms, conditions, compensation, or privileges of employment because of race, color, religion, sex, disability, marital status, or national origin (Neb. Rev. Stat. §§ 48-1101 to 48-1125). The Vendor guarantees compliance with the Nebraska Fair Employment Practice Act, and breach of this provision shall be regarded as a material breach of contract. The Vendor shall insert a similar provision in all Subcontracts for goods and services to be covered by any contract resulting from this Solicitation.

**D. COOPERATION WITH OTHER VENDORS**

Vendor may be required to work with or in close proximity to other Vendors or individuals that may be working on same or different projects. The Vendor shall agree to cooperate with such other Vendors or individuals and shall not commit or permit any act which may interfere with the performance of work by any other Vendor or individual. Vendor is not required to compromise Vendor's intellectual property or proprietary information unless expressly required to do so by this contract.

**E. DISCOUNTS**

Prices quoted shall be inclusive of ALL trade discounts. Cash discount terms of less than thirty (30) days will not be considered as part of the solicitation response. Cash discount periods will be computed from the date of receipt of a properly executed claim voucher or the date of completion of delivery of all items in a satisfactory condition, whichever is later.

**F. PRICES**

Prices quoted shall be net, including transportation and delivery charges fully prepaid by the bidder, F.O.B. destination named in the Solicitation. No additional charges will be allowed for packing, packages, or partial delivery costs. When an arithmetic error has been made in the extended total, the unit price will govern.

All prices, costs, and terms and conditions submitted in the solicitation response shall remain fixed and valid commencing on the opening date of the solicitation until an award is made or the Solicitation is cancelled.

Prices submitted on the cost sheet, once accepted by DHHS, shall remain fixed for the initial term and applicable renewals available under the contract. Any request for a price increase must be submitted in writing to the Department of Health and Human Services a minimum of 90 days prior to the end of the current contract period. Documentation may be required by DHHS to support the price increase.

**DHHS reserves the right to deny any requested price increase. No price increases are to be billed to any State Agencies prior to written amendment of the contract by the parties. DHHS will be given full proportionate benefit from any decreases for the term of the contract.**

**G. PERMITS, REGULATIONS, LAWS**

The contract price shall include the cost of all royalties, licenses, permits, and approvals, whether arising from patents, trademarks, copyrights or otherwise, that are in any way involved in the contract. The Vendor shall obtain and pay for all royalties, licenses, and permits, and approvals necessary for the execution of the contract. The Vendor must guarantee that it has the full legal right to the materials, supplies, equipment, software, and other items used to execute this contract.

**H. OWNERSHIP OF INFORMATION AND DATA / DELIVERABLES**

The State shall have the unlimited right to publish, duplicate, use, and disclose all information and data developed or obtained by the Vendor on behalf of the State pursuant to this contract.

The State shall own and hold exclusive title to any deliverable developed as a result of this contract. Vendor shall have no ownership interest or title, and shall not patent, license, or copyright, duplicate, transfer, sell, or exchange, the design, specifications, concept, or deliverable.

**I. INSURANCE REQUIREMENTS**

The Vendor shall throughout the term of the contract maintain insurance as specified herein and provide the State a current Certificate of Insurance/Acord Form (COI) verifying the coverage. The Vendor shall not commence work on the contract until the insurance is in place. If Vendor subcontracts any portion of the Contract the Vendor must, throughout the term of the contract, either:

1. Provide equivalent insurance for each subcontractor and provide a COI verifying the coverage for the subcontractor,
2. Require each subcontractor to have equivalent insurance and provide written notice to the State that the Vendor has verified that each subcontractor has the required coverage; or,
3. Provide the State with copies of each subcontractor's Certificate of Insurance evidencing the required coverage.

The Vendor shall not allow any Subcontractor to commence work until the Subcontractor has equivalent insurance. The failure of the State to require a COI, or the failure of the Vendor to provide a COI or require subcontractor insurance shall not limit, relieve, or decrease the liability of the Vendor hereunder.

In the event that any policy written on a claims-made basis terminates or is canceled during the term of the contract or within four (4) years of termination or expiration of the contract, the Vendor shall obtain an extended discovery or reporting period, or a new insurance policy, providing coverage required by this contract for the term of the contract and four (4) years following termination or expiration of the contract.

If by the terms of any insurance a mandatory deductible is required, or if the Vendor elects to increase the mandatory deductible amount, the Vendor shall be responsible for payment of the amount of the deductible in the event of a paid claim.

Notwithstanding any other clause in this Contract, the State may recover up to the liability limits of the insurance policies required herein.

**1. WORKERS' COMPENSATION INSURANCE**

The Vendor shall take out and maintain during the life of this contract the statutory Workers' Compensation and Employer's Liability Insurance for all of the contractors' employees to be engaged in work on the project

under this contract and, in case any such work is sublet, the Vendor shall require the Subcontractor similarly to provide Worker's Compensation and Employer's Liability Insurance for all of the Subcontractor's employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational Disease. **The policy shall include a waiver of subrogation in favor of the State. The COI shall contain the mandatory COI subrogation waiver language found hereinafter.** The amounts of such insurance shall not be less than the limits stated hereinafter. For employees working in the State of Nebraska, the policy must be written by an entity authorized by the State of Nebraska Department of Insurance to write Workers' Compensation and Employer's Liability Insurance for Nebraska employees.

**2. COMMERCIAL GENERAL LIABILITY INSURANCE AND COMMERCIAL AUTOMOBILE LIABILITY INSURANCE**

The Vendor shall take out and maintain during the life of this contract such Commercial General Liability Insurance and Commercial Automobile Liability Insurance as shall protect Vendor and any Subcontractor performing work covered by this contract from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from operations under this contract, whether such operation be by the Vendor or by any Subcontractor or by anyone directly or indirectly employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter.

The Commercial General Liability Insurance shall be written on an **occurrence basis**, and provide Premises/Operations, Products/Completed Operations, Independent Vendors, Personal Injury, and Contractual Liability coverage. **The policy shall include the State, and others as required by the contract documents, as Additional Insured(s). This policy shall be primary, and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory. The COI shall contain the mandatory COI liability waiver language found hereinafter.** The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned, and Hired vehicles.

<b>REQUIRED INSURANCE COVERAGE</b>	
<b>COMMERCIAL GENERAL LIABILITY</b>	
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal/Advertising Injury	\$1,000,000 per occurrence
Bodily Injury/Property Damage	\$1,000,000 per occurrence
Medical Payments	\$10,000 any one person
Damage to Rented Premises (Fire)	\$300,000 each occurrence
Contractual	Included
XCU Liability (Explosion, Collapse, and Underground Damage)	Included
Independent Vendors	Included
<b>WORKER'S COMPENSATION</b>	
Employers Liability Limits	\$500K/\$500K/\$500K
Statutory Limits- All States	Statutory - State of Nebraska
Voluntary Compensation	Statutory
<b>UMBRELLA/EXCESS LIABILITY</b>	
Over Primary Insurance	\$5,000,000 per occurrence
<b>PROFESSIONAL LIABILITY</b>	
Professional liability (Medical Malpractice)	Limits consistent with Nebraska Medical Malpractice Cap
Qualification Under Nebraska Excess Fund	
All Other Professional Liability (Errors & Omissions)	\$1,000,000 Per Claim / Aggregate
<b>COMMERCIAL CRIME</b>	
Crime/Employee Dishonesty Including 3rd Party Fidelity	\$1,000,000
<b>CYBER LIABILITY</b>	
Breach of Privacy, Security Breach, Denial of Service, Remediation, Fines and Penalties	\$5,000,000
<b>MANDATORY COI SUBROGATION WAIVER LANGUAGE</b>	
"Workers' Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska."	
<b>MANDATORY COI LIABILITY WAIVER LANGUAGE</b>	
"Commercial General Liability & Commercial Automobile Liability policies shall name the State of Nebraska as an Additional Insured and the policies shall be primary and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory as additionally insured."	

**3. EVIDENCE OF COVERAGE**

The Vendor shall furnish the Contract Manager, via email, with a certificate of insurance coverage complying with the above requirements prior to beginning work at:

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Department of Health and Human Services  
 Attn: Kristin Powell, Procurement Contracts Officer  
 301 Centennial Mall South  
 Lincoln, NE 68509  
[kristin.powell@nebraska.gov](mailto:kristin.powell@nebraska.gov)

These certificates or the cover sheet shall reference the solicitation number, and the certificates shall include the name of the company, policy numbers, effective dates, dates of expiration, and amounts and types of coverage afforded. If the State is damaged by the failure of the Vendor to maintain such insurance, then the Vendor shall be responsible for all reasonable costs properly attributable thereto.

Reasonable notice of cancellation of any required insurance policy must be submitted to the contract manager as listed above when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage.

**4. DEVIATIONS**

The insurance requirements are subject to limited negotiation. Negotiation typically includes, but is not necessarily limited to, the correct type of coverage, necessity for Workers' Compensation, and the type of automobile coverage carried by the Vendor.

**J. ANTITRUST**

The Vendor hereby assigns to the State any and all claims for overcharges as to goods and/or services provided in connection with this contract resulting from antitrust violations which arise under antitrust laws of the United States and the antitrust laws of the State.

**K. CONFLICT OF INTEREST**

By submitting a solicitation response, vendor certifies that no relationship exists between the vendor and any person or entity which either is, or gives the appearance of, a conflict of interest related to this solicitation or project.

Vendor further certifies that vendor will not employ any individual known by vendor to have a conflict of interest nor shall vendor take any action or acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its contractual obligations hereunder or which creates an actual or appearance of conflict of interest.

If there is an actual or perceived conflict of interest, vendor shall provide with its solicitation response a full disclosure of the facts describing such actual or perceived conflict of interest and a proposed mitigation plan for consideration. The State will then consider such disclosure and proposed mitigation plan and either approve or reject as part of the overall solicitation response evaluation.

**L. SITE RULES AND REGULATIONS**

The Vendor shall use its best efforts to ensure that its employees, agents, and Subcontractors comply with site rules and regulations while on State premises. If the Vendor must perform on-site work outside of the daily operational hours set forth by the State, it must make arrangements with the State to ensure access to the facility and the equipment has been arranged. No additional payment will be made by the State on the basis of lack of access, unless the State fails to provide access as agreed to in writing between the State and the Vendor.

**M. ADVERTISING**

The Vendor agrees not to refer to the contract award in advertising in such a manner as to state or imply that the company or its goods or services are endorsed or preferred by the State. Any publicity releases pertaining to the project shall not be issued without prior written approval from the State.

**N. DISASTER RECOVERY/BACK UP PLAN**

The Vendor shall have a disaster recovery and back-up plan, of which a copy should be provided upon request to the State, which includes, but is not limited to equipment, personnel, facilities, and transportation, in order to continue delivery of goods and services as specified under the specifications in the contract in the event of a disaster.

**O. DRUG POLICY**

Vendor certifies it maintains a drug free workplace environment to ensure worker safety and workplace integrity. Vendor agrees to provide a copy of its drug free workplace policy at any time upon request by the State.

**P. WARRANTY**

Despite any clause to the contrary, the Vendor represents and warrants that its services hereunder shall be performed by competent personnel and shall be of professional quality consistent with generally accepted industry standards for the performance of such services and shall comply in all respects with the requirements of this Agreement. For any breach of this warranty, the Vendor shall, for a period of ninety (90) days from performance of the service, perform the services again, at no cost to the State, or if Vendor is unable to perform the services as warranted, Vendor shall reimburse the State all fees paid to Vendor for the unsatisfactory services. The rights and remedies of the parties under this warranty are in addition to any other rights and remedies of the parties provided by law or equity, including, without limitation actual damages, and, as applicable and awarded under the law, to a prevailing party, reasonable attorneys' fees and costs.

The Vendor warrants for a period of one (1) year from the date of Acceptance that: (a) the Products perform according to all specific claims that the Vendor made in its response to the solicitation, (b) the Product is suitable for the ordinary purposes for which such Product is used, (c) the Product is suitable for any special purposes identified in the solicitation or for which the State has relied on the Vendor's skill or judgment, (d) the Product is designed and manufactured in a commercially reasonable manner, and (e) the Product is free of defects. Upon breach of the warranty, the Vendor will repair or replace (at no charge to the State) the Product whose nonconformance is discovered and made known to the Vendor. If the repaired and/or replaced Product proves to be inadequate, or fails of its essential purpose, the Vendor will refund the full amount of any payments that have been made. The rights and remedies of the parties under this warranty are in addition to any other rights and remedies of the parties provided by law or equity, including, without limitation actual damages, and, as applicable and awarded under the law, to a prevailing party, reasonable attorneys' fees and costs.

**Q. TIME IS OF THE ESSENCE**

Time is of the essence with respect to Vendor's performance and deliverables pursuant to this Contract.

**R. BUSINESS ASSOCIATE PROVISIONS**

1. **BUSINESS ASSOCIATE.** "Business Associate" shall generally have the same meaning as the term "business associate" at 45 CFR § 160.103, and in reference to the party to the Contract, shall mean Contractor.
2. **COVERED ENTITY.** "Covered Entity" shall generally have the same meaning as the term "covered entity" at 45 CFR § 160.103, and in reference to the party to the Contract, shall mean DHHS.
3. **HIPAA RULES.** "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.
4. **SECURITY INCIDENT.** "Security Incident" shall mean the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information, or interference with system operations in an information system.
5. **OTHER TERMS.** The following terms shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required by Law, Secretary, Subcontractor, Unsecured Protected Health Information, and Use.
6. **THE CONTRACTOR** shall do the following:
  - a. Not use or disclose Protected Health Information other than as permitted or required by the Contract or as required by law. Contractor may use Protected Health Information for the purposes of managing its internal business processes relating to its functions and performance under the Contract. Use or disclosure must be consistent with DHHS' minimum necessary policies and procedures.
  - b. Implement and maintain appropriate administrative, physical, and technical safeguards to prevent access to, and the unauthorized use and disclosure of Protected Health Information. Comply with Subpart C of 45 CFR Part 164 with respect to electronic Protected Health Information, to prevent use or disclosure of Protected Health Information other than as provided for in the Contract, and assess potential risks and vulnerabilities to the individual health data in its care and custody and develop, implement, and maintain reasonable security measures.
  - c. To the extent Contractor is to carry out one or more of the DHHS' obligations under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to DHHS in the performance of such obligations. Contractor may not use or disclosure Protected Health Information in a manner that would violate Subpart E of 45 CFR Part 164 if done by DHHS.
  - d. In accordance with 45 CFR §§ 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any agents and subcontractors that create, receive, maintain, or transmit Protected Health Information received from DHHS, or created by or received from Contractor on behalf of DHHS, agree in writing to the same restrictions, conditions, and requirements relating to the confidentiality, care, custody, and minimum use of Protected Health Information that apply to the Contractor with respect to such information.
  - e. Obtain reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and be used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and that the person shall notify Contractor of any instances of which the person is aware that the confidentiality of the information has been breached.
  - f. Contractor shall maintain and make available within fifteen (15) days in a commonly used electronic format:
    - i. Protected Health Information to DHHS, as necessary to satisfy DHHS' obligations under 45 CFR § 164.524;
    - ii. Any amendment(s) to Protected Health Information, as directed or agreed to by DHHS, pursuant to 45 CFR § 164.526, or take other measures as necessary to satisfy DHHS' obligations under 45 CFR § 164.526;
    - iii. The information required to provide an accounting of disclosures to DHHS, as necessary to satisfy DHHS' obligations under 45 CFR § 164.528.
  - g. Make its internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by Contractor on behalf of DHHS available to the Secretary or DHHS for purposes of determining compliance with the HIPAA Rules. Contractor shall provide DHHS with copies of the information it has made available to the Secretary at the same time as it was made available to the Secretary.
  - h. Report to DHHS within fifteen (15) days of when Contractor becomes aware, any unauthorized use or disclosure of Protected Health Information made in violation of the Contract or the HIPAA Rules, including any security incident that may put electronic Protected Health Information at risk. Contractor shall, as instructed by DHHS, take immediate steps to mitigate any harmful effect of such unauthorized disclosure of Protected Health Information pursuant to the conditions of the Contract through the preparation and

completion of a written Corrective Action Plan that is subject to review and approval by DHHS. Contractor shall be responsible for all breach notifications in accordance with HIPAA rules and regulations, and all costs associated with security incident investigations and breach notification procedures.

- i. Business Associate shall indemnify, defend, and hold harmless DHHS for any financial loss as a result of claims brought by third parties and which are caused by the failure of Contractor, its officers, directors, agents, or subcontractors to comply with the terms of the Contract, or for penalties imposed by the HHS Office of Civil Rights for any violations of the HIPAA Rules caused by Contractor, its officers, directors, agents, or subcontractors. Additionally, Contractor shall indemnify DHHS for any time and expenses it may incur from breach notifications that are necessary under the HIPAA Breach Notification Rule, which are caused by a failure of Contractor, its officers, directors, agents, or subcontractors to comply with the terms of the Contract.

7. TERMINATION.


- a. DHHS may immediately terminate the Contract, and any and all associated contracts, if DHHS determines that Contractor has violated a material term of the Contract.
- b. Within thirty (30) days of expiration or termination of the Contract, or as agreed, unless Contractor requests and DHHS authorizes a longer period of time, Contractor shall return, or at the written direction of DHHS, destroy all Protected Health Information received from DHHS (or created or received by Contractor on behalf of DHHS) that Contractor still maintains in any form, and shall retain no copies of such Protected Health Information. Contractor shall provide a written certification to DHHS that all such Protected Health Information has been returned or destroyed (if so instructed), whichever is deemed appropriate. If such return or destruction is determined by DHHS to be infeasible, Contractor shall use such Protected Health Information only for purposes that makes such return or destruction infeasible, and the provisions of the Contract shall survive with respect to such Protected Health Information.
- c. The obligations of the Contractor under this Termination section shall survive the termination of the Contract.

## IV. PAYMENT

Bidder should read the Payment clauses within this section and must initial either "Accept All Terms and Conditions Within Section as Written" or "Exceptions Taken to Payment clauses Within Section as Written" in the table below. If exception is not taken to a provision, it is deemed accepted as stated. If the bidder takes any exceptions, they must provide the following within the "Exceptions" field of the table below (Bidder may provide responses in separate attachment if multiple exceptions are taken):

1. The specific clause, including section reference, to which an exception has been taken;
2. An explanation of why the bidder took exception to the clause; and
3. Provide alternative language to the specific clause within the solicitation response.

By signing the solicitation, bidder agrees to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the solicitation response. The State reserves the right to negotiate rejected or proposed alternative language. If the State and bidder fail to agree on the final Terms and Conditions, the State reserves the right to reject the solicitation response. The State reserves the right to reject solicitation responses that attempt to substitute the bidder's commercial contracts and/or documents for this solicitation.

Accept All Payment Clauses Within Section as Written (Initial)	Exceptions Taken to Payment Clauses Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
		

**A. PROHIBITION AGAINST ADVANCE PAYMENT (Nonnegotiable)**

Neb. Rev. Stat. § 81-2403 states "[n]o goods or services shall be deemed to be received by an agency until all such goods or services are completely delivered and finally accepted by the agency" The standard term is to pay after deliverables and that any alteration of that standard term should be carefully considered and used only when absolutely necessary to accommodate certain critical exceptions, i.e. insurance premiums, etc. that must be paid in advance.)

Pursuant to Neb. Rev. Stat. § 81-2403, "[n]o goods or services shall be deemed to be received by an agency until all such goods or services are completely delivered and finally accepted by the agency."

**B. TAXES (Nonnegotiable)**

The State is not required to pay taxes and assumes no such liability as a result of this Solicitation. The Vendor may request a copy of the Nebraska Department of Revenue, Nebraska Resale or Exempt Sale Certificate for Sales Tax Exemption, Form 13 for their records. Any property tax payable on the Vendor's equipment which may be installed in a state-owned facility is the responsibility of the Vendor.

**C. INVOICES**

Invoices for payment must be submitted by the Vendor to the agency requesting the services with sufficient detail to support payment. Invoices should be emailed to [DHHS.TFN@NEBRASKA.GOV](mailto:DHHS.TFN@NEBRASKA.GOV). The terms and conditions included in the Vendor's invoice shall be deemed to be solely for the convenience of the parties. No terms or conditions of any such invoice shall be binding upon the State, and no action by the State, including without limitation the payment of any such invoice in whole or in part, shall be construed as binding or estopping the State with respect to any such term or condition, unless the invoice term or condition has been previously agreed to by the State as an amendment to the contract. **The State shall have forty-five (45) calendar days to pay after a valid and accurate invoice is received by the State.**

**Awarded vendor is prohibited from using any funds paid through this contract for any direct contact with state legislators or their staff for purposes of influencing any legislative policies or funding decisions.**

**D. INSPECTION AND APPROVAL**

Final inspection and approval of all work required under the contract shall be performed by the designated State officials.

**E. PAYMENT (Nonnegotiable)**

Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. § 81-2403). The State may require the Vendor to accept payment by electronic means such as ACH deposit. In no event shall the State be responsible or liable to pay for any goods and services provided by the Vendor prior to the Effective Date of the contract, and the Vendor hereby waives any claim or cause of action for any such goods or services.

**F. LATE PAYMENT (Nonnegotiable)**

The Vendor may charge the responsible agency interest for late payment in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §§ 81-2401 through 81-2408).

**G. SUBJECT TO FUNDING / FUNDING OUT CLAUSE FOR LOSS OF APPROPRIATIONS (Nonnegotiable)**

The State's obligation to pay amounts due on the Contract for fiscal years following the current fiscal year is contingent upon legislative or federal appropriation of funds. Should said funds not be appropriated, the State may terminate the contract with respect to those payments for the fiscal year(s) for which such funds are not appropriated. The State will give the Vendor reasonable written notice prior to the effective date of termination. All obligations of the State to make payments after the termination date will cease. The Vendor shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event shall the Vendor be paid for a loss of anticipated profit.

**H. RIGHT TO AUDIT (First Paragraph is Nonnegotiable)**

The State shall have the right to audit the Vendor's performance of this contract upon a thirty (30) days' written notice. Vendor shall utilize generally accepted accounting principles, and shall maintain the accounting records, and other records and information relevant to the contract (Information) to enable the State to audit the contract. (Neb. Rev. Stat. § 84-304 et seq.) The State may audit, and the Vendor shall maintain, the Information during the term of the contract and for a period of five (5) years after the completion of this contract or until all issues or litigation are resolved, whichever is later. The Vendor shall make the Information available to the State at Vendor's place of business or a location acceptable to both Parties during normal business hours. If this is not practical or the Vendor so elects, the Vendor may provide electronic or paper copies of the Information. The State reserves the right to examine, make copies of, and take notes on any Information relevant to this contract, regardless of the form or the Information, how it is stored, or who possesses the Information. Under no circumstance will the Vendor be required to create or maintain documents not kept in the ordinary course of Vendor's business operations, nor will Vendor be required to disclose any information, including but not limited to product cost data, which is confidential or proprietary to Vendor.

The Parties shall pay their own costs of the audit unless the audit finds a previously undisclosed overpayment by the State. If a previously undisclosed overpayment exceeds one-half of one percent (.5%) of the total contract billings, or if fraud, material misrepresentations, or non-performance is discovered on the part of the Vendor, the Vendor shall reimburse the State for the total costs of the audit. Overpayments and audit costs owed to the State shall be paid within ninety (90) days of written notice of the claim. The Vendor agrees to correct any material weaknesses or condition found as a result of the audit.

## V. PROJECT DESCRIPTION AND SCOPE OF WORK

### A. PROJECT OVERVIEW

The Nebraska Department of Health and Human Services (DHHS) Tobacco Free Nebraska (TFN) Program requests proposals to provide Nebraska Tobacco Quitline services (Quitline). The primary audience for the Quitline is Nebraskans who smoke cigarettes and/or use other tobacco products (including e-cigarettes) and who have shown a readiness to quit. TFN will provide support and assistance to the Contractor, leading to the success of the Nebraska Tobacco Quitline and success for Nebraskans quitting tobacco.

The Quitline is a free and convenient statewide tobacco cessation service to assist tobacco users. Depending on an individual's readiness to quit, the Quitline will provide registration, counseling/consultation, evaluation/quality assurance, and screening/recommendations related to the use of support materials and /or referrals to community-based cessation programs. For participants receiving counseling, after screening the participant for medical contraindications, the participant may be recommended and provided with Nicotine Replacement Therapy (NRT) (nicotine gum, patch, and/or lozenge).

1. The Quitline will provide support to other tobacco control initiatives in Nebraska in the following ways:
  - a. Provide a foundation of cessation services at no charge to the participant that are available for all Nebraskans who want help to quit using tobacco products.
  - b. Encourage healthcare professionals to address tobacco use with patients by providing comprehensive online training complete with continuing education units and resources that support intervention.
  - c. Serve as an incentive for insurers and employers to make tobacco dependence treatment a fully covered benefit so more Nebraskans will have access to counseling and other effective treatments.
  - d. Be a resource for public or voluntary policies that may serve to encourage tobacco users to quit.

Based on the CDC's "Best Practices for Comprehensive Tobacco Control Programs", the Nebraska State Plan for Tobacco Use Prevention and Cessation indicates that simultaneous comprehensive approaches in prevention, cessation, and protection are necessary to effectively reduce the harm caused by tobacco use and achieve the following goals:

- a. Prevent the initiation of tobacco use among youth.
  - b. Promote quitting among youth and adults.
  - c. Eliminate exposure to secondhand smoke.
  - d. Identify and eliminate health disparities related to commercial tobacco use.
2. Quitline service expectations will be based on the recommendations contained in the following resources:
    - a. Center for Disease Control and Prevention (CDC) Telephone Quitline: A Resource for Development, Implementation, and Evaluation  
<https://www.cdc.gov/tobacco/hcp/patient-care/quitlines-and-other-resources.html>
    - b. U.S. Public Health Service Clinical Practice Guideline on Treating Tobacco Use and Dependence  
<https://www.ahrq.gov/prevention/guidelines/tobacco/clinicians/update/correctadd.html>
    - c. North American Quitline Consortium (NAQC) Minimal Data Set (MDS) offering a standard approach to evaluating tobacco cessation Quitline [www.naquitline.org](http://www.naquitline.org)

### B. CURRENT PROJECT ENVIRONMENT AND STATISTICS

Nebraska is a participant in the National Network of Quitline. TFN will promote the 1-800-QUIT-NOW (1-800-784-8669) and the 1-855-DÉJELO-YA (1-855-335-3569) numbers as the avenue to access the Contractor's services.

The proactive Quitline responds to incoming calls with immediate "reactive" assistance and follows up initial contact with more comprehensive services through outbound (proactive) calls.

1. **CEREMONIAL USE OF TOBACCO IN NATIVE AMERICAN CULTURE**

TFN acknowledges the spiritual and ceremonial value that tobacco has in Native American culture. The phrases such as 'tobacco-free', tobacco user', tobacco prevention', and 'tobacco control' mentioned in this document refer to commercially produced tobacco products and non-ceremonial use of tobacco.
2. **QUITLINE MEDIA CAMPAIGNS**

TFN or its media contractor will coordinate the development and implementation of the media campaign to promote the Quitline to the public. TFN attempts, whenever possible, to provide advance notice to the contractor about media campaigns, media events and earned media activities.

### 3. PROMOTION TO HEALTHCARE SYSTEMS

TFN will be responsible for promoting the Quitline throughout the healthcare delivery system.

Tobacco use remains Nebraska's leading cause of preventable death, killing an estimated 2,500 Nebraskans each year – more than auto accidents, AIDS, suicides, murders, alcohol and illegal drugs combined. Tobacco costs the state a total of \$952 million annually in medical costs, including \$174.4 million of Nebraska's annual Medicaid expenditures. Smoking-related mortality also results in more than \$651.9 million in lost productivity each year in the state. Nebraska's adult smoking rate is 12.2% (2024 Behavioral Risk Factor Survey). The state adult smokeless tobacco use rate is 4.9% (2024 Behavioral Risk Factor Survey).

### C. MINIMUM QUALIFICATIONS

The State of Nebraska, Department of Health and Human Services (DHHS), is seeking a vendor with the following minimum qualifications to be deemed responsible and eligible for evaluation. If your company does not meet and/or exceed all essential qualifications listed herein, your company is advised not to proceed with preparing and submitting an RFP response to this solicitation.

Failure to address minimum qualifications in your proposal submission shall result in the proposal being deemed as a "Non-Responsive Solicitation Response" and disqualified from consideration. Minimum qualifications are:

1. Bidder shall provide proof of active membership in the North America Quitline Consortium (NAQC) within last five (5) years.
2. Bidder must demonstrate five (5) years' experience in tobacco cessation services serving diverse clients and providing awareness/participation in accordance with NAQC efforts.
3. Bidder shall provide evidence of three (3) successful clients utilizing similar scope of this RFP within the last five (5) years.
4. Bidder or any proposed subcontractors cannot have a current, or within the past five years, contract or affiliation with tobacco companies. In addition, the awarded Contractor or any proposed subcontractor may not accept tobacco industry business (contract or affiliation) for the duration of this contract.

### D. SCOPE OF WORK

The Nebraska Tobacco Quitline's service (Quitline) is a no-charge to participant, telephone- and web-based tobacco use cessation Quitline providing a variety of resources in an effort to assist Nebraskans to quit tobacco usage. Depending on an individual's readiness to quit, the Quitline will provide registration, counseling/consultation, evaluation/quality assurance, and screening/recommendations related to the use of support materials and /or referrals to community-based cessation programs.

For participants receiving counseling, after screening the participant for medical contraindications, recommendations may include NRT (nicotine gum, patch, and/or lozenges). Resources will include referrals to community-based cessation programs when and if community programs are available. No physical call center is required for this RFP.

#### 1. QUITLINE SYSTEM CAPABILITY

- a. System must handle multiple, simultaneous incoming and outgoing calls with multi-lingual capability and be accessible through a TTY/TDD line.
- b. System must provide a live answer during the "live" response hours of operations, per Section V.D.2.
- c. System must offer, at a minimum, a strong and scalable communications server; automatic call distribution functionality; real-time monitoring of overall activity as well as individual calls; collection, analysis and reporting of data; and telephonic integration allowing information exchange between voice and data systems.
- d. System data tracking and collection must tabulate unique individuals, services provided, call patterns, participant demographics, and create analysis for data reporting on a monthly, quarterly, and annual basis.
- e. System must produce reports on the types and amounts of services provided per participant, call patterns by time of day/week/ month, and estimates of costs by types of service provided.
- f. System must track calls during and outside of hours of operation, including features such as "hits to the line", abandonment rates, wait times, and length of call.
- g. System must record all participant communication for quality assurance purposes.
- h. System must accept referrals through fax referrals, an online form, eReferrals/secure email system, and "live referrals".
  - i. System must handle "live referrals" from healthcare providers with the client/patient during healthcare appointments. Healthcare providers will turn the interaction over to the client/patient for completion of Intake/Assessment and scheduling for coaching call.
  - ii. System must accept an electronic health record referral (e-Referral). The preferred bi-directional e-Referral should meet the NAQC standards.

- iii. System must have the ability to implement an electronic connection to interface with healthcare provider systems electronic health records for purposes of electronic referral to Quitline with electronic feedback.
- iv. System must have the ability to send two-way electronic referrals for healthcare systems, as identified by DHHS, at no cost to DHHS.
- i. System must provide a twenty-four (24) hour web-based service as an enhancement to the telephone-based services provided and/or as a stand-alone web-based tobacco cessation program. Refer to section V. D. 2. (a-e) for specific details. TFN prefers a system in which participants will be able to register for telephone-based and web-based services through the Internet.
- j. System collaboration with TFN is required to ensure transfer of the Quitline telephone number, fax referral telephone number, and texting service number. The vendor must plan to transfer telephone numbers back to TFN upon contract expiration.
- k. System collaboration with TFN is required to determine the best option for coordination with NAQC and other Quitline support resources that may become available to Nebraskans over the duration of the contract period.
- l. Vendor will disclose any usage of Artificial Intelligence (AI) or Automated Callers to provide services to Nebraskans and will provide alternative services without AI or Automated Callers if requested. Vendors will prioritize that interactions will be conducted by live, trained human cessation coaches, intake specialists, or other appropriate positions.
- m. System must provide services that are culturally and linguistically appropriate for the following specific populations:
  - i. Medicaid beneficiaries
  - ii. Uninsured/Low Socioeconomic Status
  - iii. Pregnant women
  - iv. Senior adults
  - v. Veterans
  - vi. Smokeless tobacco users
  - vii. Native Americans
  - viii. African Americans
  - ix. Hispanic/Latinos
  - x. Spanish-speaking participants
  - xi. Deaf and hard of hearing
  - xii. Participants with mental health or substance abuse disorders
  - xiii. Teens
  - xiv. Other limited English-speaking populations

**2. QUITLINE HOURS OF OPERATION**

System must provide "live" response to phone calls 24 hours a day, seven days a week. Peak times for phone calls must be continuously monitored, and staffing shall be modified accordingly to meet peak volume times. Volume must be assessed during live hours of coverage, and as needed in collaboration with media events. An automated answering service may only be used when Quitline personnel are unavailable. If an automated answering system is used, the caller must not be required to **select more than two options** prior to speaking with a registration specialist or other staff person.

Coverage is required for all holidays. Allowed exceptions to "live" response operations are listed below:

- a. No system operation on Thanksgiving Day.
- b. No system operation on Christmas Day.
- c. Call Center can close early at 2:00 p.m. Central Time on Christmas Eve. Operations must commence at 8:00 a.m. the following day.
- d. Call Center can close early at 5:00 p.m. Central Time on New Year's Eve. Operations must commence at 8:00 a.m. the following day.
- e. Call Center can close early at 5:00 p.m. Central Time on Labor Day, Memorial Day, and July 4. Operations must commence at 8:00 a.m. the following day.

System must provide online web access to coaching. 24/7 live response is not applicable; however, it is preferred.

**3. QUITLINE PARTICIPANT MANAGEMENT**

Services to be provided include, but are not limited to: registration, counseling/consultation, and evaluation/quality assurance related to the use of support materials and/or referrals to community-based cessation programs.

**I. REGISTRATION**

Screening of tobacco users must include, but is not limited to:

1. Quitline standardized procedures for screening and recommendations should follow the North American Quitline Consortium (NAQC) Minimal Data Set (MDS), offering a standard approach to evaluating tobacco cessation Quitline's ([www.naquitline.org](http://www.naquitline.org)), with TFN's approval.
2. Identifying informative services and resources applicable to Nebraskan tobacco users and non-users on tobacco dependence, available treatment, the dangers of secondhand smoke, and other tobacco-related information.
  - a. Identify informative services and resources applicable to participants who want to support family and friends quitting tobacco.
  - b. Identify informative services and resources applicable to registrants on counseling and coaching cessation of tobacco use.
3. Obtaining permission from tobacco users to be contacted for follow-up for quit rate evaluation.
  - a. Participants who complete registration via phone, web or text and re-submit registration within 30 calendar days shall not be re-billed to DHHS.
  - b. Participants who complete registration via phone, web or text and re-submit registration after 30 calendar days shall be allowed for re-billing to DHHS.

## II. COUNSELING AND CONSULTATION

- a. Provide a simple, no-cost point of access to services to assist tobacco users in quitting by providing screening and assessment of readiness to quit, counseling, NRT with information on the U.S. Public Health Service recommendations for the use of pharmacological cessation aids, support materials, and referral to community-based services as appropriate.
- b. For participants who are ready to quit:
  1. A personalized quit plan must be developed
  2. Comprehensive, proactive behavioral counseling must be scheduled
  3. Information on available health plan coverage for tobacco dependence treatment must be provided
  4. Referral to community-based services, if desired, must be provided.
- c. For healthcare providers:
  1. Technical assistance and consultation on a variety of effective tobacco dependence treatment topics must be provided.
    - a. Topics may include but are not limited to:
      - i. Up-to-date information about NRT
      - ii. How to send high-quality referrals to the Quitline,
      - iii. Implementing in-office cessation procedures including Quitline referrals following the Public Health Service Clinical Practice Guidelines on Treating Tobacco Use and Dependence
      - iv. Assistance on complicated patient case management issues; community-based tobacco cessation programs
      - v. Provide free comprehensive online training (including free continuing education units) on brief tobacco intervention techniques, and
      - vi. Best practices to help healthcare providers work with patients quitting tobacco.
  2. Provide healthcare providers with participant information to ensure continuity of care and seamless delivery of services.

## III. QUITLINE EVALUATION AND QUALITY ASSURANCE

- a. Collaborate with TFN and any applicable third party to facilitate evaluation of the quality and effectiveness of services and referrals.
- b. Maintain a client database that meets the measures determined by TFN, to ensure confidential, efficient means of transferring the database as needed to conduct evaluation.
- c. Verify tobacco use status and measure client satisfaction. Follow-up evaluation and client satisfaction surveys may be made to a random sample of participants meeting evaluation criteria after the receipt of services, at seven (7) months as referenced in Exhibit 1-Reporting Quit Rates).
- a. The term "quit" shall be fully defined by seven (7) month follow-ups, from the quit date, when the client is contacted to determine smoking/tobacco use status within the past month.
- b. The number of total evaluation participants must reach NAQC's recommended value of n = 400, as found in the [2009 "Measuring Quit Rates" Issue Paper](#).
- d. Facilitate effective evaluation of the Quitline by working collaboratively with TFN.
- e. Provide opportunities for TFN to engage in Quitline – related research in conjunction with other states.
- f. Develop, implement, and follow a comprehensive quality assurance plan for Quitline operations and clinical service delivery.
  - i. The quality assurance plan must describe the procedures, standards, and measures to be used to ensure quality.

- ii. Discuss how the organization's performance in the various areas of quality assurance is to be reported, how the reported data should be interpreted, and how that information will be used not only to maintain the quality of services, but to improve them as well.
    - iii. Submit a quality assurance plan to TFN for review and approval no later than 60 days after contract start date.
  - g. Maintain database system to ensure reporting accuracy.
  - h. Develop mechanism to address complaints internally while maintaining participant privacy under HIPAA.
  - i. Notify TFN of complaints about Quitline services within five (5) business days. Each year, the Contractor will provide at least one (1) narrative success story from a Nebraska Tobacco Quitline participant who has successfully ceased using tobacco products. The story should highlight the participant's journey, the effectiveness of Quitline services (including counseling, if applicable), and the positive impact on their life. It should be made available to DHHS for public distribution. The vendor is responsible for getting the participant's consent to share the story.
  - j. Maintain current, science-based, high quality services through guidance by a Scientific Panel or Advisory Board.
  - k. Maintain Quitline website, including but not limited to content updates, maintenance, and modernization.
  - l. If Quitline app is available, maintain app with content updates, maintenance, and modernization.
  - m. Quitline medical director role must work with the Quitline staff and healthcare professionals to resolve complex issues.
4. **QUITLINE MANAGEMENT AND STAFFING**
- a. Manage ability to identify participants who may be eligible for Quitline services through a health plan, employer, or other resource and if such eligibility is determined.
  - b. Manage and facilitate a warm transfer of those participants to the Quitline service for which they are eligible, and no charge to TFN for the Quitline services received.
  - c. Manage and maintain single point of contact (account representative) for communications between vendor and TFN. A clinical and/or medical director must be available to provide technical assistance and oversight as needed.
  - d. Develop and manage a staffing plan that will support "live" call response for 24 hours a day, seven days a week by tobacco treatment specialists.
    - i. Minimum qualifications for Quitline Coaches and Quitline Medical Director are outlined in Section VI. A.(1).(i.) Summary of Bidder's Proposed Personnel/Management Approach.
  - e. Manage and maintain minimum supervisor to staff ratio during "live" response operations. Quitline's need to be flexible and resource-driven, ensuring enough trained staff (and thus, appropriate supervision) to meet participant demand effectively, using performance data to guide decisions. The recommended staff to supervisor ratio is anywhere between 8/1 to 12/1.
  - f. Manage and maintain adequate orientation training and refresher training for all staff.
    - i. Training must include competencies for interaction with, pregnant women, mental health/substance use disorders, and cultural competencies for interaction with Native Americans, African Americans, and Hispanics/Latinos.
  - g. Physical call center is not required for this RFP; however, account representative must have a plan to supervise, monitor and train home-based workers.
    - i. If physical call center is utilized, office space must accommodate administrative, counseling, and support staff. It must also have sufficient equipment (telephone lines, telephones, computers, supplies/hardware/software to protect HIPAA records).
    - ii. A TTY/TDD line must be managed for the hearing impaired.
  - h. Develop plan to work with TFN to conduct regular communications to discuss the management of funds available under this contract. Vendor should report when call volume demand begins to exceed the available State budget.
  - i. Manage and maintain ability to bill and receive reimbursement from all participating health plans and Medicaid for services provided.
  - j. Manage and maintain use of the Nebraska fax referral form, Exhibit 2-Example Quitline Fax Referral Form, which allows healthcare professionals to fax a referral to the Quitline toll-free. TFN prefers that the vendor also be able to have a community referral form for community organizations and social workers to send referrals.
5. **QUITLINE CALL PERFORMANCE STANDARDS**
- The following are minimum performance measures to assess the success of the Quitline. Vendor should detail ability to meet or exceed minimum standards and evaluation plan.

- a. 90% of calls received during operation hours to the Quitline shall receive a live response.
- b. Average live answer speed shall be within 30 seconds.
- c. 80% of callers interested in speaking with a Quitline Coach shall be transferred directly after completing registration. The remaining 20% will be contacted within the time frame that the participant requests.
- d. 90% of multiple call participants during the established appointment time for interventions should be tracked and documented.
- e. 70% of multiple call participants will receive a call within 48 hours of their quit date.
- f. Within 24 hours of receipt of referral, first contact attempt must be made.
- g. Less than 5% abandonment for calls waiting greater than 30 seconds following the initial client queue message.
- h. 100% of self-help materials shall be sent within one day of registration.
- i. 95% of voicemail messages shall be initiated for return the following business day.
- j. 15% of referrals must result in the person referred registering for the Quitline.

6. **REPORTING REQUIREMENTS**

Reporting must be submitted utilizing Exhibit 3-Nebraska Tobacco Quitline Reporting Requirements and Exhibit 4-Nebraska Tobacco Quitline Reports.

- a. Data collection requirements may change upon mutual agreement of TFN and the Contractor. Collection of data listed below supports reporting of performance measures as listed in V.D.5.
  - i. Live Response
  - ii. Answer Speed
  - iii. Call volume
  - iv. Multiple calls
  - v. Referrals
  - vi. Abandonment
  - vii. Materials sent
  - viii. Voicemails
  - ix. Counseling
- b. Ability to send de-identified data to TFN.
- c. Ability to maintain confidentiality of caller records.
- d. Establish process for issuing a Notice of Privacy Practices and obtaining permission from participants to be contacted for evaluation.
- e. Create and maintain precautions to ensure files and programs can be re-created in the event of loss by any cause, including plan to safeguard data files (frequency of back-up copies, storage location, methodology for restoring backup copies when activity has been processed in the interim).
- f. Submit monthly Quitline usage with invoice to TFN to receive payment for reporting period. Usage must detail quantity of each service utilized within each month
- g. Submit monthly, quarterly and annual reports (Exhibit 3-Nebraska Tobacco Quitline Reporting Requirements and Exhibit 4-Nebraska Tobacco Quitline Reports) to TFN to track use of the Quitline. Include participant levels, participant progress, usage and services provided with aggregate data by county.
- h. Submit monthly, quarterly and annual reports to TFN.
- i. Ability to complete NAQC reporting and meet federal reporting requirements.
- j. Contractor must provide and keep updated definitions of each item contained in the report.
- k. Track and report analytics for online healthcare provider training to TFN.

7. **SERVICE DELIVERY PROTOCOLS**

Protocols for all counseling interventions, both initial and follow-up, must be based on research showing effectiveness inducing behavior change utilizing motivational interviewing and a cognitive-behavioral approach to treating tobacco use. All protocols require review and approval by TFN. Protocols must be revised as needed, to keep pace with research on effective tobacco-depending treatment interventions. Quitline must provide the following services that are consistent, systematic and research-based:

- a. Ability to provide services to all clients, with no minimum age.
- b. Ability to document guardian consent for minor participants, if legally required;
- c. Ability to provide counseling over the phone, online or through text message.
- d. Ability to conduct intake screening of all participants and provide general information upon request.
- e. Ability to provide information to non-tobacco users seeking assistance on behalf of friends or relatives who use tobacco.
- f. Assess participants' tobacco usage and readiness to quit for review of tobacco treatment benefits, including Medicaid, provided by the participant's third-party payer and facilitate linking them to the benefit.
- g. For Nebraskans ready to quit, at no cost:
  - i. Provide an immediate counseling intervention with a Quitline coach, for effective quitting.

- ii. Provide the option to receive up to five (5) proactive follow-up behavioral counseling sessions based on the participant's need for the service. TFN may approve up to ten (10) proactive follow-up calls for specific populations, after written request is approved.
- iii. Review U.S. Public Health Service recommendations on the use of pharmacological cessation aids, nicotine replacement therapy (NRT) and referrals to physicians or other healthcare professionals as needed.
  - 1. If applicable, the NRT can be distributed directly to a participant's address.
- iv. Provide supplemental self-help materials such as relevant, tailored education materials upon registration via mail. Email or text options may be available. Provide additional materials as requested.
- v. Provide Nebraskans with the ability to opt-in to supportive messaging through email and text services tailored to special population characteristics, type of tobacco use, readiness to quit, etc. It is preferred that supportive text services utilize keyword support.
- h. Ability to provide comprehensive proactive counseling support initiated by Quitline coach to participants who are ready to quit and agree to counseling. The counseling must be based on protocols demonstrated through randomized clinical trials research to be effective in providing support and assistance in helping people successfully quit tobacco use and prevent relapses.
- i. Ability to schedule the proactive follow-up counseling sessions such as appointments with the participant at a specific date and time, or a specific date and range of time within which the session might be scheduled.
- j. Collaboration with TFN to facilitate follow-up evaluation at seven (7) months, from quit date, verify tobacco use status and client satisfaction.
- k. For tobacco users who are not interested in receiving follow-up proactive counseling:
  - i. Offer encouragement to call the Quitline again for assistance as needed.
  - ii. Offer motivational messages to promote effective quitting
  - iii. Offer to send self-help and other appropriate materials via mail, email or text.
  - iv. Offer support resources for family and friends of tobacco users to assist with a quit attempt.
  - v. If participants are within the United States Preventative Services Task Force's recommended population to have lung cancer screening (adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years):
    - 1. Offer opportunity to opt into lung cancer screening or pre-screening.
    - 2. Provide updated list of lung cancer screening providers in Nebraska.
    - 3. Provide resources for education on the benefits of lung cancer screening.

8. **TECHNICAL ASSISTANCE FOR HEALTHCARE PROFESSIONALS**

The primary healthcare professionals referenced for this RFP consist of, but are not limited to physicians, nurses, substance abuse counselors, mental health counselors, psychologists, social workers, oral health providers, and certified Tobacco Treatment Specialists. Healthcare professionals calling the Quitline must be provided with the following services as requested and available.

- a. Free comprehensive online training on brief tobacco intervention techniques and best practices to help healthcare providers work with patients quitting tobacco.
  - i. Ensure all training is developed, delivered and maintained in compliance with accreditation requirements for continuing education units (CEUs) of the target audience.
  - ii. At minimum, CEUs must be available for all licensed prescriber healthcare professionals.
  - iii. Topics should include, but not be limited to:
    - 1. Up-to-date information and recommendations based on the Public Health Service Clinical Practice Guidelines on Treating Tobacco Use and Dependence with regard to the use of pharmacotherapies.
    - 2. Implementation of in-office procedures to address tobacco use.
    - 3. Recording of intervention on electronic health records.
    - 4. Tobacco dependence treatment with special populations.
    - 5. Tobacco dependence treatment for youth.
    - 6. How to utilize information on how clients can utilize the Quitline and its services;
    - 7. Effective in-office or community-based tobacco cessation interventions including the 5A's: Ask, Advise, Assess, Assist & Arrange or 2A's and a R: Ask, Advise and Refer.
- b. Process and provide free continuing education units (CEUs) to providers upon completion of the course.
- c. Trainings should be updated yearly with up-to-date information and any technical updates needed.
- d. Provide technical assistance and consultation to TFN staff working with healthcare professionals on a variety of effective tobacco dependence treatment issues.

9. **SUPPORT MATERIALS**

Tailored materials must be made available for populations listed in 11.(e). All support materials must be approved by TFN prior to implementation. The Nebraska Tobacco Quitline logo must be visible on all printed materials for distribution to Quitline participants, unless otherwise approved by TFN. Any revisions to materials must be approved by TFN prior to implementation.

- a. Develop, maintain or utilize existing cessation support materials that address self-help cessation techniques for tobacco users.
- b. Materials are required to meet low literacy level needs (4th grade) and utilize pictures and graphics extensively.
- c. All materials must be made available in English and Spanish, at a minimum.
- d. Materials may be required in additional languages if call volume data indicates.
- e. Information on secondhand smoke and other tobacco-related educational materials must be appropriately mailed, emailed or texted as requested by participants.
- f. Within 48 hours of request, support materials must be provided to, but not limited to:
  - i. Proxy callers
  - ii. Healthcare professionals
  - iii. Tobacco users, not ready to quit
  - iv. Tobacco users, ready to quit but not interested in ongoing counseling. Specific populations (e.g., racial and ethnic minority groups, behavioral health conditions, and rural populations)

10. **PROMOTION TO HEALTHCARE SYSTEMS**

- a. Collaborate with TFN in updating and utilizing promotional materials that will be disseminated by TFN to healthcare professionals and systems.
- b. Collaborate with TFN to ensure effective coordination of promotion to healthcare professionals and Quitline services.
- c. Collaborate with TFN to respond to calls generated as a result of paid media promotion, earned media promotion, and promotion through health systems.
- d. Collaborate and assist TFN or media Vendor to assure effective coordination with media promotion, promotion to healthcare professionals, and other tobacco control activities in Nebraska.
- e. Participation in annual presentations (up to two) at state conference/training programs identified by TFN to educate and inform stakeholders, healthcare professionals, administrators, insurers, and purchasers about the Quitline and promote the systems change recommendations contained in the U.S. Public Health Service Clinical Practice Guideline, Treating Tobacco Use and Dependence.
- f. Provide technical assistance to TFN regarding the development and utilization of a fax and web referral system to increase the number of healthcare providers who refer patients to the Quitline.
- g. Provide technical assistance to TFN regarding the development and utilization of a community referral system to increase the number of healthcare providers who refer patients to the Quitline.

11. **COUNSELING TECHNICAL REQUIREMENTS**

Provide a Counseling System that has the following:

- a. Protocols for the first contact during live hours
- b. Protocols to triage the participant's need for services
- c. Protocols for counseling online and over the phone, and through text message (optional but preferred).
- d. Protocols to assess a tobacco user's readiness to quit. For participants who are ready to quit, the Counseling System must track:
  - i. Registration for services
  - ii. Initial counseling for successful quitting
  - iii. Provision of self-help materials or other resources
  - iv. Assessment of participant's interest in proactive cessation counseling
  - v. Assessment of participant's insurance status including Medicaid and Medicare and feedback to the participant about the availability of tobacco dependence treatment coverage through health insurance
  - vi. Provide comprehensive, proactive follow-up cessation counseling. Counseling must be based on protocols that research in randomized trials has demonstrated to be effective in supporting people as they cease the use of tobacco products and in preventing relapse
  - vii. Provide cessation counseling to educate on nicotine replacement therapy options, how the participant will be screened for medical eligibility and how the proper nicotine replacement therapy will be selected for the participant
- e. Familiarity with the listed populations, but is not limited to:
  - i. Medicaid beneficiaries
  - ii. Uninsured/Low Socioeconomic Status
  - iii. Pregnant women

- iv. Senior adults
  - v. Veterans
  - vi. Smokeless tobacco users
  - vii. Electronic Nicotine Delivery Systems (ENDS) users
  - viii. People with mental health or substance use conditions
  - ix. Diverse ethnic, racial and cultural minorities, particularly Native Americans
- f. Provide interpreter or referral services to participants with limited English proficiency. A third-party interpreter is acceptable.
  - g. Vendor must describe, to insured participants, how insured participants will be linked to their healthcare system to access a tobacco dependence treatment benefit, if available, or to a healthcare professional for prescription cessation aids or other medical follow-up.
  - h. Will provide options for program completion with incentives that can't be used to purchase tobacco or alcohol.
  - i. Provide professional staff.
  - j. It is important that Nebraska participants feel they have found meaningful help when they reach the Nebraska Tobacco Quitline and that the Quitline staff will go the extra mile to assure needs are met whether for information, referral, immediate counseling, or reassurance.

12. **NICOTINE REPLACEMENT THERAPY (NRT)**

For participants receiving counseling, after registration and screening for medical contraindications, recommendations may include nicotine replacement therapy (nicotine gum, patch, and/or lozenge). Vendor is responsible for all packaging and postage necessary to provide NRT distribution to qualified participants and for monitoring the TFN-approved budget and distribution timeline.

- a. Assume full responsibility for screening participants, receiving medical authorization when necessary, and ordering NRT.
- b. Ensure that NRT will be available to eligible participants screened during distribution times determined by Tobacco Free Nebraska.
- c. Mail NRT directly to the participant's permanent home mailing address or residential facility.
- d. TFN will approve a period of time and budget for when NRT will be available through distribution, the supply length (example: two (2) weeks, four (4) weeks), the NRT options (example: Nicotine Gum, Patch, Lozenges, Combination Therapy) and who is eligible.
- e. Provide a supply of NRT to medically qualified participants over the age of eighteen (18) enrolled in the Nebraska Tobacco Quitline.
- f. Provide and follow the NRT screening protocols. Protocols must be submitted to TFN for approval, a minimum of 30 days prior to implementation.
- g. Upon TFN approval, provide NRT options including nicotine gum, patch, and/or lozenge, or combination therapy of the gum, patch and/or lozenge. Dosage and type of NRT shall be determined by the Quitline Coach and the participant and should align with product labeling and clinical guidance.
  - i. Vendor must disclose how much NRT (i.e. how many gum, patch, and/or lozenge) are included in a two (2) or four (4) week supply. The daily quantity of NRT supplied should align with the following recommendations ([Smoking Cessation: A Report of the Surgeon General](#), Table 6.2)
    - 1. Nicotine gum: At least 9/day to 1 for every 1-2 hours
    - 2. Nicotine patch: 1/day
    - 3. Nicotine lozenge: At least 9/day to 1 for every 1-2 hours

<b>*NRT Products (Two- and Four-Week Distributions) aligned with Surgeon General recommendations.</b>
Nicotine Gum (Two-week supply) (126 tablets, or 9 tablets each day)
Nicotine Gum (Four-week supply) (252 tablets, or 9 tablets each day)
Nicotine Patch (Two-week supply) (14 patches, or 1 patch each day)
Nicotine Patch (Four-week supply) (28 patches, or 1 patch each day)
Nicotine Lozenges (Two-week supply) (126 tablets, or 9 tablets each day)

Nicotine Lozenges (Four-week supply)  
(252 tablets, or 9 tablets each day)

13. **DELIVERABLES**

- a. Registration (phone)
- b. Registration (web and text)
- c. General Phone Coaching / Counseling Services
- d. Web Counseling
- e. Special Population Phone Coaching / Counseling Services
- f. Lung Cancer Pre-Screening (must not include registration costs)
- g. Program Development / Implementation (one-time cost)
- h. E-Referral Interface
- i. Evaluations – Seven (7) month
- j. Provider Training – Healthcare Provider Online Training – Development, Implementation, Maintenance, and Updates
- k. Continuing Education Credits for Healthcare Provider Training
- l. Nicotine Replacement Therapy Products
- m. Optional Services – Innovative Projects, Custom Evaluation and Text Counseling

**E. OPTIONAL SERVICES**

**1. Innovative Projects**

Changes or additions to the contract beyond the scope are not permitted unless required to ensure compliance with any applicable law, or unless, in DHHS's sole determination, such changes or modifications are essential to ensure maximum use of other resources consistent with the purposes of this RFP.

**2. Custom Evaluation**

Custom evaluation efforts, as requested by TFN, go beyond the seven (7) month quit rate and satisfaction rate evaluation. Custom Evaluation could focus on a specific population using the Quitline, a specific Quitline service provided, and/or other TFN Quitline initiatives and could involve gathering information from Quitline participants through a survey or other means as developed in the custom evaluation plan.

**3. Text Counseling**

Tobacco cessation coaching session delivered through text messaging services between a live Quit Coach and a participant. Text counseling is interactive, tailored, immediate and continued texting based on motivation, readiness, dependence, and confidence levels, quit date, etc. ([\*Recommended Best and Promising Practices on Technology-Mediated Services for Quitlines, NAQC 2021\*](#)) Billable only per participant for duration for active counseling.

**F. LIST OF EXHIBITS**

- Exhibit 1 – Reporting Quit Rates
- Exhibit 2 – Example Quitline Fax Referral Form
- Exhibit 3 – Nebraska Tobacco Quitline Reporting Requirements
- Exhibit 4 – Nebraska Tobacco Quitline Reports
- Exhibit 5 – Nebraska Local Health Districts Map

## VI. SOLICITATION RESPONSE INSTRUCTIONS

This section documents the requirements that should be met by bidders in preparing the Corporate Overview and Technical Response portions of the solicitation response. The solicitation Cost Sheet template should be completed by bidders and submitted as a separate attachment with their solicitation response. Bidders should identify the subdivisions of "Project Description and Scope of Work" clearly in their solicitation response; failure to do so may result in disqualification. Failure to respond to a specific requirement may be the basis for elimination from consideration during the State's comparative evaluation.

Solicitation responses are due by the date and time shown in the Schedule of Events. Content requirements for the Corporate Overview and Technical Response are presented separately in the following subdivisions:

### A. SOLICITATION RESPONSE SUBMISSION

#### 1. CORPORATE OVERVIEW

The Corporate Overview section of the solicitation response should consist of the following subdivisions:

##### a. BIDDER IDENTIFICATION AND INFORMATION

The bidder should provide the full company or corporate name, address of the company's headquarters, entity organization (corporation, partnership, proprietorship), state in which the bidder is incorporated or otherwise organized to do business, year in which the bidder first organized to do business and whether the name and form of organization has changed since first organized.

##### b. FINANCIAL STATEMENTS

The bidder should provide financial statements applicable to the firm. If publicly held, the bidder should provide a copy of the corporation's most recent audited financial reports and statements, and the name, address, and telephone number of the fiscally responsible representative of the bidder's financial or banking organization.

If the bidder is not a publicly held corporation, either the reports and statements required of a publicly held corporation, or a description of the organization, including size, longevity, client base, areas of specialization and expertise, and any other pertinent information, should be submitted in such a manner that solicitation evaluators may reasonably formulate a determination about the stability and financial strength of the organization. Additionally, a non-publicly held firm should provide a banking reference.

The bidder must disclose any and all judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of the organization, or state that no such condition is known to exist.

The State may elect to use a third party to conduct credit checks as part of the corporate overview evaluation.

##### c. CHANGE OF OWNERSHIP

If any change in ownership or control of the company is anticipated during the twelve (12) months following the solicitation response due date, the bidder should describe the circumstances of such change and indicate when the change will likely occur. Any change of ownership to an awarded bidder(s) will require notification to the State.

##### d. OFFICE LOCATION

The bidder's office location responsible for performance pursuant to an award of a contract with the State of Nebraska should be identified.

##### e. RELATIONSHIPS WITH THE STATE

The bidder should describe any dealings with the State over the previous **five (5) years**. If the organization, its predecessor, or any Party named in the bidder's solicitation response has contracted with the State, the bidder should identify the contract number(s) and/or any other information available to identify such contract(s). If no such contracts exist, so declare.

##### f. BIDDER'S EMPLOYEE RELATIONS TO STATE

If any Party named in the bidder's solicitation response is or was an employee of the State within the past six (6) months, identify the individual(s) by name, State agency with whom employed, job title or position held with the State, and separation date. If no such relationship exists or has existed, so declare.

If any employee of any agency of the State of Nebraska is employed by the bidder or is a subcontractor to the bidder, as of the due date for solicitation response submission, identify all such persons by name, position held with the bidder, and position held with the State (including job title and agency). Describe the responsibilities of such persons within the proposing organization. If, after review of this information by the State, it is determined that a conflict of interest exists or may exist, the bidder may be disqualified from further consideration in this solicitation. If no such relationship exists, so declare.

g. **CONTRACT PERFORMANCE**

If the bidder or any proposed subcontractor has had a contract terminated for default during the past five (5) years, all such instances must be described as required below. Termination for default is defined as a notice to stop performance delivery due to the bidder's non-performance or poor performance, and the issue was either not litigated due to inaction on the part of the bidder or litigated and such litigation determined the bidder to be in default.

It is mandatory that the bidder submit full details of all termination for default experienced during the past five (5) years, including the other Party's name, address, and telephone number. The response to this section must present the bidder's position on the matter. The State will evaluate the facts and will score the bidder's solicitation response accordingly. If no such termination for default has been experienced by the bidder in the past five (5) years, so declare.

If at any time during the past five (5) years, the bidder has had a contract terminated for convenience, non-performance, non-allocation of funds, or any other reason, describe fully all circumstances surrounding such termination, including the name and address of the other contracting Party.

h. **SUMMARY OF BIDDER'S CORPORATE EXPERIENCE**

The bidder should provide a summary matrix listing the bidder's previous projects similar to this Solicitation in size, scope, and complexity. The State will use no more than three (3) narrative project descriptions submitted by the bidder during its evaluation of the solicitation response. Highlight any experience working with State Health Departments and/or State Tobacco Control programs on tobacco cessation interventions.

The bidder should address the following:

- i. Provide narrative descriptions to highlight the similarities between the bidder's experience and this Solicitation. These descriptions should include:
  1. The time period of the project,
  2. The scheduled and actual completion dates,
  3. The bidder's responsibilities,
  4. For reference purposes, a customer name (including the name of a contact person, a current telephone number, a facsimile number, and e-mail address); and
  5. Each project description should identify whether the work was performed as the prime Vendor or as a subcontractor. If a bidder performed as the prime Vendor, the description should provide the originally scheduled completion date and budget, as well as the actual (or currently planned) completion date and actual (or currently planned) budget.
- ii. Bidder and Subcontractor(s) experience should be listed separately. Narrative descriptions submitted for Subcontractors should be specifically identified as subcontractor projects.
- iii. If the work was performed as a subcontractor, the narrative description should identify the same information as requested for the bidders above. In addition, subcontractors should identify what share of contract costs, project responsibilities, and time period were performed as a subcontractor.

i. **SUMMARY OF BIDDER'S PROPOSED PERSONNEL/MANAGEMENT APPROACH**

The bidder should present a detailed description of its proposed approach to the management of the project.

**Required Personnel Credentials and Licensure:**

**Quit Coaches Minimum Qualifications:**

1. Bachelor or Master degree in social work, psychology, or other behavioral health field of study
2. At minimum, staff shall have two years of counseling experience.

**Quitline Medical Director Minimum Qualifications:**

1. Ph.D. or equivalent experience and credentials.

Bidder must notify DHHS immediately if any change in personnel in key positions of this RFP is terminated and replaced. Replacement staff must be reviewed by DHHS program to ensure compliance to the required credentials and/or licensure at any time during the life of the Contract.

The bidder should identify the specific professionals who will work on the State's project if their company is awarded the contract resulting from this Solicitation. The names and titles of the team proposed for assignment to the State project should be identified in full, with a description of the team leadership, interface, and support functions, and reporting relationships. The primary work assigned to each person should also be identified.

The bidder should provide resumes for all personnel proposed by the bidder to work on the project. The State will consider the resumes as a key indicator of the bidder's understanding of the skill mixes required to carry out the requirements of the Solicitation in addition to assessing the experience of specific individuals.

Resumes should not be longer than three (3) pages. Resumes should include, at a minimum, academic background and degrees, professional certifications, understanding of the process, and at least three (3) references (name, address, and telephone number) who can attest to the competence and skill level of the individual. Any changes in proposed personnel shall only be implemented after written approval from the State.

**j. SUBCONTRACTORS**

If the bidder intends to subcontract any part of its performance hereunder, the bidder should provide:

- i. name, address, and telephone number of the subcontractor(s),
- ii. specific tasks for each subcontractor(s),
- iii. percentage of performance hours intended for each subcontract; and
- iv. total percentage of subcontractor(s) performance hours.

**2. TECHNICAL RESPONSE**

The Technical Response section of the solicitation response should consist of the following subsections:

- a. Understanding of the project requirements;
- b. Proposed development approach;
- c. Technical requirements;
- d. Detailed project work plan; and
- e. Deliverables and due dates.

**3. COST SHEET**

The Pricing evaluation and point distribution will be based on Unit Costs calculated against estimated quantities for cost analysis and assignment of points for the collective total of Initial Contract term and renewals.

## CONTRACTUAL AGREEMENT FORM

### BIDDER MUST COMPLETE THE FOLLOWING

By signing this Contractual Agreement Form, the bidder guarantees compliance with the provisions stated in this solicitation and agrees to the terms and conditions unless otherwise indicated in writing and certifies that bidder is not owned by the Chinese Communist Party.

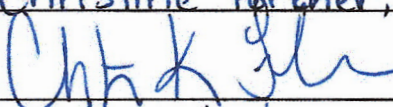
Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603, DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Vendors. This information is for statistical purposes only and will not be considered for contract award purposes.

\_\_\_\_\_ NEBRASKA VENDOR AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska Vendor. "Nebraska Vendor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this Solicitation. All vendors who are not a Nebraska Vendor are considered Foreign Vendors under Neb. Rev Stat § 73-603 (c).

\_\_\_\_\_ I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

\_\_\_\_\_ I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb. Rev. Stat. § 71-8611 and wish to have preference considered in the award of this contract.

### THIS FORM MUST BE SIGNED MANUALLY IN INK OR BY DOCUSIGN

COMPANY:	National Jewish Health
ADDRESS:	1400 Jackson St, Denver, CO 80206
PHONE:	303-728-6533
EMAIL:	HI_Contracts@njhealth.org
BIDDER NAME & TITLE:	Christine Forkner, EVP, Corp. Affairs
SIGNATURE:	
DATE:	5/7/26

VENDOR COMMUNICATION WITH THE STATE CONTACT INFORMATION (IF DIFFERENT FROM ABOVE)	
NAME:	Alex Hurst
TITLE:	Executive Director
PHONE:	303-728-6533
EMAIL:	hursta@njhealth.org

## EXCEPTIONS LIST

### **Section H., Ownership of Information and Data / Deliverables**

NJH has provided additional language to ensure protection of NJH's intellectual property rights. NJH does not object to existing language but requests addition of the language in redline, below, both to make clear that NJH retains all intellectual property rights and that NJH may also use data from the project for its own business and marketing purposes.

#### Contract Language:

#### H. OWNERSHIP OF INFORMATION AND DATA / DELIVERABLES

The State shall have the unlimited right to publish, duplicate, use, and disclose all information and data developed or obtained by the Vendor on behalf of the State pursuant to this contract.

The State shall own and hold exclusive title to any deliverable developed as a result of this contract. Vendor shall have no ownership interest or title, and shall not patent, license, or copyright, duplicate, transfer, sell, or exchange, the design, specifications, concept, or deliverable. Notwithstanding the foregoing, Vendor shall retain all right, title, and interest in its intellectual property, including but not limited to its trademarks (including, without limitation, the *My Life, My Quit* mark) and all published program materials. Further, Vendor may use data from the program, such as success rates and other metrics, in its own marketing efforts.