**Technical Response**

**Attachment 1**

**Request for Proposal Number 6204 Z1**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bidders should respond to the Bidder Responses using the format provided and must not change the order or number of the responses.

|  |  |
| --- | --- |
|  | **Bidder Responses** |
| **Description of Experience** |
|  | Bidder to describe experience in managing a telephone-based tobacco cessation Quitline, including the provision of screening, assessment, proactive counseling, support materials referrals to community-based cessation services, and web-based coaching. |
| Bidder Response: |
|  | Bidder to describe quit rates and satisfaction rates achieved for a state Quitline as similar in size and scope to Nebraska as possible. Include quit rates for multiple call participants receiving counseling only and those receiving counseling plus nicotine replacement therapy and other cessation medications through the Medicaid Program. Provide both responder rates and an intent-to-treat quit rates at 7 and 13 months follow-up, following quit date. See Exhibit 2, *Reporting Quit Rates*, for a more complete description of quit rates and related information requested, including definitions for responder and intent-to-treat rates. |
| Bidder Response: |
|  | Bidder to describe experience in collaborating with the healthcare delivery system to promote effective tobacco dependence treatment and other effective tobacco policies or initiatives. |
| Bidder Response: |
| **System Capabilities** |
|  | Bidder’s ability to accept referrals through an online form.  |
| Bidder Response: |
|  | Bidder’s ability to accept referrals through a secure email system. |
| Bidder Response: |
|  | Bidder’s ability to handle “live referrals” when a provider contacts the contractor with the client or patient in the room, and then once connected turn the interaction over to the client/patient to complete intake and set a date for the first coaching call. |
| Bidder Response: |
|  | Bidder’s ability to accept an electronic health record referral (e-Referral). The State has a preference for bi-directional e-Referral that meets NAQC standards.  |
| Bidder Response: |
|  | Bidder’s ability to bill and receive reimbursement from all participating health plans and Medicaid for services provided.  |
| Bidder Response: |
| **Business Operation Requirement** |
|  | Bidder to describe the office environment and the organization’s capability to accommodate staff, records, telephone lines, computer hardware and other operations. |
| Bidder Response: |
|  | Bidder to describe how and when the applicant will notify and coordinate with the National 1-800-QUIT-NOW (1-800-784-8669) and the 1-855-DÈJELO-YA (1-855-335-3569) numbers to assure calls to that number are routed to you as the provider for Nebraska.  |
| Bidder Response: |
|  | Bidder to describe service availability for screening and initial counseling, including “live” response hours of operation per week, during the days and times specified in this Request for Proposal. Include description of how peak times for calls will be monitored and staffing modified to meet peak volume times.  |
| Bidder Response: |
|  | Bidder to describe how call standards listed in Request for Proposal will be monitored and achieved, and provide evidence of current call standard levels. |
| Bidder Response: |
|  | Bidder to describe holiday coverage, and how calls will be handled outside “live” hour coverage. |
| Bidder Response: |
|  | Bidder to describe how a regularly updated referral resource database of community services will be operated in collaboration with TFN. |
| Bidder Response: |
|  | Bidder to provide an assessment of your organization’s strengths and weaknesses in addressing the scope of work described in this Request for Proposal. |
| Bidder Response: |
| **Work Plan and Timeline** |
|  | Bidder to provide a detailed work plan including a timeline of activities to guide the implementation of the Quitline from date of award to “go live” date. Indicate responsible party, milestones and specific date estimates. Include a narrative description of the individual items or the timeline as a whole, as needed. Subsequent work plans may be developed in collaboration with TFN when protocols change or other service adjustments are needed. |
| Bidder Response: |
| **Counseling Technical Requirements** |
|  | Bidder should provide a description of the proposed Counseling System 1. Protocols for the first contact during live hours.
2. Protocols to triage the caller’s need for services.
3. Protocols to assess a tobacco user’s readiness to quit. For the caller ready to quit, detail how the following will be provided:

 * + - 1. Registration for services
			2. Initial counseling for successful quitting
			3. Provision of self-help materials or other resources
			4. Assessment of caller’s interest in proactive cessation counseling
			5. Assessment of caller’s insurance status including Medicaid and Medicare and feedback to the caller about the availability of tobacco dependence treatment coverage through their health insurance.
			6. Describe how comprehensive, proactive follow-up cessation counseling will be provided. Provide evidence that counseling is 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.
			7. Describe how cessation counseling will be provided to educate on nicotine replacement therapy options, how the caller will be screened for medical eligibility and how the proper nicotine replacement therapy will be selected for the caller.
 |
| Bidder Response: |
|  | Bidder should describe any unique protocols or experience working with each of the following populations:* + 1. Medicaid eligible
		2. Uninsured/Low Socioeconomic Status
		3. Pregnant women
		4. Senior adults
		5. Veterans
		6. Smokeless tobacco users
		7. Electronic Nicotine Delivery Systems (ENDS) users
		8. Behavioral health tobacco users
		9. Diverse ethnic, racial and cultural minorities, particularly Native Americans.
 |
| Bidder Response: |
|  | Bidder should describe how services will be provided to callers with limited English proficiency. |
| Bidder Response: |
|  | Bidder should provide recommendations for managing the funds available under this contract should call volume exceed, or not meet expectations.  |
| Bidder Response: |
|  | Bidder should describe how insured callers will be linked to their healthcare system to access a tobacco dependence treatment benefit, if available, or to their healthcare professional for prescription cessation aids or other medical follow-up as appropriate. |
| Bidder Response: |
|  | Bidder should describe protocols for referral to community-based services. |
| Bidder Response: |
|  | Bidder should describe coaching services and how they will utilize technology (e.g. web-based coaching, app, text messaging) included in this project and made available to all Nebraska tobacco users. |
| Bidder Response: |
|  | It is important that Nebraska callers feel that when they reach the Nebraska Tobacco Quitline, they have found meaningful help, and that the Quitline staff will go the extra mile to assure that their needs are met—whether for information and referral, immediate counseling assistance, linkage to a healthcare professional or health plan for tobacco dependence treatment benefits, or just reassurance that this is a difficult and important step and the Quitline’s professional staff are capable of facilitating them through a quit process that will lead to success. Describe how your organization will assure that this quality is conveyed in each call when dealing with Nebraska callers and provide examples. Bidder to provide two audio files of calls/counseling sessions on either CD\_ROM, or DVD format for each of the following call types (for a total of six (6) recorded sessions):1. Initial call and registration for services2. Initial counseling/assessment call3. Follow-up counseling call  Audio copies of actual calls are preferred; however, a role-played session is acceptable. Please indicate whether the recordings provided are actual sessions or role-played calls. |
| Bidder Response: |
| **Technical Assistance for Health Care Professionals** |
|  | Bidder to describe how the Quitline will provide technical assistance and consultation to TFN staff working with healthcare professionals on a variety of effective tobacco dependence treatment issues.  |
| Bidder Response: |
|  | Bidder to describe the medical director’s role in working with the Quitline staff and healthcare professionals to resolve complex issues. |
| Bidder Response: |
|  | Bidder to describe how the Quitline will provide participant information with their healthcare provider and/or MCOs |
| Bidder Response: |
|  | Bidder to describe the online training for healthcare providers; how it will be developed, monitored, analytics tracked and reported, and continuing education will be processed/provided. |
| Bidder Response: |
| **Support Materials** |
|  | Bidder to describe what resource materials are available for, or will be developed and will be provided to:* + - * 1. Proxy callers
				2. Healthcare professionals
				3. Tobacco users, not ready to quit
				4. Tobacco users, ready to quit but not interested in ongoing counseling
				5. Specific populations (e.g. racial and ethnic minority groups, mentally ill, and rural populations).
 |
| Bidder Response: |
|  | Bidder to provide copies of all self-help and other support materials listed in Request for Proposal. Clearly label the materials to indicate the intended audience. |
| Bidder Response: |
| **Quitline Promotion** |
|  | Bidder to describe how the Quitline will work with TFN to respond to calls generated as a result of paid media promotion, earned media promotion, and promotion through health systems. |
| Bidder Response: |
|  | Bidder to describe how the Contractor can assist TFN or media Contractor to assure effective coordination with media promotion, promotion to healthcare professionals, and other tobacco control activities in Nebraska. |
| Bidder Response: |
| **Reporting Requirements** |
|  | Describe the applicant organization’s computerized tracking system to document Quitline activity, including the ability to tabulate discrete individuals, services provided, call patterns, caller demographics, and the analysis and reporting of data on a monthly, quarterly, and annual basis. |
| Bidder Response: |
|  | Describe precautions to ensure that 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 from backup copies when activity has been processed in the interim.) |
| Bidder Response: |
|  | Describe systems to ensure confidentiality of caller records. |
| Bidder Response: |
|  | Describe the organization’s current process for issuing a Notice of Privacy Practices and obtaining permission from participants to be contacted for evaluation.  |
| Bidder Response: |
|  | Bidder to provide a sample of the monthly report, with definitions of each item contained in the report, with proposal response. |
| Bidder Response: |
|  | Bidder to describe how data will be collected and provided on a monthly, quarterly and annual basis for data analysis to evaluate and improve services provided. |
| Bidder Response: |
| **Quality Assurance/Quality Improvement** |
|  | Describe the mechanism by which current, science-based, high quality services are maintained, such as use of a Scientific Panel or Advisory Board. Provide a list of Advisory Board members, if applicable. |
| Bidder Response: |
|  | Describe the quality assurance plan as it relates to both Quitline operations and clinical service delivery. Provide a sample of a service performance report.  |
| Bidder Response: |
|  | Describe how the Quitline will address complaints internally, as well as the types of complaints that will be expected to be addressed by TFN and the process by which such calls will be referred to TFN for follow-up, while maintaining participant privacy under HIPAA. |
| Bidder Response: |
| **Service Delivery Protocol** |
|  | Must provide services to all clients at a minimum of age 16 year and older. Describe the age populations the bidder would provide services to.  |
| Bidder Response: |
| **Surveillance and Evaluation** |
|  | Describe how the Quitline will collaborate with TFN and any applicable third party to facilitate evaluation of the quality and effectiveness of services and referrals. |
| Bidder Response: |
|  | Describe how the client database will be provided to TFN monthly and quarterly, in the form and measures determined by TFN and National Quitline Data Warehouse, to assure confidential, efficient means of transferring the database as needed in order to conduct evaluation. Include a plan to address HIPAA requirements as necessary to assure that TFN or the applicable third party has full access to the client database. |
| Bidder Response: |
|  | Describe opportunities for Nebraskans to engage in Quitline-related research in conjunction with other states or other Quitline clients. |
| Bidder Response: |
| **NRT** |
|  | Provide current screening protocols. |
| Bidder Response: |