



## REQUEST FOR PROPOSAL



## The Louisiana Tobacco Quitline

**Contract Period: July 1, 2022 – June 30, 2023**

## Schedule of Key Events

RFP Release Dates	April 13, 2022
Written Questions Due (optional)	April 20, 2022
Response to Written Questions	April 29, 2022
Proposal Due Date	May 13, 2022
Formal notification to company awarded contract	June 1, 2022
Expected Contract Start Date	July 1, 2022

## DESIGNATED CONTACTS

Submission of written proposals and/or written questions

### OFFICIAL CONTACT TO SEND PROPOSALS and INQUIRIES:

**Chrishelle H. Stipe, MPH, NCTTP**  
Cessation Manager  
The Louisiana Campaign for Tobacco Free Living (TFL)  
Louisiana Public Health Institute (LPHI)  
Email: [TFL\\_RFP@lphi.org](mailto:TFL_RFP@lphi.org)

**\*INQUIRIES MUST BE ASKED VIA EMAIL; NO PHONE CALLS WILL BE ACCEPTED\***

**Proposals must be submitted to Chrishelle Stipe, via e-mail, at: [TFL\\_RFP@lphi.org](mailto:TFL_RFP@lphi.org).  
Proposal submissions must be received no later than 11:59 p.m., local time, on May 13, 2022.  
Proposals will be opened the following business day. Proposals not submitted to the e-mail address  
by the deadline will not be considered for contract award.**

**Please ensure that email screening software (if used) recognizes and accepts emails  
from the Designated Contact list.**

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# SECTION 1 - GENERAL INFORMATION

## 1.1. Purpose and Overview

This Request for Proposal (RFP) is being issued by the Louisiana Public Health Institute (LPHI) and the Louisiana Department of Health (LDH). The purpose of this RFP is to obtain proposals from qualified Quitline Providers and to enter into a grant agreement with a qualified Quitline Provider who can provide a proactive, Statewide, counseling and tobacco treatment telephone based Quitline and interactive website. The selected Quitline Provider will have the main responsibility of maintaining the Louisiana Tobacco Quitline which includes, but is not limited to, telephone, web and mobile texting services, evidence-based tobacco treatment interventions such as tobacco use screening, assessment, e-referrals, the distribution of Nicotine Replacement Therapy (NRT), support material, and referrals to community-based cessation programs at no cost to Louisiana adolescents (13-17 years of age) and adults (over 18 years of age), in order to reduce the health and economic burden of tobacco use and dependence.

Some individuals and groups are at greater risk of health and economic burdens of tobacco use and dependence due to their social and/or economic position within society. Therefore, the qualified Quitline Provider should have extensive experience helping and/or at least be prepared to explain effective ways of reaching individuals of the following priority populations:

- Low income, Medicaid Eligible, Uninsured, and Underinsured
- Tobacco Users with Behavioral Health Conditions
- Individuals with limited Education
- Individuals with Disabilities
- Individuals with Chronic Conditions
- Senior Adults
- African Americans
- American Indians
- Asian/Pacific Islander
- Latinos
- Lesbian, Gay, Bisexual, Transgendered and Queer (LGBTQ)
- Pregnant Women
- Rural Populations
- Youth and Young Adults
- Languages other than English
- All forms of Tobacco Users

This RFP is designed to provide interested Quitline Providers with sufficient basic information to submit proposals meeting minimum requirements but is not intended to limit a proposal's content or exclude any relevant or essential data. Providers are at liberty and are encouraged to expand upon the specifications to evidence service capability under any agreement. Providers may only submit one proposal for evaluation. Providers are to assume the Louisiana Public Health Institute (LPHI) and the Louisiana Department of Health (LDH) have no awareness of their operation and should provide detailed information as required in the RFP.

## **1.2. Background**

### ***Louisiana Public Health Institute (LPHI)***

LPHI, founded in 1997, is a Statewide community focused 501(c)(3) nonprofit and public health institute committed to ensuring all Louisianans have just and fair opportunities to be healthy and well. Our work focuses on areas that touch public health, including tobacco prevention and control, building healthier communities, assessing needs of communities, supporting the whole health needs of individuals and families from early childhood to older adults, COVID-19, and more. We create authentic partnerships with both communities and partners to align action for health. LPHI is the umbrella organization that oversees several different programs, projects, and centers, including The Louisiana Campaign for Tobacco-Free Living (TFL).

### ***The Louisiana Campaign for Tobacco-Free Living***

The Louisiana Campaign for Tobacco-Free Living (TFL) is funded through the Louisiana Cancer Research Center (LCRC). TFL engages in local and Statewide tobacco control policy efforts that focus on tobacco prevention and initiation among youth, eliminate exposure to secondhand smoke, promote cessation services, and identify and eliminate tobacco-related disparities. TFL is guided by best practices in tobacco control and envisions a healthier Louisiana by reducing the excessive burden of tobacco use on all Louisianans.

Preventing tobacco use and helping persons to stop smoking are the major focus for the Louisiana Campaign for Tobacco-Free Living (TFL), the State's comprehensive tobacco control program. Funded through a portion of the 2002 increase in the State cigarette excise tax, TFL's four major objectives are:

- To eliminate exposure to second-hand smoke
- To prevent smoking initiation
- To eliminate disparities related to tobacco use and its effects among different population groups
- To promote smoking cessation among youth and adults

TFL's approaches to these goal areas are based on the CDC's *Best Practices for Comprehensive Tobacco Control Programs*. In recent years, this document has been supplemented by the Task Force on Community Preventive Services *Guide to Community Preventive Services: Tobacco Use Prevention and Control*, which recommends providing telephone counseling and support for smoking cessation, based on strong evidence for the effectiveness of this population-based intervention.

### ***Louisiana Department of Health***

The mission of the Louisiana Department of Health (LDH) Office of Public Health (OPH) is to protect and promote the health and wellness of all individuals and communities in Louisiana. LDH accomplishes this through education, promotion of healthy lifestyles, preventing disease and injury, enforcing regulations that protect the environment, sharing vital information and assuring preventive services to uninsured and underserved individuals and families.

The Louisiana Department of Health (LDH) receives funding from the Centers for Disease Control and Prevention (CDC) to support efforts to reduce tobacco use through implementation of strategies having evidence of effectiveness and based on guidelines established by the CDC. The implementation of a Statewide Quitline is one of the major strategies to be used for reducing tobacco use by increasing cessation services to adults, young adults, and youth in Louisiana.

## *Well-Ahead Louisiana*

Well-Ahead Louisiana is the chronic disease prevention and healthcare access arm of the Louisiana Department of Health. The Tobacco Cessation and Prevention Program is a program within Well-Ahead Louisiana which connects communities to cessation tools and resources that help residents quit and improve the health of Louisiana residents where they live, work, learn, play, and pray.

The Tobacco Cessation and Prevention Program is built around the best practices identified by the Centers for Disease Control and Prevention (CDC). The program utilizes evidence-based strategies to address the following goals:

- Promote the cessation of all tobacco use by youth and adults.
- Prevent the initiation of tobacco use by youth.
- Eliminate nonsmokers' exposure to second-hand smoke.
- Identify and reduce disparities related to tobacco use and its effects on diverse populations.

## *Louisiana Tobacco Quitline*

The Louisiana Tobacco Quitline services are managed by a unique collaborative partnership between the Louisiana Department of Health - Well Ahead Tobacco Control Program and the Louisiana Public Health Institute - Campaign for Tobacco-Free Living. The collaboration manages services offered via phone at **1-800-QUIT NOW**, online through the **Quit With Us, Louisiana** website [www.quitwithusla.org](http://www.quitwithusla.org), text-based services and youth vape cessation.

### **1.3. Burden of Tobacco Use**

Tobacco use is the single most preventable cause of death and disease in the United States today. Tobacco use increases the risk for lung and other cancers and for cardiovascular and respiratory diseases. The American Cancer Society estimates that cigarette smoking is responsible for one of every five deaths in the United States, or approximately 480,000 deaths per year, 7,200 of them being Louisianans.

In addition to tobacco use being a major health issue for Louisiana, it is costly too. Each year tobacco use costs the State \$1.89 billion in direct medical expenditures and \$2.49 billion in lost productivity. According to the 2020 Behavioral Risk Factor Surveillance System (BRFSS), Louisiana adult smoking ranks above the national average at 18.3 percent. According to the Louisiana Youth Risk Behavior Survey (YRBS), the State's high school smoking rate is 8.4 percent. Adult e-cigarette use is above the national average at 23%. Based on the 2019 Louisiana Youth Tobacco Survey (LYTS), the State's middle school students' e-cigarette usage is at 15%. Louisiana high school students use e-cigarettes at 32%.

LPHI and LDH work closely together to improve the well-being of Louisiana's residents by promoting tobacco-free lifestyles and by educating communities about the economic and health costs and consequences of tobacco use.

#### **1.4. Project Period and Contract Term**

LPHI and LDH anticipate awarding one (1) contract for the services in the RFP for the duration of the contract period which is from July 1, 2022 – June 30, 2023, with the opportunity to renew annually for up to five (5) years. Therefore, the Provider must be able to transition cessation services without a break in service, with the ability to be completely operational to accept and serve clients seamlessly as of July 1, 2022. The Quitline budget amount is approximately \$663,000, contingent upon funding.

Primary deliverables for this contract include:

- The Louisiana Tobacco Quitline
- Youth Cessation Services
- QWULA Website
- Quitline Marketing and Outreach
- Nicotine Replacement Therapy (NRT) Storage and Shipment Services
- Quality Improvement and Evaluation
- Quitline Data and Utilization Reports

Any contract developed and executed as a result of this RFP is subject to LPHI's contracting procedures. There will be an LPHI standard contract format containing basic information and general terms and conditions of the contract to be awarded. The mutual obligations and responsibilities of LPHI and the successful proposer will be recorded in a written contract. Final wording will be resolved at contract time and shall be consistent with terms and timelines.

LPHI reserves the right to renew or extend the contract for the following year(s) but is under no obligation to do so. The continuation of this contract is contingent upon the funds available for TFL and LDH, as well as the continuing need for a tobacco cessation Quitline.

#### **1.5. Eligibility Requirements**

1. The awarded Provider must participate in all required local, regional, or Statewide meetings and trainings, and participate in all required site visits:
  - Proposals must include at least three names with contact information of individuals who can support the Provider's proven track record with this type and size of project.
  - The Provider must be a member of the North American Quitline Consortium (NAQC), in order, to stay abreast of best practices for implementation with the Quitline.
2. The Provider must describe background and experience in providing Quitline services.
3. The Provider must not accept funding or have any affiliation or contractual relationships with Tobacco or Tobacco-related product companies, owners or their affiliates, subsidiaries, or holding companies or any organization involved in the production, processing, distribution, promotion, sale

or use of tobacco or tobacco-related products throughout each contract period awarded under this RFP. Any past funding relationships with the tobacco industry must be disclosed in response.

4. The Provider must have current contracts with and provide Statewide Quitline services in at least three states to qualify for this contract.
  
5. The Provider must provide direct services. NO SUBCONTRACTORS.

## **1.6. Inquiries**

All questions regarding this RFP or the process must be directed, in writing via email, using the following subject line: **2022 Louisiana Tobacco Quitline – RFP Inquiry**. Then all questions should be emailed to the Official Contact before the deadline specified in the Schedule of Key Events. The early submission of questions is encouraged. Questions will not be accepted or answered verbally – neither in person nor over the telephone.

All questions received before the deadline will be answered. However, questions received after the deadline, possibly will not be answered. Also, questions will not be answered when the source is unknown (i.e., nuisance or anonymous questions) and/or when the questions are deemed unrelated to the RFP or the process. LPHI and LDH may combine similar questions and give only one answer. All questions and answers will be compiled into a written document. The official contact person will release the answers via email to questions to everyone who submitted questions on the date(s) established in the Schedule of Key Events.

## SECTION 2 – SCOPE OF WORK

The awarded Provider must establish and implement a Quitline described as a single Statewide, free, convenient web-based and telephone-based resource to provide screening, counseling, NRT, support materials and referrals for all forms of tobacco cessation assistance based on the inquiring individual's readiness to quit. The Quitline will also serve as an information resource for healthcare Providers and the general public.

The awarded Provider shall provide the following services:

### 2.1. The Louisiana Tobacco Quitline shall:

1. Provide facilities and equipment necessary to provide and maintain a fully integrated, toll-free, Statewide tobacco treatment telephone call center service (inbound and outbound) through the Louisiana Tobacco Quitline phone number at 1-800-QUIT-NOW or 1-855-DEJELO-YA (Spanish line).
  - a. Provide sufficient trained staff to answer live calls 24 hours/seven (7) days a week. Also provide proactive counseling and be available for an intervention 24 hours/seven (7) days a week, excluding specified holidays.
  - b. Received Participant calls during specified holidays which shall be received via a voice mailbox, with all messages being responded to within twenty-four (24) hours.
  - c. Return Participant Calls. Participants shall be contacted within their best time, apart from weekends where operation hours are utilized to increase contact with participants. When a participant requests a specific date and time for their counseling session, the Provider will try to meet that request.
  - d. Diligently return Participant calls. At least three attempts must be made to each caller to be deemed "unreachable."
  - e. The Provider must describe a plan to manage emergencies such as flood, fire, weather-related or electrical disruptions of Quitline services.
2. Develop and implement a monitoring plan to identify peak call times and demand generated by promotions such as Tips from Former Smokers Campaign, the Great American Smokeout, World No Tobacco Day, Take Down Tobacco Day, or media events that promote the Quitline, and provide services in both English and Spanish including but not limited to:
  - a. Adjusting staffing as needed to ensure a ninety-five (95) percent live answer rate.
  - b. Establishing processes and options for handling periods of high call volume, which may include but not be limited to:
    - i. Changing welcome messaging;
    - ii. Voice prompts;
    - iii. Directing individuals to [QuitWithUsLA.org](http://QuitWithUsLA.org);
    - iv. Changing the number of intake questions;
    - v. Limiting services as needed when call volumes are high;
      - 1) The Provider shall have the ability to handle up to ten thousand (10,000) calls in a twelve (12) month period. Of the ten thousand (10,000) calls, five thousand (5,000) are expected to result in completed registration for phone counseling and/or Tobacco treatment (including NRT Start Kits).
  - c. Establishing protocols for periods where call volume exceeds call center capacity; and
  - d. Recording and storing all calls.

3. Provide LPHI and LDH remote monitoring access for live and/or recorded calls upon request.
4. Provide Quitline referral services via email and/or fax. Healthcare Providers will refer patients/clients via email or fax referrals provided by LDH to the Louisiana Tobacco Quitline. The Quitline Provider will ensure the referral services require that all Health Insurance Portability and Accountability Act (HIPAA) compliant entities receive an outcome report within fourteen (14) days of referring an individual. The outcome report must include intake information as specified. For example, the outcome of the call (whether, or not, the participant was reached, enrolled in Quitline services, declined enrollment, or wanted information only). All referral data shall be reported to LPHI and LDH in aggregate and on a monthly basis.

The Quitline Provider must also maintain an updated database of community-based tobacco cessation services to which participants may be referred. LDH will provide updates to the Provider of the community-based services. The Quitline Provider will report referrals made to community-based tobacco cessation services to LPHI and LDH monthly.

## **2.2. Quit With Us, Louisiana Website**

The Quitline Provider will manage the enrollment section of the QuitWithUsLA.org website that serves as a clearinghouse for tobacco use cessation resources and as an internet-based quit site for all types of tobacco users seeking assistance with quitting.

The website will have sections for but not limited to: tobacco users looking for help quitting, healthcare professionals, health plans, employers, schools, and universities. All online services, posted content, and materials will also be available in Spanish. The website will include links to other Louisiana and national tobacco use cessation and prevention-related websites. This includes a link to the Louisiana Department of Health and LPHI.

1. In addition to maintaining the Quit website it must:
  - a. Have a seamless and intuitive user experience (e.g., experience a parallel web-based and phone registration process for Tobacco Treatment services);
  - b. Receive real-time technical assistance if needing help with the registration process;
  - c. Select and register for multimodal Tobacco Treatment services using a user-friendly interface;
  - d. Experience interactive features designed to support in monitoring progress, and provide guidance, feedback, and support on quit efforts; and
  - e. Receive culturally and linguistically tailored guidance that matches services and advice to information.
2. Ensure the online registration intake questions and enrollment processes meet reporting needs and follow NAQC evidence-based and best practices. The registration shall be in alignment with NAQC minimum data set recommendations and shall flow similar to phone-based registration.
3. Collaborate with LPHI and LDH to ensure all consumer-facing webpages and forms are branded and formatted in accordance with established brand guidelines.
4. The Quitline Provider shall have the ability to meet anticipated capacity, including:
  - a. Tobacco treatment facsimiles, email/online and/or e-referrals from healthcare and social service providers; and
  - b. Completed registrations for web-based and text-based services.

## 2.3 Tobacco Treatment Eligibility for Individuals

- Collect personal and health information as part of intake to determine eligibility for Tobacco Treatment services in accordance with NAQC guidelines and the CDC requirements.
- If it is determined an individual qualifies for tobacco treatment services, assess the interest level, and collect additional information to enroll the individual in eligible services.

## 2.4 Coordination of Tobacco Treatment Services

The Quitline Provider shall meet with LPHI, LDH and key stakeholders for coordination and planning via bi-weekly or as needed meetings. The Quitline Provider designated client manager shall be available for in-person coordination, planning and training meetings with LPHI and LDH as requested and agreed upon.

The Quitline Provider shall:

1. Ensure tobacco treatment services follow:
  - a. NAQC Quitline Services: Current Practice and Evidence-Based or Adoption of Recommended Best Practices among State Quitlines; and
  - b. Guidance from the Centers for Disease Control and Prevention and the U.S. Surgeon General.
2. Ensure tobacco treatment services continually evolve to meet or address changing consumer demands and utilization patterns.
3. Provide tobacco treatment resources and services, including but not limited to individuals who are:
  - a. Smokers;
  - b. Smokeless tobacco users;
  - c. E-cigarette users;
  - d. Ready to quit;
  - e. Not ready to quit;
  - f. In a quit attempt; or
  - g. Using again, after a quit attempt.
4. Ensure tobacco treatment services are:
  - a. Available in a culturally and linguistically appropriate way.
  - b. Accessible to individuals who are deaf or hard of hearing.
5. Provide language interpretation to individuals as needed and upon request.
6. Accept referrals from clinical and non-clinical professionals/agencies via fax and/or email for tobacco users.
  - a. Contact referred individual within forty-eight (48) hours to begin providing tobacco treatment services.
7. Provide individuals access to online enrollment for registration into integrated service.
8. Initiate telephone coaching within twenty-four (24) hours for individuals who sign up for telephone coaching through the web-based registration platform.
9. Assist individuals in developing a personalized quit plan.
10. Provide proactive, multi-session coaching (depending on chosen program).
11. Ensure supporting information is provided to individuals in the first two (2) or three (3) calls to improve quit outcomes when the participant completes fewer than recommended sessions.
12. For tobacco users not ready to quit:
  - a. Provide motivational messages to promote quit attempts.
  - b. Refer to [QuitWithUsLA.org](http://QuitWithUsLA.org).
  - c. Provide self-help materials.
13. Distribute Tobacco support materials and resources to individuals who call or are referred for

tobacco treatment services, including quit guides and self-help resources, following the initial contact with QuitWithUsLA.org.

14. Provide access to stand-alone tobacco treatment services, including but not limited to:
  - a. Online tobacco treatment coaching.
  - b. Online support from other individuals in the quit process; and
  - c. Nicotine Replacement Therapy (NRT) starter kits to tobacco users, including:
    - i. A two (2) week supply of nicotine patches and/or gum.
    - ii. Participants shall not receive more than two (2) NRT starter kits in a twelve (12) month period.
  - d. Email messaging support program.
  - e. Text messaging support program.
  - f. Youth tobacco and vaping cessation program.
  - g. Pregnancy cessation program.
  - h. Behavioral health program.
15. All changes to tobacco treatment services shall be provided to and approved by LPHI and LDH prior to implementation.

## **2.5 Nicotine Replacement Therapy (NRT) Services**

LPHI and LDH will provide funding to the Provider for NRT patches to eligible users enrolled in the proactive counseling programs. LPHI and LDH also reserves the right to modify the offering of NRT and re-enrollment eligibility based on available funding. Changes and implementation dates will be documented via written communication between the contracted Provider and LPHI.

The Quitline Provider will:

1. Be responsible for dispensing NRT, ensuring its delivery to users within three business days
2. Assist tobacco treatment participants in selecting the appropriate dose and type of NRT.
3. Distribute Federal Drug Administration approved NRT (patches, gum, and/or lozenges including combination therapy) Tobacco Treatment participants.
4. Provide special coaching and NRT protocols for individuals who, during their registration call, report:
  - a. Behavioral health conditions; and/or
  - b. Being pregnant, planning to become pregnant, or breastfeeding.
    - i. For these callers, NRT shall be provided only with a healthcare provider's consent.
5. Provide medical oversight for delivery of NRT in all programs offering NRT.

## **2.6 Protocols and Materials**

1. Develop and implement protocols to be utilized:
  - a. During follow-up coaching when a tobacco user reports:
    - i. Living with behavioral health conditions (mental health/substance use);
    - ii. Using e-cigarettes or emerging products;
    - iii. Being pregnant, planning to become pregnant, or breastfeeding;
    - iv. Being under the age of eighteen (18); and/or
    - v. Being between the ages of eighteen (18) and twenty-five (25).
  - b. With individuals experiencing tobacco-related disparities as identified by LPHI and LDH.
  - c. When individuals are referred by clinical and non-clinical professionals/agencies and shall include but not be limited to:



activities. Also, the Quitline Provider's reporting team to provide a methodology of the appropriate way to analyze the data in the excel files. For example, if we want to know how many tobacco users are African American, what variables in the data file should we analyze, filter, etc., to get the correct number.

- An excel file at the end of each year with all the monthly de-identified data aggregate together to help reporting team do an end of year analysis with solidified data that will not change.
- A data dictionary, which provides a description of every field name in the excel file.

## 2.8 Reporting

Weekly, monthly, quarterly, and annual reports will be required that demonstrate and document Quitline usage and services provided. Quarterly reports should also be provided which document performance in meeting contract service standards and corrective actions if needed.

The content and format for all reports will be developed in consultation with the successful Provider. Capacity to perform follow-up and provide quit rate reports must be in place at the start of the grant agreement period. The Provider must be able to produce reports including cost per call or internet contact quantity, type(s) of services per participant, and contact patterns.

The Quitline Provider must agree to the reporting protocols below:

- Provide monthly reports by the 10th of each month for the preceding month's data in a Portable Document Format (PDF) and/or Excel (when applicable) including but not limited to:
  - a. Louisiana Tobacco Quitline services utilization data
  - b. Number of tobacco users and services requested (intervention, materials only, general questions, transfer destination)
  - c. Number of proxy, Provider and general-public callers and services requested
  - d. Referral details on the number of referrals from the website or e-referrals.
  - e. Name of the referring Provider and the number of referrals.
  - f. Outcome status for each referral source.
  - g. Number of multiple call registrations
  - h. Number of one call, multiple calls, proactive and ad hoc calls completed
  - i. Number of individuals who received services by parish (de-identified).
  - j. Number of individuals served by medical conditions and by county (de-identified).
  - k. Website utilization metrics.
  - l. Number and proportion of pregnant women who enrolled in the NRT program.
  - m. Number and proportion of adolescents and young people enrolled in quit services.
  - n. Monthly volume and NRT and/or Quit Kit reports
  - o. Cumulative data for all services
- Quarterly satisfaction reports from users and referring entities
- Quit Rates at seven (7) months for a scientific valid, representative sample of clients
- End-of-year summary report and other funder-required reports as necessary, including submission of data to CDC's National Quitline Data Warehouse and annual NAQC survey. The qualified Provider must be able to report all the necessary data that is required by the CDC on a specific date. LPHI and LDH have performance measurement reports to complete, which

includes data points from the Quitline. Therefore, the Provider will have to provide these specific Quitline data points at a specified time each year.

- Ensure all data complies with State and federal privacy and security measures (i.e., HIPAA).
- Respond to LPHI and LDH's request for data and reports upon request and all data requests must be fulfilled within seven (7) business days or less.

## **2.9 Evaluation**

The Provider must collect sufficient data, as defined by LPHI and LDH data collection standards, and provide data analysis to implement a quality assurance and evaluation plan. The Provider will obtain consent from users to conduct evaluation of Quitline services at the seventh month post registration. The evaluation should address the operation and staffing of the Quitline staff, performance monitoring, quit rate surveillance and evaluation of reach and effectiveness. The evaluation plan should include a random sampling of participants to assess satisfaction and the quality and effectiveness of the service referrals.

The Provider will develop and provide evaluation and quality improvement activities and reports as prescribed in the RFP's reporting requirements. Evaluation activities must assess effectiveness of all components and must meet The NAQC Minimal Data Set (MDS) for Evaluation of Telephone Cessation Quitline. LPHI and LDH must approve the proposed evaluation plan before implementation.

## **2.10 Stakeholder Engagement/Involvement**

1. Participate in external stakeholder group initiatives, as directed by LPHI and LDH, to inform and advise on:
  - a. Tobacco treatment initiatives;
  - b. Accessing priority populations;
  - c. Geographic needs;
  - d. Local training needs;
  - e. Advancing evidence-based practices; and
  - f. Incorporating systems change for screening and referral.
2. Develop relationships, affiliations, and linkages at both the State and local level to provide tobacco treatment expertise on behalf of LPHI and LDH.
  - a. Engage major health systems, medical practices, and behavioral health (mental health and substance use) treatment agencies in health system change, including:
    - i. Incorporating tobacco use screening, assessment, and treatment referral as standard practice.
    - ii. Integrating tobacco treatment as part of e-referrals and/or electronic health records.
    - iii. Making referrals to the Louisiana Tobacco Quitline.
3. Provide information on local tobacco treatment resources to tobacco users, non-tobacco users, and other interested parties.

## **2.11 Statewide Tobacco Treatment Training and Education**

The Quitline Provider should have the ability to:

Coordinate tobacco treatment training and educational opportunities for clinical and non-clinical professionals by:

- a. Providing flexible options to meet trainee needs and time constraints.

- b. Supporting diverse audiences (e.g., healthcare, behavioral health, community providers) at different skill levels.
- c. Host webinars and continuing education opportunities for a wide variety of audiences including prevention, behavioral health, social service, and medical professionals; and clinical students, such as dental and medical

## SECTION 3 – PROPOSAL EVALUATION CRITERIA AND SELECTION METHODOLOGY

A Review Panel consisting of LPHI and LDH staff will conduct a comprehensive and fair evaluation of the proposals received as a result of this RFP. The Review Panel will also rank the proposals and award the best qualified vendor.

### 3.1 Proposal Evaluation Criteria

The evaluation panel will score proposals on the following criteria:

Organization Profile, Qualifications and Experience	30 pts.
Scope of Services and Work Plan	70 pts.
Staffing Plan	30 pts.
Data and Technology	30 pts.
Budget and Budget Narrative	40 pts.
<b>TOTAL -</b>	<b>200 pts.</b>

### 3.2 Selection Methodology

LPHI and LDH will award the contract to the proposer with the highest graded proposal. All proposers will be notified of the successful contract award. LPHI and LDH reserve the right to reject any or all proposals and is not bound to accept the lowest-cost proposal if that proposal is not in the best interest of LPHI and LDH. In making an award, factors such as, but not limited to, the Provider’s service capability, integrity, facilities, equipment, reputation, human and financial resources, as well as past performance will be considered.

## SECTION 4 – PROPOSAL SUBMISSION

**4.1 General Info:** Proposals must be received no later than 11:59 p.m. CST, on the date listed on the cover page of the RFP. E-mails containing original proposal submissions, or any additional or revised proposal files, received after the 11:59 p.m. deadline will be rejected without exception.

### 5.2 Delivery Instructions

E-mail proposal submissions

- a. Only proposal submissions received by e-mail will be considered. LPHI and LDH assume no liability for assuring accurate/complete e-mail transmission and receipt.
- b. E-mails containing links to file sharing sites or online file repositories will not be accepted as submissions. Only e-mail proposal submissions that have the actual requested files attached will be accepted.
- c. Encrypted e-mails received which require opening attachments and logging into a proprietary system will not be accepted as submissions. Please check with your organization's Information Technology team to ensure that your security settings will not encrypt your proposal submission.
- d. File size limits are 150MB per email. Each section should be no longer than **three** pages. Appendices can be attached. Must be submitted as **one** "pdf" format file and named "**Quitline RFP Submission - [Provider's Name]**". All emails and files must be received by the due date and time listed above.
- e. Providers are to insert the following into the subject line of their email proposal submission: "**2022 Louisiana Tobacco Quitline – RFP Submission [Provider's Name]**"

### 5.3 Proposal Forms

Please see below the list of the following proposal forms. Please complete and submit ALL attachment forms with a title in bold and any other applicable documents and forms.

- **Attachment A - Proposal Cover Page**
- **Attachment B - Debarment, Performance and Conflict of Interest Certification**
- **Attachment C - Organization Profile**
- **Attachment D - Qualifications and Experience (Multiple sections)**
- **Attachment E - Scope of Services/Work Plan**
- **Attachment F - Staffing Plan**
- **Attachment G - Data and Technology**
- **Attachment H - Budget/Budget Narrative**
- **Attachment I - Questions (If Applicable)**

**ATTACHMENT A**

**Louisiana Tobacco Quitline RFP  
PROPOSAL COVER PAGE**

<b>Bidder's Organization Name:</b>			
<b>Chief Executive - Name/Title:</b>			
<b>Tel:</b>		<b>E-mail:</b>	
<b>Headquarters Street Address:</b>			
<b>Headquarters City/State/Zip:</b>			
<i>(Provide information requested below if different from above)</i>			
<b>Lead Point of Contact for Proposal - Name/Title:</b>			
<b>Tel:</b>		<b>E-mail:</b>	
<b>Headquarters Street Address:</b>			
<b>Headquarters City/State/Zip:</b>			

- This proposal and the pricing structure contained herein will remain firm for a period of 180 days from the date and time of the bid opening.
- No attempt has been made, or will be made, by the Bidder to induce any other person or firm to submit or not to submit a proposal.
- The above-named organization is the legal entity entering into the resulting contract with LPHI and LDH if they are awarded the contract.
- The undersigned is authorized to enter contractual obligations on behalf of the above-named organization.

<b>Name (Print):</b>	<b>Title:</b>
<b>Authorized Signature:</b>	<b>Date:</b>

*To the best of my knowledge, all information provided in the enclosed proposal, both programmatic and financial, is complete and accurate at the time of submission.*

**ATTACHMENT B**

**Louisiana Tobacco Quitline RFP**

**DEBARMENT, PERFORMANCE, and CONFLICT OF INTEREST  
CERTIFICATION**

<b>Bidder's Organization Name:</b>	
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*By signing this document, I certify to the best of my knowledge and belief that the  
aforementioned organization and its principals described in this proposal:*

- a. Are not presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from bidding or working on contracts issued by any governmental agency.*
- b. Have not within three years of submitting the proposal for this contract been convicted of or had a civil judgment rendered against them for:*
  - i. Fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a Federal, State or local government transaction or contract.*
  - ii. Violating Federal or State antitrust statutes or committing embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property.*
  - iii. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and*
  - iv. Have not within a three (3) year period preceding this proposal had one or more federal, State, or local government transactions terminated for cause or default.*
- c. Have no contractual relationship or affiliation with Tobacco or Tobacco-product companies, owners, affiliates, subsidiaries or holding companies or any organization involved in the production, processing, distribution, promotion, sale or use of tobacco or tobacco-related products.***

<b>Name (Print):</b>	<b>Title:</b>
<b>Authorized Signature:</b>	<b>Date:</b>

**ATTACHMENT C**

**Louisiana Tobacco Quitline RFP  
ORGANIZATION PROFILE FORM**

**Bidder's Organization Name:**

**Provide an Executive Summary to include, but not limited to: Quitline Provider's legal name and address; Name, address, telephone number and email address of the person(s) authorized to act on behalf of the company and the name, address, telephone number email address and qualifications of the person (point-of-contact) managing the account and the back-up person serving as a point-of-contact. Also include, principal objectives of the organization; your products and services related to this RFP and the year the company was established. You may expand this form and use additional pages to provide this information.**

**ATTACHMENT D**

**Louisiana Tobacco Quitline RFP  
QUALIFICATIONS & EXPERIENCE FORM**

**Bidder's Organization Name:**

**Present a brief statement of qualifications, including any applicable licensure and/or certification. Describe the history of the Quitline Provider's organization, especially experience providing Quitline services and skills pertinent to the specific work required by the RFP and any special or unique characteristics of the organization which would make it especially qualified to perform the required work activities. You may expand this form and use additional pages to provide this information.**

**ATTACHMENT D (continued)**

**Provide a description of projects that occurred within the past five years which reflect experience and expertise needed in performing the functions described in the “Scope of Work” portion of the RFP. For each of the project examples provided, a contact person from the client organization involved should be listed, along with that person’s telephone number and e-mail address. Please note that contract history with the State of Louisiana, whether positive or negative, may be considered in rating proposals even if not provided by the Bidder.**

*If the Bidder has not provided similar services, note this, and describe experience with projects that highlight the Bidder’s general capabilities.*

<b>Project One</b>	
<b>Business Reference Name:</b>	
<b>Reference Contact Person:</b>	
<b>Telephone:</b>	
<b>E-Mail:</b>	
<b>Description of Project</b>	

**ATTACHMENT D (continued)**

<b>Project Two</b>	
<b>Business Reference Name:</b>	
<b>Reference Contact Person:</b>	
<b>Telephone:</b>	
<b>E-Mail:</b>	
<b>Description of Project</b>	

**ATTACHMENT D (continued)**

<b>Project Three</b>	
<b>Business Reference Name:</b>	
<b>Reference Contact Person:</b>	
<b>Telephone:</b>	
<b>E-Mail:</b>	
<b>Description of Project</b>	

**ATTACHMENT E**

**Louisiana Tobacco Quitline RFP  
SCOPE OF SERVICES/ WORK PLAN FORM**

**Bidder's Organization Name:**

**Provide a thorough and detailed description of the specific plans for managing the Quitline project and providing the services described in the Scope of Work section 2. You may expand this form and use additional pages to provide this information.**

**ATTACHMENT F**

**Louisiana Tobacco Quitline RFP  
STAFFING PLAN FORM**

**Bidder's Organization Name:**

**Present a brief statement stating but not limited to: the number of staff; qualifications of staff including education, required training and special skills of staff; number of staff trained as intervention counselors, and where each staff member will fit into the work plan. You may expand this form and use additional pages to provide this information.**

**No subcontractors.**

**ATTACHMENT G**

**Louisiana Tobacco Quitline RFP  
DATA & TECHNOLOGY FORM**

**Bidder's Organization Name:**

**Provide a detailed description of the implementation plan/project approach to successfully track and report Quitline data referred to in the RFP; describe reporting mechanisms; and describe how you will approach data request deadlines. You may expand this form and use additional pages to provide this information.**

## ATTACHMENT H

# Louisiana Tobacco Quitline RFP

## BUDGET INSTRUCTIONS

**Proposed Budget** - Include a budget and budget justification for the proposed length of the grant agreement. Use budget template provided in Attachment H.

The total cost of the proposal should reflect:

- Supplies and educational materials
- NRT & cessation medication costs
- Service costs: Cost per caller, Cost per web enrollee, Cost of youth services, Text service costs, Maintenance
- Evaluation and Reporting Costs
- Personnel: salaries or wages
- Personnel: fringe benefits
- Travel
- Equipment
- Indirect costs
- Other, specify

The budget should not include costs for buildings, furnishings, or food. **No subcontractors should be included.** Any training costs should be approved by TFL and LDH before expenditure of funds.

**Provide a detailed, all-inclusive cost to include breakdown of all fees associated with completing the proposed Statement of Work and other activities referenced in the RFP. Provide an explanation for each line item listed on the budget summary form and include a detailed breakdown of the components that make up the line item and any calculation used to compute the amount. Pricing must be comprehensive and not include “blended rates.” This is just to get a general idea of the budget. You may expand this form and use additional pages to provide this information.**



