Request for Proposals (RFP) #2024-0905: A Strategic Approach to Addressing Health Equity for those at Risk for Diabetes Questions and Responses

Posted October 10, 2023

1. Question: We are a 501(c)3 community-based non-profit organization that has more than 5 years of experience offering DPP and DSMES in the community. We have Full Recognition from the CDC for the DPP.

However, we are not a hospital and do not provide direct medical care, and do not prescribe medications. Please advise if we are qualified to apply under Component A, Component B, or for both of them.

DPH Response: Applicant eligibility is detailed on pages 8-9 and 13-14 of the RFP:

Component A:

CT DPH is seeking two health care organizations in the CDC designated counties (one in Hartford County and one in New Haven County) to:

- a.) enhance or establish an ADA/ADCES DSMES program,
- b.) enhance or partner with community-based organization to provide-practice-tested DSP,
- c.) implement family centered childhood obesity prevention program, and
- d.) address SDOH for patients in the programs.

If an applicant can demonstrate their ability to meet these expectations in partnership with a health care organization(s), they are qualified to apply for Component A.

Component B:

Technical Assistance contractor to train and support entities to deliver DSMES and DPP. TA contractor will assist the selected HCOs to implement DSMES, DSP, and the evidence-based family-centered childhood obesity intervention. Selected applicant must be or have on staff a Master Lifestyle Coach trainer who will assist with training new DPP/DSMES coaches/sites, assist sites with pursuing CDC/LCP licensure, share best practices in enrollment/engagement, and assist with testing the NDPP app for DPH to promote statewide. They will assist CT DPH in identifying new DPP/DSMES sites, provide yearly training to community health workers on diabetes, and one training a year for a diabetes SDOH learning collaborative on best practices related to diabetes. The TA will also provide logistical support for SDOH Learning Collaborative activities.

If an applicant can demonstrate their ability to meet these expectations, specifically a Master Lifestyle Coach trainer, they are qualified to apply for Component B.

If an applicant meets the criteria for Component A & B based on the responses above, they are qualified to apply for one or both components.

2. Question: We have a long track record of diabetes care management and extensive community partnerships, which address health equity. Funding would enable us to expand our existing program to communities of color in a county outside of Hartford and New Haven counties, particularly in this named city [redacted for applicant confidentiality] and existing partnerships with community-based organizations. Is there any way for us to apply for this funding?

DPH Response: According to page 8 of the RFP, applicants for Component A must provide services to medically underserved adults in the CDC-identified high-risk counties: Hartford and/or New Haven Counties. If an applicant can demonstrate service delivery to residents of towns within these counties, they are eligible to apply for funds under Component A.

3. Question: Regarding Master Lifestyle Coach trainer: How frequently do you expect the Master coach to be engaged with the health care organizations (HCOs)? How many trainings is the coach expected to implement on a yearly basis?

DPH Response: The TA contractor under Component B will be expected to assist the two Component A contractors through monthly meetings to start. In addition, they will work with CT DPH to assess the training needs of other HCOs / federally qualified health centers (FQHCs) in the state who seek to build their capacity for Lifestyle Change Coach (LCC) status and diabetes prevention programs (DPP). The TA contractor will be expected to conduct a minimum of one LCC training a year to increase capacity.

The TA contractor will also assist CT DPH staff in executing two virtual trainings a year for Community Health Workers and the diabetes workforce as part of the social determinants of health (SDOH) learning collaborative. Training topics to be outlined in coordination with CT DPH. Reference pages 17-18 of the RFP for further details on core elements of Component B.

4. Question: Will the potential trainees (from HCOs) have staff that have already gone through the Lifestyle Change Program (LCP) coaching program? Or do you expect some of the staff to become coaches during the duration of the grant (over the course of 4.5 years)?

DPH Response: It is expected that Component A contractors may have staff who have achieved LCC/P recognition, but this is not required. The Component B TA contractor will be available to assist the HCOs with becoming a coach.

5. Question: The proposal states that assistance is needed in testing the Diabetes Prevention Program (DPP) digital app. Do you expect the TA provider to help in the recruitment of potential individuals (from the HCOs) to test the app? Does the program need the presence

of a coder/programmer to help with testing? Can you provide more detail on the TA assistance needed regarding app testing?

DPH Response: CT DPH has a CDC-approved DPP digital platform vendor who will provide technical support, basic training, and start up marketing of the app.

Under Component B, the TA Contractor will be expected to join CT DPH meetings with the vendor, pilot and assist with testing the app, and assist with marketing to CT's eligible DPP providers/sites for their adoption to help foster utilization to support DPP enrollment.

6. Question: Partnering: Is there a possibility for the TA contractor to partner up with an HCO and apply together for components A and B? If so, what kinds of things should we take into consideration in terms of implementation of both components in order for DPH to achieve the desired goals?

DPH Response: Page 17 of the RFP outlines Component B TA expectations. There is nothing that restricts an agency from partnering with an HCO to apply for Component A & B if they meet the requirements for both. According to page 10 and 19-20 of the RFP, the applicant's proposal would have to clearly define that one agency is applying with clearly defined subcontract(s) for the other component. A Subcontractor Schedule A — Detail form must be completed for all proposed subcontracts. In addition, as stated on page 20 applicants applying for funds under Component A and B must supply separate budgets.

Note: Component A applicants must meet the requirement on pages 8 and 13 which states their services must be conducted in Hartford or New Haven COUNTY to reach population in these areas.