



STATE OF TENNESSEE
DEPARTMENT OF HEALTH

**REQUEST FOR INFORMATION
FOR
INCENTIVE-BASED SMOKING CESSATION PROGRAM
for
PREGNANT SMOKING MOTHERS**

RFI # 34360-65917

September 12, 2016

1. STATEMENT OF PURPOSE:

The State of Tennessee, Department of Health (TDH), issues this Request for Information (“RFI”) for the purpose of identifying those vendors who currently have the capacity to provide a proven, evidenced-based smoking cessation program to pregnant smoking mothers in Tennessee. The State prefers the utilization of diaper vouchers as incentive for mothers to remain smoke-free after the birth of their babies. Nevertheless, the State is interested in learning about alternative evidence-based incentive programs for tobacco cessation. We appreciate your input and participation in this process.

2. BACKGROUND

TDH’s Division of Community Health Services is responsible for coordinating the provision of health care services statewide through seven rural regional offices, 89 rural counties in 120 different sites, and six metropolitan health departments. In each of these settings, county health departments see numerous women of child bearing age and assist them with immunizations, women’s health, family planning, pregnancy tests, and when pregnant, provide nutrition counseling and a supplemental nutrition program designed to improve the health of both the mother and the baby.

In Tennessee, pregnant mothers are twice as likely to smoke versus the national average and often seek the help of the health department when they are most compelled to end their addiction. TDH intends to partner with a vendor who can help pregnant mothers reduce the occurrence of low-birth weight and premature births, placental abruptions and stillbirths, SIDS, orofacial clefts and other health and behavioral problems that often come along with smoking during pregnancy.

Therefore the state is seeking vendors who can provide the following services:

- a) Evidence-Based Cessation Program - Qualified evidence-based programs must address, at a minimum, the core components of the U.S. Department of Health and Human Services’ *Clinical Practice Guidelines -Treating Tobacco Use and Dependence*. This model stresses

- the 5-A's of ASK about tobacco use, ADVISE the patient to quit, ASSESS the patient's willingness to quit, ASSIST the patient with an offer to help quit, and ARRANGE follow-up with the patient.
- b) Measurable Outcomes – The program must determine smoking status biochemically through the use of carbon monoxide (CO) monitors rather than by participant self-attestation. A participant should be measured when entering the program and throughout to determine program compliance.
 - c) Incentives to Quit – Growing evidence supports the effectiveness of diaper vouchers as an incentive-based approach for behavioral change including smoking cessation (Zhang, 2016). TDH seeks to provide smoking pregnant mothers with an incentive to quit smoking that appeals to the needs of new mothers and/or their newborns. These non-cash incentive vouchers must be safe, trackable, unable to be replicated, and limited to specific items approved by TDH.
 - d) Arrangements with Accessible Suppliers - Vendors must have or create relationships with suppliers who agree to accept the diaper vouchers incentives. These suppliers must offer stores statewide and be accessible to the majority of our patients. Accessibility is defined, for these purposes, as being located within a one hour drive of the majority of county health department patients.
 - e) Training and Materials - Vendors must be available to provide regional training at seven (7) sites in the state at intervals no less than semi-annually and provide all written training materials and documents necessary to administer the program.
 - f) Data Management – Vendor must be able to supply TDH with both periodic and requested data sets describing, by county, the numbers of enrollees and their attendance at any and all of the prenatal and post-partum sessions, in addition to the number of diaper vouchers both awarded to and redeemed by each participant.
 - g) Referral System – Interested vendors must be able to demonstrate a web-based referral system that could be used by private providers, third party payers or other community partners willing to refer pregnant smoking women to a county health department site across the state.

Zhang, X., Devasia, R., Czarenecki, G. et al. *Matern Child Health J* (2016). doi:10.1007/s10995-016-2166-y

3. COMMUNICATIONS:

- 3.1 Please submit your response to this RFI to:

Asya Evans, RFI Coordinator
 Tennessee Department of Health
 5th Floor, Andrew Johnson Tower
 710 James Robertson Parkway
 Nashville, TN 37243
 (615) 741-3339
Asya.Evans@tn.gov

- 3.2 Please feel free to contact the Department of Health with any questions regarding this RFI.

The main point of contact will be:

Asya Evans, RFI Coordinator
 Tennessee Department of Health

5th Floor, Andrew Johnson Tower
 710 James Robertson Parkway
 Nashville, TN 37243
 (615) 741-3339
Asya.Evans@tn.gov

3.3 Please reference RFI #34360-65917 with all communications to this RFI.

4. RFI SCHEDULE OF EVENTS:

EVENT		TIME (Central Time Zone)	DATE (all dates are State business days)
1.	RFI Issued		September 12, 2016
2.	RFI Response Deadline	2:00 p.m.	September 26, 2016

5. GENERAL INFORMATION:

- 5.1 Please note that responding to this RFI is not a prerequisite for responding to any future solicitations related to this project and a response to this RFI will not create any contract rights. Responses to this RFI will become property of the State.
- 5.2 The information gathered during this RFI is part of an ongoing procurement. In order to prevent an unfair advantage among potential respondents, the RFI responses will not be available until after the completion of evaluation of any responses, proposals, or bids resulting from a Request for Qualifications, Request for Proposals, Invitation to Bid or other procurement method. In the event that the state chooses not to go further in the procurement process and responses are never evaluated, the responses to the procurement including the responses to the RFI will be considered confidential by the State.
- 5.3 The State will not pay for any costs associated with responding to this RFI.

6. INFORMATIONAL FORMS:

The State is requesting the following information from all interested parties. Please fill out the following forms:

RFI # 34360-65917 TECHNICAL INFORMATIONAL FORM	
1.	RESPONDENT LEGAL ENTITY NAME:
2.	RESPONDENT CONTACT PERSON: Name, Title: Address: Phone Number: Email:
3.	Please address your familiarity with the Department of Health and Human Services' <i>Treating Tobacco Use and Dependence</i> model, describe how your program is evidence-based and how said program conforms to the aforementioned 5-A's.
4.	What is your experience level with smoking cessation incentive programs? Do you have specific experience with diaper vouchers as an incentive?
5.	Do you currently have access to Breath Carbon Monoxide Monitors? If not, how do you plan to acquire them?
6.	How do you measure successful participant completion of the program?
7.	What follow-up and support services do you provide to former program participants?
8.	How do you assess the overall outcomes of the program itself?
9.	Do you currently have relationships with suppliers willing to accept diaper vouchers? If not, how do you intend to establish and manage these arrangements?
10.	Please describe your current approach to training?
11.	What kind of training materials do you typically provide?
12.	What are your current reporting capabilities, and how do you collect/log participant and program data?
13.	Please describe how you ensure HIPAA compliance.
14.	What kind of tracking system do you have in place to ensure vouchers are used properly, tracked, and only used for approved items? What happens if you find repeat offenders of inappropriate usage of vouchers?
15.	How would you ensure compliance with the following requirement: "Accessibility is defined, for these purposes, as being located within a one hour drive of the majority of county health department patients."?
16.	How often do you measure participant smoking status?

COST INFORMATIONAL FORM

1. Please describe your current pricing structure.
2. Do you price in accordance to success rate?
3. Describe what pricing units you typically utilize for similar services (e.g., per hour, each).
4. Describe the typical price range for similar services.

ADDITIONAL CONSIDERATIONS

1. Please provide additional information to consider that might benefit the State in understanding the services you have to offer:
2. If you have an alternate solution or suggestions, please describe them here: