City of Chicago Department of Public Health
Request for Proposals Announcement
For
Housing Opportunities for Persons Undergoing Treatment for Tuberculosis

Key Dates

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<tbody>
<tr>
<td>Release Date</td>
<td>November 12, 2015</td>
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<tr>
<td>Pre-proposal Conference</td>
<td>November 17, 2015</td>
</tr>
<tr>
<td>Letter of Intent to Apply</td>
<td>November 20, 2015</td>
</tr>
<tr>
<td>Proposal Statements Due</td>
<td>December 2, 2015</td>
</tr>
<tr>
<td>Contract Start Date</td>
<td>January 1, 2016</td>
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All Proposals must be submitted through Cybergrants.com:
http://www.cybergrants.com/pls/cybergrants/quiz.display_question?x_gm_id=5130&x_quiz_id=6958&x_order_by=1

PROPOSAL MUST BE RECEIVED NO LATER THAN 12:00 P.M. CENTRAL TIME ON

December 2, 2015

NO PROPOSALS will be accepted after the deadline.

Rahm Emanuel
Mayor

Julie Morita M.D.
Commissioner
REQUEST FOR PROPOSALS—Chicago Department of Public Health
Housing Opportunities for Persons Undergoing Treatment for Tuberculosis

This document provides an explanation of the funding available and its purpose. Cyber Grants contains the detailed questions that must be answered to define the proposed scope of work. Cyber Grants also contains instructions about the organizational capabilities and legal compliance required.

I. Program Authority
The Chicago Department of Public Health (CDPH) is the Local Tuberculosis Control Authority for the City of Chicago under Section 696.100, Title 77 of the Illinois Administrative Code (http://www.ilga.gov/commission/jcar/admincode/077/077006960A01000R.html). In this role, CDPH has funded certain responsibilities regarding the housing of persons undergoing treatment for active tuberculosis (TB) for several decades.

II. Purpose
A. Overview
The Tuberculosis (TB) Control Program is one of the operating units of the CDPH. The CDPH TB Control Program is responsible for controlling and reducing the incidence of TB in the population of the City of Chicago. This includes ensuring that all patients with active TB are treated adequately. CDPH utilizes a variety of measures to facilitate and promote adequate TB treatment. These measures include offering housing to patients being treated for active TB if patients are homeless or do not have a stable housing situation. The purpose of this RFP is to engage an organization that is capable of providing housing and directly observed TB treatment to homeless persons undergoing treatment for active TB.

B. Definitions
“CDPH” refers to the Chicago Department of Public Health, the granting organization.

“Respondent” is the organization that applies and is awarded an agreement under this “Housing Opportunities for Persons Undergoing Treatment for Active Tuberculosis Patients” RFP. The successful Respondent contracts with the CDPH to perform the scopes of services outlined in this RFP.

“CDC” refers to the U.S. Centers for Disease Control and Prevention, which partly funds CDPH TB control activities.

“Active TB” refers to illness caused by Mycobacterium tuberculosis. Illness classified as active TB may be in a pulmonary anatomical site, an extra-pulmonary site, or both. Suspect active TB cases and TB cases without laboratory confirmation (i.e., clinical cases) are included in this term. CDPH makes the judgment as to which cases shall be considered active TB cases.

“Smear positive TB cases” refers to those TB cases that have been documented to have stained positive for acid-fast bacilli (AFB) from the sputum. These cases may or may not be culture-confirmed, but are usually considered potentially infectious.

“Homeless” in this RFP means conforming to the definition of homelessness used by the Health Resources and Services Administration (HRSA).
C. Target Population
The target communities for this RFP are all persons within the City of Chicago who are undergoing treatment for active TB and homeless or without a stable housing situation.

III. Background
As the Local Tuberculosis Authority for the City of Chicago, under Illinois law CDPH has an obligation to control TB in the population of the City of Chicago. TB is a serious but usually curable infectious disease that is different from most other diseases in that the treatment of individuals with active TB is legally mandated in all jurisdictions on the grounds of protecting the public’s health. Public health departments are authorized to use both positive (inducements and enablers) and negative (enforcement) measures to ensure completion of treatment of active TB. Homeless persons or persons without a stable housing situation are one of the groups at highest risk for developing active tuberculosis. Homeless persons are also one of the groups at highest risk for being unable to complete a full, curative course of treatment for active tuberculosis (usually 6 to 9 months, but as short as 4 months and sometimes exceeding 12 months). The inability to complete a full course of treatment for active TB can lead to the development of drug resistant TB, which then becomes much more difficult and costly to treat. As well, persons who are not adequately treated for active TB can remain infectious and can sustain the transmission of TB in the population. The incidence of TB in Chicago and in the US has decreased precipitously since the most recent peak incidence in 1993. A major contributor to this success has been the ability to offer housing to homeless persons undergoing treatment for active TB. Through mid-September 2015, there have been 80 reported cases of active TB in Chicago in 2015, on track to a new all-time low number of cases for this potentially deadly disease.

IV. Eligibility Requirements for Respondents
To be eligible for these funds, a Respondent must meet the following criteria:

- Be a non-profit community-based organization with 501(c) 3 status.
- Be located in the City of Chicago.
- Have experience with regular provision of clinical and nurse case management services (ideally including experience providing Directly Observed Therapy) to those clients being housed by the organization.
- Have fiscal responsibility and capability to manage funds.

V. Available Funding
One award will be granted for the housing of homeless active TB patients or active TB patients that do not have a stable housing situation, up to a maximum of $150,000 per year, initially allotted for the budget period January 1, 2016 through December 31, 2016. The initial award is for a one year period (calendar year 2016); following this period the agreement is subject to extension for up to two additional periods, each period not to exceed one year, contingent on funding availability and prior performance. All funds are provided by the City of Chicago, and are contingent upon availability and approval by City Council.

VI. Project Description
A. Program Activities
The successful Respondent will provide housing for eligible TB patients undergoing treatment for active TB disease. All housing rendered must provide safe and sanitary space. This includes but is not limited to sound structure and materials, accessibility, adequate space and security, interior air quality, water supply, adequate heating and cooling and adequate natural or artificial lighting.

The successful Respondent will review all cases on a monthly basis with a representative of the CDPH TB Control Program. The successful Respondent must prepare a monthly progress report along with a directly observed therapy (DOT) distribution summary no later than the 15th day of the month for the preceding month’s activities.
The successful Respondent is required to voucher for personnel and other expenditures monthly. The successful Respondent will be allowed three budget revisions during the contract year and an additional three budget revisions each year the grant is extended. The final request for each budget shall not be later than November 1 of the approved budget year. Budget revisions will not be considered until the successful Respondent has submitted the first monthly voucher of each year.

B. Scope of Services

The successful Respondent will:

- Provide safe and clean housing (individual rooms) for at least 5 patients at one time. A capacity of at least 10 available rooms is preferred.
- Provide clinical and nurse case management services for patients housed at the facility.
- Provide patients with basic items for living such as bed, functional bathroom, bed sheets, towels, cleaning supplies, basic cooking tools, stove, and refrigerator. Food supplies need not be provided.
- Accept patients to enter TB patient housing only upon referral by CDPH TB Control Program or by designated TB program staff from Cook County Health and Hospital System (CCHHS) when CDPH is notified of said referral from CCHHS.
- Accept only patients under ongoing treatment for active TB, unless approval is given by CDPH TB Control Program.
- Facilitate the patient’s vacating of their room in the Respondent’s housing facility within 30 days of completion of TB treatment, as approved by CDPH TB Control Program.
- Appoint a dedicated TB Case Manager who will administer TB medications by Directly Observed Therapy (DOT) for all patients for whom housing is provided. Medications will be directly observed on all weekdays. Medications may be given to the patients for self-administration on weekends and holidays.
- Record all doses observed and any attempted doses not observed. Medication administration should be recorded on a monthly basis. Record of medication administration of all active TB patients in housing must be transmitted to CDPH within 5 days of the end of the calendar month.
- Conduct management of active TB patients according to accepted clinical practice standards as stated in the documents “ATS/CDC/IDSA guidelines: Treatment of Tuberculosis” at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5211a1.htm and “Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis” at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5415a1.htm
- Coordinate patient care closely with CDPH TB Control Program, including a standing monthly case review conference of all patients under management by Respondent (by phone or in person). Respond to ad hoc queries by CDPH within one business day.
- Meet with CDPH TB Control Program staff on request. Meetings will be attended by Respondent’s clinic provider and TB Case Manager.
- Consent to site visits of housing facilities as requested by CDPH TB Control Program or other City representative. CDPH TB Control Program will inform Respondent at least one business day in advance when a site visit is required.
- Provide housing and clinical care for TB patient free of charge to patients. Patients will receive no bill or invoice for clinical care, housing service, or medications. Medications for TB care of patients housed under this program will be provided to delegate agency by CDPH TB Control Program. If medications are provided to Respondent in bulk (i.e., not labeled for specific patients), Respondent will keep a log of the specific medication supplies that are used for each patient.
- If a patient with TB is enrolled, or becomes enrolled in Medicaid or any other health insurance, TB grant funds will be utilized as a supplemental form of insurance. Respondent will notify CDPH if patient covered under this grant receives insurance anytime during his or her treatment.
- Provide clinical management of the active TB cases that are provided housing by the Respondent. This entails clinic visits, diagnostic services, and medical decision making (in consultation with CDPH TB Control Program). There will be at least one patient clinic visit scheduled per month. Neither third parties nor patients will be billed for these services.
- Preference will be given to Respondents who can provide housing facilities with adequate negative pressure ventilation such that one or more smear-positive active TB patients may be housed safely (i.e., ventilation and isolation capabilities meet the CDC standards for housing infectious TB patients as described in the document ATS/CDC/IDSA guidelines: Treatment of

- Provide access to transportation to clients for medical care when needed.
- Provide access to benefits and entitlements for which participants are eligible and provide support and refer participants to available housing upon completion of program.
- Provide DOT for homeless participants with latent TB infection (LTBI) referred by CDPH.
- Enter clinical, laboratory, treatment, and epidemiologic case data into INEDSS (State Database) for each case-patient on a timely basis. Continue to update treatment data monthly and the laboratory section as new results become available.
- Collect sputum for all TB patients on an as-needed basis, typically at least monthly until culture conversion is documented.

IX. Evaluation of Proposals

Selection/Review Criteria:

An Evaluation Committee made up of representatives from the Chicago Department of Public Health and possibly other designated health related organizations will review and evaluate the Proposals in accordance with the Evaluation Criteria. The Evaluation Committee will recommend either 1) a Short List of potential awardees that it wishes to examine further or 2) a Final List indicating the awardee. In either case, the recommendation is presented to the Commissioner of Public Health who must approve the selection.

The City reserves the right: to accept or reject any or all Proposals; to take exception to parts of Proposals; to request written or oral clarification of Proposals and supporting materials; or to cancel this Request for Proposals process if it is in the City’s best interest to do so. The Respondents may be asked to clarify their Proposals by making a presentation, performing a demonstration, or hosting a site visit.

Evaluation Criteria:

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<th>Category</th>
<th>Available Points</th>
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<tr>
<td>Housing for Homeless Patients with Tuberculosis</td>
<td>40</td>
</tr>
<tr>
<td>Clinical Services for Active TB Patients, including Directly Observed Therapy</td>
<td>35</td>
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<tr>
<td>Cultural-Linguistic Capabilities</td>
<td>10</td>
</tr>
<tr>
<td>Fiscal Management and Collaboration with Health Department</td>
<td>15</td>
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<tr>
<td>Total Points</td>
<td>100</td>
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- Respondent’s relevant experience in providing the proposed service, including provision of housing to homeless persons and provision of directly observed medication administration. Experience with provision of services to TB patients is preferred.
- Respondent’s relevant experience in providing clinical services and providing housing for patients with smear-positive active TB (which should include a detailed description of the facilities that would be used to house such patients safely).
- If clinical care other than Directly Observed Therapy (i.e. clinic visits, diagnostic services, and medical decision-making) is part of the services offered by the Respondent, documentation of previous experience and clinic competencies in the care of TB patients.
- Preference will be given to Respondents who can provide housing facilities with adequate negative pressure ventilation such that one or more smear-positive active TB patients may be housed safely (i.e., ventilation and isolation capabilities meet the CDC standards for housing infectious TB patients as described in the documents ATS/CDC/IDSA guidelines: Treatment of

- Documented coordination and collaboration with other clinical agencies, including experience working with public health departments.
- Identification and description of the socio-demographic characteristics of populations currently served by the respondent.
- Respondent’s cultural capability and linguistic capacity.
- Comprehensiveness and soundness of proposed program approach and work plan.
- Soundness of proposed budget and Respondent’s financial capacity and stability to manage a program of the size and scopes contemplated.

X. Reporting and Other Requirements for Successful Respondents

All successful delegate agencies will be required to submit monthly program reports, submit vouchers on a monthly basis, attend a monthly case review meeting, and participate in all CDPH-sponsored site visits, evaluation and quality assurance activities. Vouchers must be accompanied by appropriate documentation and contain adequate details for all expenses for which reimbursement is requested.

A. Intent to Apply

All Respondents are encouraged to complete and submit the Intent to Apply Form by November 20, 2015. The Intent to Apply Form is not mandatory; however, those organizations interested in responding to this RFP are strongly encouraged to submit the form as it assists CDPH in planning for proposal evaluation. This letter is for informational purposes only and will not be used to determine eligibility or funding. The completed form may be emailed, mailed, faxed, or delivered to:

Kathleen Ritger, M.D.
Fax- 312-746-5134
Kathleen.Ritger@cityofchicago.org
Chicago Department of Public Health

Pre-Proposal Conference:
The Pre-Proposal Conference will provide an overview of this RFP, describe the proposal review process, and answer prospective provider questions. Organizations planning to submit a proposal are strongly encouraged to participate in the Pre-Proposal Conference held at the following location:

Tuesday, November 17, 2015
10:00am
Chicago Department of Public Health Training Center—Besly Court
1642 N. Besly Ct., Chicago, IL
Compliance with Laws, Statutes, Ordinances and Executive Orders

Grant awards will not be final until the City and the respondent have fully negotiated and executed a grant agreement. All payments under grant agreements are subject to annual appropriation and availability of funds. The City assumes no liability for costs incurred in responding to this RFP or for costs incurred by the respondent in anticipation of a grant agreement. As a condition of a grant award, respondents must comply with the following and with each provision of the grant agreement:

1. **Conflict of Interest Clause:** No member of the governing body of the City of Chicago or other unit of government and no other officer, employee, or agent of the City of Chicago or other government unit who exercises any functions or responsibilities in connection with the carrying out of the project shall have any personal interest, direct or indirect, in the grant agreement.

   The respondent covenants that he/she presently has no interest, and shall not acquire any interest, direct or indirect, in the project to which the grant agreement pertains which would conflict in any manner or degree with the performance of his/her work hereunder. The respondent further covenants that in the performance of the grant agreement no person having any such interest shall be employed.

2. **Governmental Ethics Ordinance, Chapter 2-156:** All respondents agree to comply with the Governmental Ethics Ordinance, Chapter 2-156 which includes the following provisions: a) a representation by the respondent that he/she has not procured the grant agreement in violation of this order; and b) a provision that any grant agreement which the respondent has negotiated, entered into, or performed in violation of any of the provisions of this Ordinance shall be voidable by the City.

3. **Selected respondents shall establish procedures and policies to promote a Drug-free Workplace.** The selected respondent shall notify employees of its policy for maintaining a drug-free workplace, and the penalties that may be imposed for drug abuse violations occurring in the workplace. The selected respondent shall notify the City if any of its employees are convicted of a criminal offense in the workplace no later than ten days after such conviction.

4. **Business Relationships with Elected Officials - Pursuant to Section 2-156-030(b) of the Municipal Code of Chicago,** as amended (the "**Municipal Code**") it is illegal for any elected official of the City, or any person acting at the direction of such official, to contact, either orally or in writing, any other City official or employee with respect to any matter involving any person with whom the elected official has a business relationship, or to participate in any discussion in any City Council committee hearing or in any City Council meeting or to vote on any matter involving the person with whom an elected official has a business relationship. **Violation of Section 2-156-030(b) by any elected official with respect to the grant agreement shall be grounds for termination of the grant agreement.** The term business relationship is defined as set forth in Section 2-156-080 of the Municipal Code.

   Section 2-156-080 defines a “business relationship” as any contractual or other private business dealing of an official, or his or her spouse or domestic partner, or of any entity in which an official or his or her spouse or domestic partner has a financial interest, with a person or entity which entitles an official to compensation or payment in the amount of $2,500 or more in a calendar year; provided, however, a financial interest shall not include: (i) any ownership through purchase at fair market value or inheritance of less than one percent of the share of a corporation, or any corporate subsidiary, parent or affiliate thereof, regardless of the value of or dividends on such shares, if such shares are registered on a securities exchange pursuant to the Securities Exchange Act of 1934, as amended; (ii) the authorized compensation paid to an official or
employee for his office or employment; (iii) any economic benefit provided equally to all residents of the City; (iv) a time or demand deposit in a financial institution; or (v) an endowment or insurance policy or annuity contract purchased from an insurance company. A “contractual or other private business dealing” shall not include any employment relationship of an official’s spouse or domestic partner with an entity when such spouse or domestic partner has no discretion concerning or input relating to the relationship between that entity and the City.


6. If selected for grant award, respondents are required to (a) execute the Economic Disclosure Statement and Affidavit, and (b) indemnify the City as described in the grant agreement between the City and the successful respondents.

7. Prohibition on Certain Contributions, Mayoral Executive Order 2011-4. Neither you nor any person or entity who directly or indirectly has an ownership or beneficial interest in you of more than 7.5% ("Owners"), spouses and domestic partners of such Owners, your Subcontractors, any person or entity who directly or indirectly has an ownership or beneficial interest in any Subcontractor of more than 7.5% ("Subowners") and spouses and domestic partners of such Subowners (you and all the other preceding classes of persons and entities are together, the "Identified Parties"), shall make a contribution of any amount to the Mayor of the City of Chicago (the "Mayor") or to his political fundraising committee during (i) the bid or other solicitation process for the grant agreement or Other Contract, including while the grant agreement or Other Contract is executory, (ii) the term of the grant agreement or any Other Contract between City and you, and/or (iii) any period in which an extension of the grant agreement or Other Contract with the City is being sought or negotiated.

You represent and warrant that since the date of public advertisement of the specification, request for qualifications, request for proposals or request for information (or any combination of those requests) or, if not competitively procured, from the date the City approached you or the date you approached the City, as applicable, regarding the formulation of the grant agreement, no Identified Parties have made a contribution of any amount to the Mayor or to his political fundraising committee.

You shall not: (a) coerce, compel or intimidate your employees to make a contribution of any amount to the Mayor or to the Mayor’s political fundraising committee; (b) reimburse your employees for a contribution of any amount made to the Mayor or to the Mayor’s political fundraising committee; or (c) bundle or solicit others to bundle contributions to the Mayor or to his political fundraising committee.

The Identified Parties must not engage in any conduct whatsoever designed to intentionally violate this provision or Mayoral Executive Order No. 2011-4 or to entice, direct or solicit others to intentionally violate this provision or Mayoral Executive Order No. 2011-4.

Violation of, non-compliance with, misrepresentation with respect to, or breach of any covenant or warranty under this provision or violation of Mayoral Executive Order No. 2011-4 constitutes a breach and default
under the grant agreement, and under any Other Contract for which no opportunity to cure will be granted. Such breach and default entitles the City to all remedies (including without limitation termination for default) under the grant agreement, under any Other Contract, at law and in equity. This provision amends any Other Contract and supersedes any inconsistent provision contained therein.

If you violate this provision or Mayoral Executive Order No. 2011-4 prior to award of the Agreement resulting from this specification, the Commissioner may reject your bid.

For purposes of this provision:

"Other Contract" means any agreement entered into between you and the City that is (i) formed under the authority of Municipal Code Ch. 2-92; (ii) for the purchase, sale or lease of real or personal property; or (iii) for materials, supplies, equipment or services which are approved and/or authorized by the City Council.

"Contribution" means a "political contribution" as defined in Municipal Code Ch. 2-156, as amended. "Political fundraising committee" means a "political fundraising committee" as defined in Municipal Code Ch. 2-156, as amended.

8. (a) The City is subject to the June 24, 2011 “City of Chicago Hiring Plan” (the “2011 City Hiring Plan”) entered in Shakman v. Democratic Organization of Cook County, Case No 69 C 2145 (United States District Court for the Northern District of Illinois). Among other things, the 2011 City Hiring Plan prohibits the City from hiring persons as governmental employees in non-exempt positions on the basis of political reasons or factors.

(b) You are aware that City policy prohibits City employees from directing any individual to apply for a position with you, either as an employee or as a subcontractor, and from directing you to hire an individual as an employee or as a subcontractor. Accordingly, you must follow your own hiring and contracting procedures, without being influenced by City employees. Any and all personnel provided by you under the grant agreement are employees or subcontractors of you, not employees of the City of Chicago. The grant agreement is not intended to and does not constitute, create, give rise to, or otherwise recognize an employer-employee relationship of any kind between the City and any personnel provided by you.

(c) You will not condition, base, or knowingly prejudice or affect any term or aspect of the employment of any personnel provided under the grant agreement, or offer employment to any individual to provide services under the grant agreement, based upon or because of any political reason or factor, including, without limitation, any individual's political affiliation, membership in a political organization or party, political support or activity, political financial contributions, promises of such political support, activity or financial contributions, or such individual's political sponsorship or recommendation. For purposes of the grant agreement, a political organization or party is an identifiable group or entity that has as its primary purpose the support of or opposition to candidates for elected public office. Individual political activities are the activities of individual persons in support of or in opposition to political organizations or parties or candidates for elected public office.

(d) In the event of any communication to you by a City employee or City official in violation of paragraph (b) above, or advocating a violation of paragraph (c) above, you will, as soon as is reasonably practicable, report such communication to the Hiring Oversight Section of the City's Office of the Inspector General (“IGO Hiring Oversight”), and also to the head of the Department. You will also cooperate with any inquiries by IGO Hiring Oversight related to this Agreement.