

State of Hawaii
Department of Health
Family Health Services Division
Maternal and Child Health Branch
Women's Health Section
Perinatal Disparities Program

Addendum No. 1

July 10, 2006

To

Request for Proposals

RFP No. HTH 550-9
Big Island Perinatal Disparities Program
June 20, 2006

July 10, 2006

ADDENDUM NO. 1

To
REQUEST FOR PROPOSALS
Big Island Perinatal Disparities Program
RFP No. HTH 550-9

The Department of Health, Family Health Services Division, Maternal and Child Health Branch, Women's Health Section, Perinatal Disparities Program is issuing this addendum to RFP No. HTH 550-9, Big Island Perinatal Disparities Program for the purposes of:

- Responding to questions that arose at the orientation meeting of June 29, 2006, and written questions subsequently submitted in accordance with Section 1-V, of the RFP.
- Amending the RFP.

The proposal submittal deadline:

- is amended.
- is not amended.

Attached is (are):

- A summary of the questions raised and responses for purposes of clarification of the RFP requirements.
- Amendments to the RFP.

If you have any questions, contact:

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Responses to Question Raised by Applicants
For RFP No. HTH 550-9 Big Island Perinatal Disparities Program

- 1. Q. I am assuming that this particular contract is only available on the Big Island and not in other counties?**

A. That is correct. Hawaii County is the only county that meets the criteria for federal grant funding. The Hawaii Department of Health is in the seventh year of funding under a grant from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. The grant category is Eliminating Disparities in Perinatal Health, (Border, Alaska, and Hawaii), and the objective is to eliminate disparity and improve women's health by enhancing the capacity of the Hawaii County perinatal services system. Refer to Request for Proposal (RFP) Section 2, Service Specifications, I. Introduction, A. Overview, Purpose or Need for more detailed grant information.
- 2. Q. Will the Awardee be allowed to serve all women?**

A. Yes, however preference must be given to the identified population groups (adolescent, Native Hawaiian, Other Pacific Islander and Hispanic) in service provision. Department of Health, Maternal and Child Health Branch will monitor the participant population of the Awardee.
- 3. Q. The RFP begins October 1, 2006. Will the awardees have access to monies before the contract? (start up monies for staffing and such?)**

A. The projected start date of the contract is October 1st, 2006. The actual start date will either be October 1st, 2006, or the date of the State's Notice to Proceed, whichever is later. Advances shall be negotiated following the selection of the provider for the 1st fiscal year of the contract term. This does not necessarily mean that the Awardee will receive any advance payment.
- 4. Q. Once the Awardee is given notice, how soon will funds be available?**

A. The funds will be available for payment as soon as the contract is executed between the State and the Awardee. The actual amount of time between the award date and the contract execution date may vary depending on a variety of factors. These include, but are not limited to: the length of time necessary for the Department of the Attorney General to review contract documents, the length of time necessary for the Contractor to review and sign the contract documents, the length of time necessary to go through proper channels within the Department of Health, etc.
- 5. Q. Page 2-15 unit rates, Note 3 states that the minimum reimbursement for new participants is \$150.00. I do not see any combination in the Table above that would add up to the minimum of \$150.00; how is this calculated?**

A. We are addressing in our response both Note 3 and Note 4 of Table III., "Unit Rate Thresholds", to clarify each since a different note number and description

were mentioned in the question. Note 3 states “Lost-to-follow-up Participants will be reimbursed at \$50 for the last form completed; completed forms submitted prior to termination are reimbursed based on the above table.” Note 4 states “For New Participants, the minimum reimbursement is \$150 and the maximum reimbursement is \$1,800.” The one hundred fifty dollar (\$150.00) reimbursement is based on a scenario of a third trimester entry participant who is subsequently lost to follow-up. Under contract, the Awardee would receive one hundred dollars (\$100.00) for this participant. Upon submittal to Department of Health, Maternal and Child Health Branch, of form documentation showing a termination date, the Awardee would also receive an additional fifty dollars (\$50.00).

- 6. Q. Unit rate: Is there a limit on how many clients (i.e. participants) may be billed at each level?**
- A. Billing will be accepted at all levels until contract-funded allocations are exhausted. If there are over expenditures in one category (Neighborhood Women, Group Activities, etc.), the State may consider transferring unused funds from over budgeted categories to the under budgeted category. However, there will not be additional money available beyond the total contract award amount.
- 7. Q. Can you please give a more detailed explanation in regards to the fixed/per service payment?**
- A. Payment to providers for fixed cost services will be made within 30 calendar days of receipt of an invoice with completed forms attached. For example, an invoice for Jane Doe for three-hundred dollars (\$300.00) and Jean Smith for one-hundred dollars (\$100.00) is received at the Department of Health, Maternal and Child Health Branch on November 1, 2006. Attached to the invoice are Jane Doe’s Form 2 (first trimester entry into program) and Jean Smith’s Form 2 (third trimester entry into program). If Jane Doe’s Form 2 does not have required fields completed, that form and the invoice will be mailed back to the Awardee within ten (10) calendar days. The Awardee has the option to correct Jane Doe’s Form 2 and re-submit the Form 2 and the invoice with a new date, or the Awardee removes Jane Doe from the invoice and resubmits the invoice with a new date for Jean Smith only. Also refer to RFP, Section 2, Service Specifications, III. Scope of Work, 8. Pricing structure or pricing methodology to be used for “fixed rate” (page 2-12), Table 1 (page 2-13); 9. Units of service and unit rate Table III, Unit Rate Thresholds (page 2-15); Table IV, Service Units and Unit Rates (page 2-16); Table V, Data Form Submittal Schedule and Maximum Unit Rate (page 2-17); and 10. Method of Compensation and Payment, (10 a. and c.), (page 2-18).
- 8. Q. Page 2-13 lists maximum cost reimbursement monies for activities: \$15,000.00 group activities, \$50,000.00 health promotion and outreach materials, \$120,000.00 to support outreach and recruitment of target population pregnant women via Neighborhood Women for a total of \$185,000.00 for the first 8 months: total funding available is \$400,000.00. On Page 3-6 the only budget forms requested are for the Group, Health and Outreach. It does not look like the Group, Health and Outreach limits**

include salaries and administrative costs. How would an agency be reimbursed for the remaining \$215,000.00? Second year funding has the same limitations.

A. The remaining \$215,000.00 will be paid through the unit rate portion of services. The applicant shall provide budgets detailing the breakdown of costs to operate each of the cost reimbursement components of the contract (Group, Health, Neighborhood Women). The total dollar amounts include any salaries, administrative cost, supplies, etc., needed to operate the program, and are the maximum amounts available to pay for those services. Refer to Section 2, Service Specifications, F. Probable Funding Amounts, Source, and Period of Availability, (page 2-4) the funding is up to \$400,000.00 (eight [8] months) and up to \$600,000.00 (twelve [12] months). Note the correction to the RFP in Section III, Proposal Application Instructions, (page 3-6) V. Financial, A. Pricing Structure, 2. Pricing Structure Based on Cost Reimbursement describing the three categories for cost reimbursement budget forms to include “Group Activities,” “Health Promotion and Outreach Materials,, and “Neighborhood Women.”

9. Q. How will cost reimbursement be paid? Do funds need to be spent by Awardee first before payment is made?

A. For cost reimbursement payments, the awardee will submit an initial budget similar to the budgets that were submitted in the RFP. This budget will be negotiated on between the State and the awardee to make sure all budget items are reasonable and related to the scope of work. The agreed-upon budget will then be made part of the contract. The awardee will then submit an expenditure report to the State to receive payment corresponding to the month for which services were delivered. For example, to bill for goods/services provided in October 2006, the provider will submit an expenditure report sometime on or after November 1st, 2006. Upon the State’s determination that the expenditure report is reasonable as related to the approved budget, payment will be made.

10. Q. How do we determine the 55% of (core) services? RFP (Scope of Work, page 2-7) specified that “The Awardee shall provide not less than 55% of described core service activities.” How is the 55% determined?

A. In preparing a response to this question, it has been determined that the RFP is amended to include the following statement under Section III, Proposal Application Instructions, Item IV, Service Delivery (page 3-3), “If the Applicant is planning to subcontract any of its duties, obligations, or interests for any of the core activities, the approach should describe all such arrangements, including work assignments/responsibilities of the subcontractor.” Please also refer to Section II, Service Specifications, Item III, Scope of Work (page 2-7) for more details. The RFP is further amended under Section III, Proposal Application Instructions, Item V, Financial, A. Pricing Structure, 2. Pricing Structure Based on Cost Reimbursement (page 3-6), to require submittal of Budget Justification Form SPO-H-206F, “Subcontractual Services,” and also to add an Item 3., Budget Narrative for Subcontracted Services, and the following paragraph:

In the Budget Narrative, applicant's costs based on the following items should amount to no more than 45% of the applicant's total budget. For fixed rate reimbursement, list each defined service unit being subcontracted and estimate the number of units and cost. For cost reimbursement, indicate which of the services and dollar amounts (from group activities, health promotion and outreach materials, and support outreach and recruitment of target population pregnant women via Neighborhood Women) will be subcontracted. It is recommended that the applicant include a letter of commitment(s) or memorandum of agreement to demonstrate commitment for any potential subcontracted services.

11. Q. How many participants will transition over from the current Malama A Ho'opili Pono Project? How many (#) women from the existing program will be transitioned to the new project?

A. The actual number of participants that will transition from the Malama A Ho'opili Pono Project to the Awardee cannot accurately be determined at this time. It is anticipated that there will be between seventy-five (75) to one-hundred (100) pregnant and interconception participants who will be transitioned. The Malama A Ho'opili Pono staff will support and encourage the transition to the Awardee of all current caseload participants with participant permission. It is the goal to support the successful initiation of this community-based program and transfer all active program participants to the Awardee for ongoing service delivery.

12. Q. Please clarify what a paraprofessional is, or who needs supervision? Could you please clarify "para-professional staff"?

A. For purposes of this RFP, a paraprofessional is a trained worker who is not a member of a profession (e.g. Registered Nurse, Master in Social Work) but who assists a professional as an assistant, helper, supporter and contributes to fulfilling a need or furthering an effort or purpose. A paraprofessional can also be defined as a person who is specifically trained in a particular field or occupation to assist a professional, such as a physician, nurse, social worker or other professional. Examples of a paraprofessional could include, but are not limited to positions such as a paramedical or social services aide. If another professional staff (i.e. Master in Public Health) provides core services not within the realm of their professional knowledge and experience, supervision and documentation of such services would also be required. For further clarification, a Neighborhood Woman has a primary role in this project in the areas of outreach and recruitment and would not be titled a paraprofessional. Refer to RFP Section 2, Service Specifications, III. Scope of Work, B. Management Requirements (Minimum and/or mandatory requirements), 1. Personnel (page 2-9), and Section 3, Proposal Application Instructions, III. Project Organization and Staffing, A. 2. Staffing, Staff Qualifications (page 3-3). Also reference in Section 2, Service Specifications, Table 1. Pricing Methodology and Table II. Maximum Amounts

Available in Cost Reimbursement, (pages 2-13 to 2-14) for further description of the role of Neighborhood Women.

13. **Q. Neighborhood Women” – is there a definition? Sounds like the term is being used as a description of outreach workers (see page 3-3).**
A. Correct, the intent of the Neighborhood Women concept is to hire women from within participant groups who will serve as a bridge to bringing women into care. The primary functions of the Neighborhood Women will be outreach and recruitment as described on page 3-3, as well as other areas within the RFP, including areas mentioned in the response to the previous question (#12).
14. **Q. For your purposes, is everyone without an RN or licensed Social Worker a paraprofessional?**
A. No, other professionals could include for example staff with a Master in Public Health or a physician. The Applicant may have other professionals on staff, but will need to describe their duties and experience within the context of their proposal. For purposes of project needs, other degrees will not substitute for either a RN or Master in Social Work (for further information, refer to RFP, Section 2 Service Specifications, B. Management Requirements (Minimum and/or mandatory), 1. Personnel, (page 2-9). The “licensed Social Worker” requirement has been changed to Master in Social Work.
15. **Q. Will other Masters level staff require weekly documented supervision by Registered Nurse or Baccalaureate of Science in Nursing (BSN), for example?**
A. This will depend on the type of service delivery other Master level personnel are performing. An example for weekly documented supervision oversight and documentation required would include, but not be limited to, supervision required for any medical/counseling or risk assessment service delivery and follow-up. Other degrees will not take the place of having a RN or Master in Social Work on staff (for further information, refer to RFP, Section 2, Service Specifications, B. Management Requirements (Minimum and/or mandatory), 1. Personnel (page 2-9). Other Master level staff may be hired, such as staff with a Master in Public Health, however a documented plan should be included in the proposal showing how this staff will integrate services. Therefore, Section 2 Service Specifications, (page 2-9), B. 1. is amended to add “Minimum and/or mandatory personnel should include one (1) FTE Registered Nurse and one (1) FTE Master in Social Work.”
16. **Q. Is there a minimum Bachelor of Science in Nursing (BSN) for Registered Nurses (RN’s) and what is the minimal licensure for a Social Worker?**
A. Yes, the minimum undergraduate education for a Registered Nurse should be a BSN. A BSN educational experience would include, but not be limited to additional assurance of skill sets related to public health leadership and community health service delivery. Section 2, Service Specifications, (page 2-9),

C. is amended to delete the word “license” and replace it with “Master in Social Work.” As such, licensure for a Master in Social Work is no longer applicable.

- 17. Q. Not clear on interface between Healthy Start and this contract – if some of the activities are the same, is Healthy Start supposed to refer clients (i.e. participants) to this program, based on ethnicity? Share clients (i.e. participants)?**

A. You may be referring to the State-funded Healthy Start program, which is administered by the Maternal and Child Health Branch’s *Family and Community Support Section*. It is separate from this Federal-funded Healthy Start program, which is administered by the Maternal and Child Health Branch’s *Women’s Health Section*. This is a U.S. Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) grant. This HRSA grant seeks to reduce infant mortality and improve perinatal outcomes (such as low birth weight) by utilizing culturally appropriate interventions, to improve first trimester entry into prenatal care by the primary target populations of Native Hawaiians (which include full and part Hawaiians), other Pacific Islanders (such as migrants from the Freely Associated States), Hispanics, and adolescents. Care coordination may occur with other providers, including any Hawaii County State-funded Healthy Start program. There may be some of the same activities provided as those of the State-funded Healthy Start Program, but each program has different objectives. Overlap of participants in both programs is possible and permissible, but not expressly mandated. Maternal and Child Health Branch supports community collaboration and partnerships whenever and however they occur.

- 18. Q. What is the requirement for verification of ethnicity?**

A. Ethnicity would be self-reported by the participant. Documentation of ethnicity occurs on the Form 1 (Initial Prenatal, demographics for prenatal women) and Form 4 (Initial Interconception, demographics for interconception women). The Perinatal Data Dictionary can be used by the Awardee to assist with completion of these forms and questions related to description of ethnicity.

- 19. Q. Do data/reports get submitted electronically or via hard copy? Billing – will this be able to be done electronically? Data system?**

A. Data is submitted in hard copy to the Department of Health, Maternal and Child Health Branch Office on Oahu and entered into this centralized data system. Completed data forms are attached to the invoice submitted; incomplete data forms are returned to the provider with the invoice unpaid (a corrected invoice and/or data forms will need to be resubmitted for payment). Billing cannot be done electronically, therefore the State will need to receive a certified original invoice.

- 20. Q. Will RFP applicants and awardees have access to Annual and Quarterly Variance Reports, Performance Improvement Plans and Quality Assurance Reports related to historical activities of this contract?**

- A. The Awardee will obtain annual variance reports from the State, as well as written annual monitoring reports. See RFP, Section 3 Proposal Application Instructions (page 3-5) under “Performance Measure” table for information on annual variance reports from the State. Any documents pertaining to this grant program are available upon request from MCHB.
- 21. Q. Will RFP applicants and Awardee have access to Consortia meeting minutes?**
- A. Yes, applicants who are not Consortia members can contact the Project Onsite Coordinator Sandra Tomiyama at 974-4291 for both the Big Island Consortia and Local Area Consortium meeting minutes. Awardee shall participate in the Consortia activities and would receive all meeting minutes. Refer to RFP, Section 3, Proposal Application Instructions, IV. Service Delivery, 4 (page 3-4).
- 22. Q. What is the percentage variance range as it relates to the operational definition of “achievement of Performance Objectives?”**
- A. The Department will provide the Awardee with an annual variance report after all performance data has been collected and analyzed. Following this review, the Awardee will be expected to explain any factors related to these variances or significant variances which would be plus or minus ten percent (10%) of the performance measure outcomes within sixty (60) days after the end of the contract year. Therefore, the RFP’s Service Specifications, B. Management Requirements (Minimum and/or mandatory requirements), 4. Output and Performance/Outcome Measurements, (page 2-10) is amended to show new output and performance/outcome measurements.
- 23. Q. Is there a standard Care Plan used and if so, is it available for review?**
- A. No, there is currently no Care Plan available for review. As the purpose of this RFP is to assess interested applicants’ experience and capability, project organization and staffing, and service delivery ability, this information is expected to be provided by the applicant.
- 24. Q. What is the range of technical assistance provided by the Hawaii Department of Health for awardees?**
- A. There will be a broad range of technical assistance provided by the Department of Health for the Awardee. The Request for Proposal describes this technical assistance throughout the document. A review of this follows (for example, refer to RFP, Section 3, Proposal Application Instructions, page 3-5). The Awardee will participate as a partner in the Oahu- based quarterly perinatal provider meetings supporting collaboration, technical assistance, and training. The Department will provide the Awardee with training and technical assistance with completion of data collection/billing forms. The Department will provide the Awardee with a Perinatal Data Dictionary to assist with completion of data collection/billing forms, and this resource will offer other related service delivery resources. The Department will provide the Awardee with an annual variance report on performance after all data has been collected and analyzed. The

Department will also schedule meetings with the Awardee, complete data review and provide appropriate technical assistance, complete record reviews and monitoring with technical assistance.

RFP No. HTH 550-9 Big Island Perinatal Disparities Program is amended as follows:

Subsection Page

RFP Abstract and Summary Page

Pre-preface, before title page The start date of the contract term will be October 1st, 2006, or the date of State’s Notice to Proceed, whichever is later.

Section 1, Administrative Overview

- I. 1-1 Procurement timetable – Provider selection date is changed to August 7th, 2006; Notice of Statement of Findings and Decision is changed to August 11th, 2006.
- V. 1-3 For the Contracting Office’s address, the extra space between “Department of **Health**” is deleted and the bold is undone (formatting).

Section 2, Service Specifications

- I (D.) 2-3 The Awardee is expected to serve a minimum of three-hundred twenty (320) women in the first period (eight months) of the contract. This number is inclusive of those participants who will be transitioned from the Malama A Ho`opili Pono Project. For the second period (twelve months) of the contract, the Awardee is expected to serve a minimum of 400 women. There will be monitoring of this performance.
- I (E.) 2-4 The citation is amended to show “(State of Hawai’i, Primary Care Needs Assessment Databook, 2005, Map 1)”.
- I (F.) 2-4 In the first lines of the second and third paragraphs, the start date of the contract term is “October 1st, 2006, or the date of State’s Notice to Proceed, whichever is later...” The following sentence is deleted from the second paragraph, “Proposals may be submitted for service focused primarily.....”
- II (D.) 2-5 Delete sentence, “Multiple awards shall be considered,...” Change the next sentence to read “Criteria for award” (delete the word “multiple”).
- III (A.) 2-7 At the end of the first paragraph, add “Strategies to engage women into services should include face-to-face contacts by home visits and by community

- outreach, such as Neighborhood Women, and other innovative approaches.”
- III (A.1.d.) 2-7 Add to the first sentence -- Utilize a variety of best practices “(i.e. home visits)” as well as...
 - III (A.2.f.) 2-8 Change “client” to “participant” satisfaction surveys.
 - III (A.3.) 2-9 In the sentence which begins “Appropriate documentation...” change “client’s” record to “participant’s” record.
 - III (A.4.) 2-9 Capitalize the first letter, L, in “local.”
 - III (A.5.) 2-9 New Item, “5. Participate in and budget for Oahu-based Perinatal providers quarterly meetings.
 - III (B.1.) 2-9 Amend first sentence to read instead “It is requested the case managers/professional program staff include Master in Social Work and Registered Nurses (with a Baccalaureate of Science in Nursing) because of case complexities. Minimum and/or mandatory personnel should include one (1) FTE Registered Nurse and one (1) FTE Master in Social Work.”
 - III (B.4.) 2-10 After the sentence, “Annual variance reports will be generated by MCHB.” Add the following sentences in order: The Department will provide the Awardee with an annual variance report after all performance data has been collected and analyzed. Following this review, the Awardee will be expected to explain any factors related to these variances or significant variances which would be plus or minus ten percent (10%) of the performance measure outcomes within sixty (60) days at the end of the contract year.
 - III (B.7.b.1) 2-12 At the end of the sentence, delete the word “Epidemiology” and capitalize the first letter, O, in “office.” Sentence will read “...MCHB Office on Oahu.”
 - III (B.8.) 2-14 On Table II, amend first column of first contract period to show the start date is “October 1, 2006, or the date of State’s Notice to Proceed, whichever is later,...”. Add to Group Activities definitions – see rewrite and insert in both the initial 8 months and 12 months definitions – currently second twelve month period last column is blank.

Group Activities are a methodology to facilitate service delivery to target participants. Such activities support improved outcomes for target participants, based on target population needs from risk factor assessment and grant performance measures. The groups will be planned around the

health education topics listed on page 2-8, item 3. A group activity may include multiple sessions. It is expected groups will be developed with unique and culturally competent characteristics and address the diversity of the population served with respect towards cultural practices, as well as identified/assessed learning needs. Groups may include participant partners or family support systems, and utilize incentives to promote engagement, learning, healthy decision making and outcomes. Attendance records with the numbers of target participants and other characteristics of individuals served will be monitored. Group activities expenses shall be reimbursed for childcare, incentives, transportation, materials, food, speakers, and others.

- III (B.8.) 2-14 The description for Neighborhood Women is also used for the second twelve month contract period -- in the RFP, it appeared blank.
- III (B.8.) 2-14 In the second twelve month contract period, change the Neighborhood Women funding in the “Cost Reimbursement” column to \$80,000.00.
- III. (B.10.a.) 2-18 In the first sentence, delete “client” and insert “participant.” Second sentence is amended to read “The units of service and unit rates are described in Tables I (page 2-13); Table III (page 2-15); Table IV (page 2-16); Table V (page 2-17).

Section 3, Proposal Application Instructions

- III (A.2.) 3-3 The first sentence is amended to read, “The applicant shall provide the minimum qualifications (including experience) for staff, specifically Registered Nurses (with Baccalaureate of Science in Nursing) and Master in Social Worker staff assigned...”
- IV. 3-3 Insert a new paragraph after the first paragraph, “Applicant shall describe how core services of outreach for participant recruitment and retention, health education/training, screening for risk factors including perinatal depression, and case management to Native Hawaiian, Other Pacific Islander, Hispanic, and adolescents with an emphasis on entry into first trimester care will be provided utilizing strategies such as face-to-face contacts by home visits and/or by community outreach and/or other innovative approaches.”
- IV (5.) 3-5 In the fourth line of the bottom paragraph, delete “of” and insert “for.”

- IV (5.) 3-6 Add after the first sentence at the top of the page, “Attendance at these meetings should be included as a budget item.”
- V (A.2) 3-6 Second paragraph is amended to read “Please complete one (1) set of budget forms for each cost reimbursement component (Group Activities, Health Promotion and Outreach Materials, and Outreach and Recruitment via the Neighborhood Women) for each period of funding (October 1, 2006, or date of State’s Notice to Proceed, whichever is later, through...”
- V (A.2.) 3-6 Table is amended in the first column of the first contract period to show the start date as “October 1, 2006, or the date of State’s Notice to Proceed, whichever is later,...” and retitled in the first column to read “Health Promotion and Outreach Materials” in the middle column and “Neighborhood Women” in the last column.

Section 4, Proposal Evaluation

- III (B.4.) 4-7 The paragraph titled Financial is amended to Item #4 instead of Item #5 (Item #4 was missing). First bullet is amended to read “Details describing the group activities and its budget, details describing Health Promotion and Outreach Materials and its budget, and details describing Outreach and Recruitment via Neighborhood Women and its budget.”

Section 5, Attachments

- A Proposal Application Checklist – last item is deleted “Program Specific Requirements”
- D New attachment – Intra-Departmental Directive No. 04-01 regarding Interpersonal Relationships
- E New attachment – Procurement Circular No. 2006-02 regarding Campaign Contributions
- F New attachment – Assurances
- G New attachment – Certifications

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INTRA-DEPARTMENTAL DIRECTIVE 04-01
May 3, 2004 Page 1 of 5

TO: All Deputies, Division and Branch Chiefs, Staff Officers, District Health Officers, and Administrators of Attached Agencies

FROM: Chiyome Leinaala Fukino, M.D.
Director of Health *Chiyome Leinaala Fukino*

SUBJECT: INTERPERSONAL RELATIONSHIPS BETWEEN STAFF AND CLIENTS/PATIENTS

04-1.1

PURPOSE

This directive provides the policy for the State of Hawaii, Department of Health on interpersonal relationships between staff and clients/patients.

04-1.2

POLICY

- A. Staff shall not use their professional position to exploit others for any reason.
- B. Staff shall avoid engaging in dual/multiple relationships with clients/patients or former clients/patients. When dual/multiple relationships are unavoidable, staff shall take steps ensure that the nature of the dual/multiple relationship shall neither harm nor exploit the client/patient.
- C. Sexual relationships with any client/patient or former client/patient are prohibited. Staff shall not have financial relationships with clients/patients or former clients/patients.

- D. Staff are prohibited from engaging in sexual relationships with clients/patients' relatives or other individuals with whom clients/patients maintain close personal relationships, or to whom clients/patients are reliant upon. Staff are required to set clear, appropriate and culturally sensitive boundaries.
- E. Staff shall neither initiate, assume, nor maintain a treatment relationship to individuals with whom they have had prior sexual relationships. Staff shall inform their supervisor if there have been past relationships with potential clients/patients and arrange to have the care of such patients/clients provided by another qualified staff person.
- F. Staff shall not engage in physical contact with clients/patients when there is a possibility of psychological harm to the clients/patients as a result of the contact (such as cradling or caressing clients/patients). In providing services, staff who are required to have physical contact with clients/patients are responsible for setting clear, appropriate and culturally sensitive boundaries that govern such physical contact.
- G. Staff who anticipate the potential for sexual relationships with former clients/patients shall consult in depth with their supervisors, exploring the various risks and concerns.

04-1.3

SCOPE

This directive applies to all Department of Health employees, including volunteers, who provide treatment and/or services and individuals or agencies that are contracted to provide treatment and/or services on behalf of the Department of Health.

04-1.4

DEFINITIONS

- Clients/Patients: Persons under observation, care, treatment, or receiving services.
- Department: Department of Health
- Director: Director of Health

- Dual/multiple relationships: When an employee has, or has had, more than one relationship with a patient or client, either presently or in the past. These may include professional, business, social, or personal relationships. Dual/multiple relationships can occur simultaneously or consecutively.
- Staff: Department employees, including volunteers, and individuals or agencies that are contracted to provide services on behalf of the Department.
- Health: Includes physical and mental health.
- Providers: Any persons, public or private vendors, agencies, or business concerns authorized by the department to provide health care, services, or activities.
- Services: Appropriate assistance provided to a person with a medical illness, developmental disability, mental illness, substance abuse or dependency disorder, or mental retardation. These services include, but are not restricted to assessment, case management, care coordination, treatment, training, vocational support, testing, day treatment, dental treatment, residential treatment, hospital treatment, developmental support, respite care, domestic assistance, attendant care, habilitation, rehabilitation, speech therapy, physical therapy, occupational therapy, nursing counseling, family therapy or counseling, interpretation, transportation, psychotherapy, and counseling to the person and/or to the person's family, guardian or other appropriate representative.
- Treatment: The broad range of services and care, including diagnostic valuation, medical, psychiatric, psychological, and social service care, vocational rehabilitation, career counseling, and other special services which may be extended to a person in need or with a disabling condition.

04-1.5 **RESPONSIBILITIES**

- A. **Director:** Insure this policy is maintained, interpreted, updated, and communicated to all program managers.

- B. **Deputy Directors:** Insure this policy is communicated to, understood and implemented by program managers within their administrations, and insure needed revisions of this policy are communicated to the Director.

- C. **Program Managers:**
 - (1) Insure this policy is communicated to and understood by all vendors, providers, or contractors, and insert a reference to this policy in appropriate contracts.

 - (2) Insure this policy is enforced.

 - (3) Investigate alleged or reported infractions of this policy and take corrective actions as may be indicated.

 - (4) Recommend needed changes to this policy to their Deputy Directors.

- D. **Employees:** Comply with this policy and report alleged infractions of this policy to their supervisors or superiors.

- E. **Providers:** Insure this policy is communicated, understood, and implemented.

04-1.6 **PROVISO**

If there is a conflict between this policy and a collective bargaining agreement, the collective bargaining agreement shall prevail.

04-1.7

REFERENCES

- A. Discrimination in Public Accommodations, Chapter 489, Hawaii Revised Statutes, as amended.
- B. Fair treatment, Section 84-13, Hawaii Revised Statutes, as amended.
- C. Rights of persons with developmental or mental retardation, Section 333F-8, Hawaii Revised Statutes, as amended.
- D. Rights of recipients of mental health services, Chapter 334E, Hawaii Revised Statutes, as amended.
- E. Sex Discrimination, Title 12, Chapter 46, Subchapter 4, Hawaii Administrative Rules, as amended.
- F. Disability Discrimination, Chapter 46, Subchapter 9, Hawaii Administrative Rules.

This document should be placed in the Personnel Manual of Policies and Procedures under Section 11, SUBJECT: EMPLOYEE RELATIONS.

LINDA LINGLE
GOVERNOR



PROCUREMENT POLICY BOARD
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WINIFRED N. ODO
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February 22, 2006

PROCUREMENT CIRCULAR NO. 2006-02

TO: Executive Department Heads
Chief Procurement Officers

FROM: Aaron S. Fujioka, Administrator 

SUBJECT: Campaign Contributions by State and County Contractors
Section 11-205.5, Hawaii Revised Statutes

Effective immediately, Section 11-205.5, HRS prohibits campaign contributions from state and county government contractors during the term of its contract with any governmental purchasing agency. A copy is attached for your reference.

To inform potential contractors of this mandate, the following statement should be included in all solicitations and contracts that utilize funds appropriated by the legislative body, whether paid in whole or in part.

Campaign contributions by State and County Contractors. *Contractors are hereby notified of the applicability of Section 11-205.5, HRS, which states that campaign contributions are prohibited from specified State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body.*

For more information, Act 203/2005 FAQs are available at the Campaign Spending Commission webpage, www.hawaii.gov/campaign. Questions on campaign spending issues should be directed to the Campaign Spending Commission's Executive Director, Barbara Uphouse Wong or General Counsel, Grant Tanimoto at 586-0285. If you have any procurement questions, please call me at 587-4700, or your staff may call Ruth Yamaguchi at 586-0554.

attachment

§11-205.5 Campaign contributions by state and county

contractors. (a) It shall be unlawful for the person who enters into any contract with the State, any of its counties, or any department or agency thereof either for the rendition of personal services, the buying of property, or furnishing any material, supplies, or equipment to the State, any of its counties, department or agency thereof, or for selling any land or building to the State, any of its counties, or any department or agency thereof, if payment for the performance of the contract or payment for material, supplies, equipment, land, property, or building is to be made in whole or in part from funds appropriated by the legislative body, at any time between the execution of the contract through the completion of the contract, to:

(1) Directly or indirectly make any contribution or to promise expressly or impliedly to make any contribution to any political party, committee, or candidate or to any person for any political purpose or use; or

(2) Knowingly solicit any contribution from any person for any purpose during any period.

(b) This section does not prohibit or make unlawful the establishment or administration of, or the solicitation of contributions to, any separate segregated fund by any state or national bank, corporation, or labor organization for the purpose of influencing the nomination for election or the election of any person to office; provided that the commission shall by rule establish contribution limits for limited liability companies as defined in section 428-101, limited liability partnerships as defined in section 425-101, and limited liability limited partnerships as defined in section 425E-102. Sole proprietors subject to this section shall comply with applicable campaign contribution limits in section 11-204.

(c) For purposes of this section, "completion of the contract" means that the parties to the government contract have either terminated the contract prior to completion of performance or fully performed the duties and obligations under the contract, no disputes relating to the performance and payment remain under the contract, and all disputed claims have been adjudicated and are final. [L Sp 1995, c 10, pt of §2(1); am L 1997, c 190, §6; am L 2005, c 203, §8]

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE	
APPLICANT ORGANIZATION		DATE SUBMITTED

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted 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
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about--
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central

point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted--
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
Office of Grants Management
Office of the Assistant Secretary for Management and Budget
Department of Health and Human Services
200 Independence Avenue, S.W., Room 517-D
Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the under-

signed, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE	
APPLICANT ORGANIZATION		DATE SUBMITTED

