

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

## **Addendum No. 2**

**July 13, 2006**

**To**

**Request for Proposals**

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

July 13, 2006

**ADDENDUM NO. 2**

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

***Subsection Page***

**RFP Abstract and Summary Page**

No changes.

**Section 1, Administrative Overview**

No changes.

**Section 2, Service Specifications**

III. (B.9.) 2-17 Change to Table V, “Data Form Submittal Schedule and Maximum Unit Rate.” In the third column, headed Risk Assessment – Prenatal and the third row of the table, headed Due, delete the words *first contact* and insert “form completion dates on Form 2”; and delete the words *...completed and...*

Revised sentence would read: “Within 14 days of form completion dates on Form 2, the risk assessment must be submitted. Form 1 must be attached to the Initial Form 2 (depending on entry into prenatal care: 1<sup>st</sup> trimester is Form 2a, 2<sup>nd</sup> trimester is Form 2b, and 3<sup>rd</sup> trimester is Form 2c) or payment will not be approved.” Also add the following: “Similarly for 2<sup>nd</sup> and 3<sup>rd</sup> trimesters, within 14 days of form completion dates on Form 2, the risk assessment must be submitted.”

**Section 3, Proposal Application Instructions**

No changes.

**Section 4, Proposal Evaluation**

No changes.

**Section 5, Attachments**

C Form change. Amending the Data Collection Form entitled “Prenatal Risk Assessment.” The top half of the first column labeled Risks is changed to read “Risk Factors.” In the middle columns, relabel Service 1 to “Service 1 HV,” relabel Service 2 to “Service 2 HV,” relabel Service 3 to “Service 3 HV.” Cross out all fields of referral codes in the far right column labeled R3 for both Risk Factors and Medical Risk Factors.